

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

**WEDNESDAY 9 APRIL 2025 AT 9:30 HOURS, SYNERGY SUITE, HEALTH HOUSE,
GRANGE PARK LANE, WILLERBY, HU10 6DT**

Attendees and Apologies

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

Present:

Mark Chamberlain	(Vice-Chair) HNY ICB Non-Executive Director
Councillor Jonathan Owen	Local Authority Partner Member
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Jayne Adamson	HNY ICB Acting Chief Executive
Des Irving-Brown	HNY ICB Executive Director of Finance and Investment
Richard Gladman	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Acting Chief Executive / Executive Director of Nursing & Quality

Apologies:

Amanda Bloor	HNY ICB Acting Chief Executive / Chief Operating Officer
Dr Bushra Ali	Primary Care Partner Member
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
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Dr Simon Stockill	Primary Care Collaborative Lead
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Louise Wallace	Partner Participant (Public Health)
Michele Moran	Partner Participant (Mental Health, Learning Disabilities & Autism)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships

Apologies:

Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Helen Grimwood	Partner Participant (Healthwatch)
Professor Charlie Jeffery	Partner Participant (Further Education)
Professor Dumbor Ngaage	HNY ICB Associate Non-Executive Director

"Observers" and Individuals Presenting Items

Dr Deepti Alla	HNY ICB Associate Non-Executive Director
Shaun Jones	HNY ICB Director of Performance and Planning
Gemma Mazingham	HNY ICB Head of Regulatory Functions – <i>Item 7 Only</i>
Emma Jones	HNY ICB Business Services Senior Officer (Corporate Affairs)

BOARD GOVERNANCE

1. Welcome and Introductions

The Vice-Chair chaired the meeting and welcomed everyone. Teresa Fenech was present and would be covering as Acting Chief Executive, and Des Irving-Brown was introduced as the new Executive Director of Finance and Investment. Paula South attended as Director of Nurse & Quality, and Shaun Jones as Director of planning and Performance to present on performance and the operational plan areas in the absence of the Chief Operating Officer. Michele Moran would attend future meetings instead of Brent Kilmurray. Gemma Mazingham, Head of Regulatory Functions, was also welcomed and attended for item 7.

The Board was reminded that the meeting was being recorded and would be shared with the public for that purpose. Artificial intelligence (AI) assisted in the minuting.

2. Apologies for Absence

The Vice-Chair noted the apologies as detailed above. It was further noted that deputies do not count towards quorum, however it was confirmed that the meeting was quorate with those in attendance.

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;

There were no declarations of interest noted in relation to the business of the meeting. It was noted that ongoing declarations of interest stood for every Board meeting and were publicised on the ICBs website.

4. Minutes of the Previous Meeting held on 12 March 2025

The minutes from the previous meeting held on 12 March 2025 were checked for accuracy and the Board agreed them as a true and accurate record, subject to the following amendments:

It was noted the minutes would be signed by the Vice-Chair.

Outcome:

Board Members approved the minutes of the meeting held on 12 March 2025 and noted the above verbal updates.

5. Matters Arising

The Vice-Chair led the Board discussion on the matters arising, noting all actions had been completed:

Specialised Commissioning Arrangements

It was noted that the ICB's scheme of reservation and delegation and the operational scheme of delegation and standing orders would be discussed later in the meeting, particularly, the arrangements regarding the delegation. It was noted the final arrangements for specialised commissioning were now in place and the delegation agreement from NHS England (NHSE) had been received.

The Chair asked if there were any other matters of business for the public meeting, and there were none.

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 Executive Director of Corporate Affairs presented the item and Gemma Mazingham, Head of Regulatory Functions was in attendance and provided an update regarding the Experience of Care Group and the 'A Pain to Complain' report.

It was reported that the first meeting 15 months ago with 3-way approach from an Integrated Care Board (ICB) perspective including corporate, Nursing & Quality and Engagement and Insight, however representation had now increased to include Providers, Healthwatch and Local Authority colleagues. Meetings took place on a bi-monthly basis and update included some of the focus of the seven meetings that have taken place. Work was progressing positively. There would be a continued focus on ensuring representation along the journey.

Recognition had been received from region in terms of the forum and even the effort to try and achieve this on such a large scale. No other neighbouring ICB was attempting to pull together a forum like this.

A Pain to Complain

The second part of the paper and update was in relation to the report 'A Pain to Complain' Healthwatch England published the report in January 2025, following research between September and November 2024. This report was set against the landscape of an increased number of complaints being made and low public satisfaction with the NHS.

High level key findings were detailed and range from few patients complaining, having low confidence and poor experiences of the process, to failing investment in advocacy to support individuals to complain. The high-level key recommendations were also detailed including a couple of provider responses, collated through the Experience of Care (EoC) Forum, and the actions that have been taken as an ICB.

A full gap analysis had been completed of the recommendations. There were twelve recommendations across three key areas; ten could impact ICB's (if implemented by NHS England (NHSE) / Department of Health and Social Care (DHSC)). Five had already been implemented and embedded as part of current processes. Three were partially implemented as part of current processes and two were not implemented as part of current processes.

The opportunity to highlight what was being done well as a team was highlighted, including the suite of information made available to the public, the information within the annual report and routinely publishing the annual report which was not found in all cases.

Recommendation 1 in relation to capturing more demographic data was something the ICB were not doing currently although recognised the value in understanding who was and who was not complaining and were working through this with the system development team. From experience, there was some reticence in providing this information, but we would try, nonetheless.

Recommendation 5 in relation to NHS organisations should survey patients after complaint cases were closed to monitor their satisfaction with the process and outcomes. This was not in place currently although this had been implemented within the concerns function and were working through the questions in terms of complaints. Previously, there had been some difficulty for individuals to separate the outcome of the complaints and the process, but this would still be taken forward.

From a corporate perspective, this was one of the most people-focused processes delivered within the NHS. The complaints process emphasised data and KPIs, but neglected other important aspects such as empathy. Complaints reflected the complexity of health needs and journeys through health and social care, which were not fully captured in the report. Managing expectations is a significant challenge for the ICB, as complaints often highlight the gap between intent and impact. Staff members aim to mitigate harm by being empathetic, holding meetings instead of sending letters, and asking for desired outcomes.

The discussion focused on behavioural aspects, questioning whether the ICB could learn from other industries' complaint processes.

It was questioned whether the ICB could provide a unified approach across the system, eliminating varying timescales and methods, as some individuals have had to submit complaints to multiple organisations. Clarification was sought on whether this should be further considered.

Complaints were a crucial part of the quality agenda. The process needed simplification and a unified set of standards across organisations to streamline it effectively. Complaints were addressed before reaching the Ombudsman, and there was room for further improvement.

It was noted that thorough systems and processes were in place by NHS provider organisations due to the regulations around complaints. There was a duty of candour in relation to complaints in terms of person-to-person side of things. Really important to have processes in place before a formal complaint was raised. It was expressed that complaints should come to the Provider organisation to try and resolve in the first instance. Clarity was needed with regard to the role of the ICB and it was suggested if this could be more around assurance of processes within the providers. It was noted that the ICB does undertake a

coordination role in terms of pulling a response from the necessary organisations.

Individuals had the right to complain to the commissioner or provider under the regulations. The ICB directed individuals to the provider if they preferred not to involve the ICB. Last year, 761 contacts were signposted by the ICB.

For complex complaints, it was essential to trace the patient journey across various providers involved in their care and deliver a consolidated response. It was beneficial to convene all providers in one meeting to address the issue.

To pick up on the earlier point around multiagency complaints, the ICB also play a role in coordinating these where they were made aware of the complaint. This was one of the strengths of the ICB due to the networks that they had. This ensured that the individual receives a single, coordinated response.

The information that emerged after a complaint was addressed focused on themes and trends. This was managed through the System Quality Group (SQG) and included Health Watch on the Quality Committee, which provided additional insight.

It was acknowledged that complaints needed to be dealt with in an efficient and effective manner.

The Chair thanked Gemma for her presentation.

Outcome:

- **Board Members:**

- i) **Discussed the content of the report and the information included within it.**
- ii) **Assured the report, in terms of the delivery of its statutory and regulatory duties.**

8. Board Assurance Framework

The Executive Director of Corporate Affairs provided an update on the Board Assurance Framework (BAF), noting that the usual updates had been made. She highlighted the addition of a new risk related to governance and leadership, as discussed in the previous month's private session.

It was explained that the end-of-year analysis for 2024-2025 has been completed, and several recommendations had been made for each risk. They mentioned that a full refresh for the new 2025-2026 year was needed, but more time was required to consider recent announcements before proceeding.

It was noted that some risks from 2024-2025 would continue into 2025-2026 with some reshaping, while others, such as the outcomes-led resourcing risk, would be closed as new risks associated with them were identified for 2025-2026.

The Board would do a full refresh of the BAF once more information was available regarding the operating arrangements.

A question was raised about the expected timeline for national guidance, and it was noted that this was expected by the end of April 2025.

A query was raised on the engagement risk, indicating it should remain open and be reviewed due to possible effects on services.

The role of Board Committees was inquired about in reviewing controls and sourcing for the BAF, to which it was agreed on the importance of committee oversight and mentioned plans to involve committees in the review process.

There were concerns regarding the mitigations for the new risk associated with leadership and governance. It was suggested that the strategic overview of the ICB function and workforce should be explicitly mentioned as a critical aspect of the risk.

Outcome:

Board Members:

- **Approved the changes to the BAF as highlighted in the report.**
- **Approved a new risk and risk score concerning the ICB's governance and control mechanisms (Appendix B, slide 19).**
- **Reviewed and discussed the 2024/25 analysis of risks and recommendations, at Appendix A and item 3.2 in this report, and agree any actions.**
- **Identified any further areas of risk that may impact on the delivery of the ICB strategic objectives.**

CONTEXT, PERFORMANCE AND ASSURANCE

9. Chief Executive Update

The Acting Chief Executive began her update by reflecting on the challenges faced in the previous financial year and the progress made in various areas. She highlighted the importance of focusing on achievements beyond the Board meeting discussions.

Breakthrough

The Executive Director of People provided an update on the system convened approach to workforce, known as Breakthrough, which is entering its fourth year. She referenced the end-of-year report for year three and the independent evaluation conducted by the King's Fund concerning ICB development from the perspective of workforce.

Breakthrough had been thoroughly tested and established, featuring dispersed leadership involving Senior Responsible Officers (SROs) from across the system. Key achievements included:

- The launch of the collaborative bank, initially focused on nursing, with plans to expand to the medical bank.
- The development of the portability agreement, facilitating easier movement of personnel within the system.
- The implementation of the volunteering for health pilot site.
- The completion of the people promise exemplar sites, encompassing primary care and providers, with seven sites in Humber and North Yorkshire.
- The establishment of the assembly across Humber and North Yorkshire, with an agreed work plan and values, producing allyship training and a literacy guide.

These initiatives reflected a significant step forward in optimising healthcare personnel management and fostering professional growth and cooperation within the system.

Although the agency and bank commitment were not fully met, there were savings of £3 million from the bank alone. Plans were underway to address medical agency challenges next year.

The efforts to harmonise clinical policies and pathways, strengthen the innovation, research, and improvement network was also highlighted as well as a push forward digital and data maturity. The Family Care Collaborative was leading work on neighbourhoods and the Primary Care Network (PCN) pilot. The Local Enhanced Services (LES) Review conducted by the collaborative was seen as a national exemplar. These efforts were part of the broader initiative to strengthen the system and ensure it aligned with future needs.

Performance and Financial Year Update:

The Director of Performance and Planning provided an update on the unvalidated year-end positions for various performance metrics.

The number of patients waiting for 65 weeks or more was reduced from 336 at the end of March 2024 to 167 at the end of March 2025. This indicated considerable progress in addressing long waiters.

The system's performance on the four-hour standard improved from 69.9% at the end of March 2024 to 71% at the end of March 2025. The system treated a higher number of patients on cancer pathways compared to the previous year, although specific numbers were not provided. There was a substantial reduction in ambulance handover delays, with some cases seeing a 50% decrease compared to three to six months ago. This improvement was significant for patient safety and quality in urgent and emergency care.

Communications and Engagement:

The Executive Director of Communications, Marketing & Media Relations highlighted several key areas of work that underpin the future direction of the ICB, particularly around the three shifts set out by the government.

Tobacco Control

The Centre for Excellence in Tobacco Control continued to support the tobacco and vapes bill, addressing the number one cause of preventable death and illness in Humber and North Yorkshire (HNY). Recently, the centre collaborated with 15 Local Authorities (LAs) to deliver the first mass media campaign to support smoking cessation.

Frailty

The Centre for Excellence in Frailty builds on the work of the Jean Bishop Centre, focusing on improving care for frail individuals.

Women's Health

The commitment to the Women's Health strategy has led to 24 primary care networks delivering sustainable Women's Health hubs, surpassing NHS targets.

Catterick Integrated Care Campus

Construction began in April 2024 for this flagship development between the NHS and Ministry of Defence, with an expected opening in 2026.

Blueprint Engagement

The principles of the blueprint were taken out to the public, engaging with approximately 5,000 members, particularly focusing on underserved communities. The public overwhelmingly supported the blueprint principles, which were now embedded in the

system engine room to shape the future.

The importance of engagement across the system and with communities to underpin all the work being done was emphasised.

Balance Position:

The Acting Chief Executive reported that a balanced plan has been submitted as part of the planning round. This plan came with significant financial and performance challenges, which would be discussed later in the meeting.

The importance of laying the foundations for reform were also highlighted, which had been alluded to in the meeting.

She noted the recent appointment of Sir James Mackey as the transitional Chief Executive for NHS England (NHSE) and the expectations set out in a letter published following announcements made two weeks earlier.

The letter identified the requirement for a 50% reduction across ICBs and a 50% reduction in corporate cost growth for all providers. The system needed to understand the totality of these requirements while focusing on what this meant for ICB corporate and the future model of an ICB. The strategic commissioning would be central to these changes.

There were statutory functions around engagement, nursing, and quality that needed to be worked through to understand the future responsibilities of the ICB.

Financial modelling to support the new ICB structure appeared to be ahead of detailed information regarding responsibilities. Assumptions needed to be made and tested to ensure plans were in place for delivering quarter 3.

The Acting Chief Executive stressed the importance of engaging with colleagues openly, honestly, and with compassion, recognising the emotional connection and values-driven nature of NHS work. The executives were leading efforts to start this engagement and continue shaping it with staff feedback.

The role of the ICB as an anchor organisation was highlighted, emphasising its ability to make a wider contribution to society and the communities it served. This involved being aware of developments across the integrated care system (ICS) in its broadest sense.

Mayoral Combined Authorities:

The Executive Director of Strategy reported that the York and North Yorkshire Mayoral Combined Authority would be celebrating its first anniversary in May 2025. The Mayoral Combined Authority has been collaborating effectively with the Integrated Care Partnership (ICP) and Local Authorities (LAs). Though health was not initially included in the devolution deals, the mission-led approach from central government was expanding the agenda to encompass work skills and health integration.

The mayoral elections for Hull and East Riding were on 1st May 2025. Local government reorganisation in Greater Lincolnshire was being closely monitored, with several permutations of possible reorganisation. The potential impact on public sector structures was significant, and the ICP needed to be prepared for these changes.

Scunthorpe Steelworks

The Acting Chief Executive also mentioned the potential job losses at the Scunthorpe steelworks, recognising the significant impact on health, particularly mental health, in the community. The ICB was actively involved in discussions and meetings to address the increased health needs resulting from these job losses. The response from the ICB was being led by the Place Director and their team. The ICB was actively involved in discussions and would be meeting with the MP to address the situation. The job losses would affect not only the steelworks employees but also associated jobs and the spending power in local shops, leading to a ripple effect in the community. The ICB was taking this very seriously and aimed to play a full part in supporting the wider community.

Discussion took place and enthusiasm was expressed about the trailblazer programme, highlighting the potential to connect with the broader system, particularly the combined authority. The importance of good work was emphasised and the need to challenge and change current approaches to better support the population, especially those furthest from the workforce.

The importance of innovation and collaboration was also emphasised, suggesting that the system should focus on making things happen because it was the right thing to do, rather than just because there was funding available. It was believed that embracing new ways of thinking and working together could help manage future challenges effectively.

Outcome:

The Board noted the updates provided.

10. Operational Plan 2025/26 Update

The Director of Performance and Planning reported that the operational plan was submitted on the 27th March 2025. The plan included shared financial risk and compliance against most performance measures and workforce indicators.

A System Leaders Session was held to work through the system risk of £59 million and prepare for the plan review meeting with NHS England due to take place later today.

The team were progressing with the next stages of the plan, including collaboration with partners to address key inquiries and practical next steps.

The Director of Finance and Investment highlighted that the level of efficiency assumed within the plan is high, indicating significant challenges ahead.

Discussion took place and the importance of timing was emphasised in getting a tangible list of specific schemes by provider to ensure confidence in mitigating the £59 million risk. It was noted that last year's planning process took longer, leading to delays in implementing schemes. Clarity was sought on when a more detailed list of specific schemes would be available to provide assurance that the system was on track to address the financial challenges.

Providers had made progress in identifying schemes to move the dial on some of the efficiency numbers, which was reassuring. However, there was still a need to work through the robustness and risk within those schemes.

The plan included assumptions about workforce reductions, particularly in corporate savings, which needed to be validated with providers.

Managing medical staffing costs was a significant challenge, as it impacted the overall financial plan despite reductions in agency and bank staffing.

As of the last update, 28% of the efficiency schemes were still unidentified. This was a priority area that needed to be addressed to ensure a balanced plan.

The ICB had made assumptions about corporate savings in its numbers, but further validation with providers was required to confirm these assumptions.

The focus was on fleshing out the unidentified schemes and conducting a risk analysis of the existing ones to ensure deliverability and mitigate risks.

Outcome:

The Board:

- i) Noted the submitted Plans all met the required submission timelines and requirements on March 27 March 2025.**
- ii) Received a short slide presentation at the Board meeting, providing an update on the latest position post Plan submission, and arrangements being put in place to ensure robust delivery and oversight of agreed Plans.**

11. Finance Report

The Executive Director of Finance and Investment presented the Finance Report, noting that initially a £35 million system deficit was forecasted for month ten, which was agreed upon by the Board. In Month 11, NHS England (NHSE) provided an additional £35 million of surge funding, enabling the system to hold the forecast outturn at break-even.

It was noted that the system did not achieve its full efficiency target for 2024-2025, with a shortfall of nearly £16 million. 57% of the achieved efficiencies were non-recurrent, which posed sustainability challenges for the future.

The significant challenge remained for 2025-2026 around sustainability and achieving recurrent efficiencies.

The ICB met its running cost target for the year. Despite a £3 million overspend on agency costs, the system maintained its target of 2.8%, which was below the national cap of 3.2%.

The capital spending forecast showed an overspend, but this was due to additional capital received during the year. Providers have assured that they would meet the forecast capital position, with the system expected to break even on capital once adjustments were made.

The ICB achieved its cash targets and payment rate to suppliers, although most providers did not meet their targets, indicating cash management difficulties.

Concerns were raised about the capital spend, noting the significant increase from £113 million at Month 11 to £280 million at Month 12. It was questioned whether this was due to accounting issues or actual spending behaviour.

The potential dispute issues were also inquired about that might affect the year-end close, referencing problems encountered last year. It was confirmed that the ICB had spoken to a couple of providers who confirmed they were expecting to achieve their break-even positions, and they would continue to monitor the situation closely.

Outcome:

Board Members:

- i) **Noted the Month 11 system financial position for 2024/25.**
- ii) **Noted the mitigating actions being pursued in year to deliver 2024/25 financial position.**

12. Performance Report

The Director of Planning and Performance provided a detailed update on the Performance Report, highlighting several key points.

The report provided a mixed performance overview, with improvements in some areas and deterioration in others. Two priority indicators met their planned targets in January 2025. Five of the ten main indicators showed improvement, while others showed variable or worsening performance.

The majority of the data in the report was validated, except for urgent emergency care (UEC) data, which goes up to the end of February 2025.

Significant progress was made in reducing 65-week waits, with numbers halved from 336 to 167 over the year.

The unvalidated position for the four-hour standard improved from 69.9% to 71% over the year. Diagnostics and cancer indicators also showed improvement during the reporting period. The system treated more patients on cancer pathways compared to the previous year. Substantial reduction in ambulance handover delays, improving patient safety and quality. The waiting list for community services over 52 weeks worsened. Improvements were noted in workforce metrics, although challenges remained in managing medical staffing costs.

The report highlighted areas of progress and ongoing challenges, emphasising the need for continued focus on performance improvement and risk mitigation.

Concern was expressed about the overall performance. It was noted that while primary care deserved recognition for their achievements, other areas do not meet expectations. It was questioned whether the targets for the next year would be achievable given the current performance levels. It was acknowledged and agreed that the performance report showed areas of concern. It was mentioned that some deterioration in performance could be attributed to the winter effect, impacting both unplanned care and its knock-on effects.

The Director of Planning and Performance assured that the team would closely examine the reasons behind the performance issues and factor them into the trajectories for the next year.

Outcome:

The Board

- i) **Noted the development of the Board performance report in terms of its content, length and presentation.**
- ii) **Considered and discussed the performance report - particularly the issues highlighted in the cover sheet.**

13. Board Committee Summary Reports

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

Quality Committee: Two alerts were flagged. The Board noted that in relation to urgency and emergency care (UEC) the focus had shifted to the care of people within the hospital footprint after ambulance handovers, ensuring their experience was as safe and dignified as possible. Regarding the Independent Mental Health Homicide Review, following the publication of the final report, a pathway was established to address the findings, with work overseen by the Mental Health Collaborative and nursing quality directors. The report would be brought to the public Board by the 30th June 2025.

System Quality Group. There were no alerts to be escalated.

Finance Performance and Delivery Committee: Two alerts were flagged. Two contracts were agreed upon, one for Community Dental Service in North Yorkshire and York area and one for Non-Emergency Patient Transport services.

Remuneration Committee: There were no alerts to be escalated.

Audit Committee: Three alerts were flagged. Regarding Individual Funding Requests, an audit provided limited assurance, indicating the need for tighter controls. Regarding Climate Change and Compliance, concerns were raised about climate change reporting and the new accounting system's impact on headcount reductions. Regarding the new accounting system, concerns were raised about the implementation of a new national accounting system and its potential impact on headcount reductions.

Clinical & Professional Executive Committee: There were no alerts to be escalated.

Integrated Care Partnership: Three alerts were flagged. Regarding Children's Services, emphasis on including children's services and early years in discussions, focusing on the transition from children's to adult services. Regarding transport, the issues were being addressed at the Place level due to varying local needs.

Pharmacy Services, Regulation Committee: There were no alerts to be escalated.

North East Lincolnshire Joint Committee: One alert was flagged. Regarding the contractual joint venture for Mental Health Learning Disability and Autism, discussion had taken place on the interplay between the joint venture and Section 75, with a plan in place for engagement.

The reports highlighted key areas of focus, ongoing challenges, and plans for improvement across various committees.

It was suggested that the board committee reports should include positive highlights in addition to alerts and concerns. It was noted that significant work was being done and should be acknowledged. The proposal included adding a section for "applaud" in the reports to recognise and celebrate achievements. This addition would balance the focus on issues with recognition of successes. The Board Members supported this proposal.

Outcome:

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

Board Members supported the proposal to add a section for 'applaud' in the reports to recognise and celebrate achievements.

OTHER MATTERS FOR THE BOARD

14. Governance Items Reserved to the Board

The Executive Director of Corporate Affairs provided an update on the Scheme of Reservation and Delegation (SORD), highlighting minor amendments.

Key points included specialised commissioning arrangements and updates were made to reflect the delegated authority arrangement signed at the last meeting.

Regarding Individual Funding Requests (IFRs) new arrangements were introduced for the Clinical Professional Committee to manage some of these requests, addressing concerns raised in the audit committee.

There were some minor amendments to ensure alignment with the Operational Scheme of Delegation to ensure consistency and avoid misinterpretation. It was noted that there is a review ongoing of the Operational Scheme of Delegation that would be brought to the Finance Performance and Delivery Committee before coming to the Board and a further review of the SORD.

Outcome:

Board Members

- **Approved the updates to the Scheme of Reservation and Delegation (SORD).**
- **Noted that a more comprehensive review of the SORD and operational documents would be undertaken in Q1 2025/26.**

15. Committees Annual Governance Review

The Executive Director of Corporate Affairs summarised the annual governance review process for the Board and its committees.

Each committee conducted a review of their effectiveness and produced an annual report. The Board acknowledged the totality of the reviews and the work done by the committees and the team. The full suite of terms of reference would be finalised and brought back as part of the governance framework review.

The Executive Director of Corporate Affairs thanked the committees and the team for their efforts in compiling the reports.

These items ensure that the Board's governance framework is up-to-date and aligned with current operational needs and regulatory requirements.

Outcome:

Board Members:

- i) Noted the findings of the self-assessed reviews of effectiveness for the Committees of the ICB Board for 2024/25**
- ii) Noted the ICB Board Committees' annual reports for 2024/25.**
- iii) Noted that the Committee terms of reference would be brought to the Board for approval in May / June 2025.**

16. Board Assurance Framework Review

The Board conducted a final review of the Board Assurance Framework (BAF) in light of discussions held throughout the meeting. The Vice-Chair asked if any additional changes or updates were required based on the meeting's deliberations.

The Board discussed the need to update the framework in June 2025, following the receipt of national guidance and the completion of plans by the end of May 2025. This timing would allow for a more comprehensive review and alignment with new rules and regulations.

Emphasis was placed on being proactive and preparing plans in advance based on the anticipated direction of travel and clear strategy.

The discussion highlighted the importance of understanding the impact of new plans on the BAF and identifying any risks related to the deliverability of these plans.

The Board agreed that a detailed review in June would be more feasible and appropriate.

Outcome:

- Board Members noted there were no changes to be made to the Board Assurance Framework in the light of their discussions at the meeting.**
- A detailed review would be provided at the June Board Meeting.**

17. a. Items for Information

The Vice-Chair drew members' attention to the positive developments set out in the news briefings and encouraged everyone to read these.

b. Questions from the public

The Vice-Chair noted that there were no questions from members of the public.

Outcome:

Board Members noted that there had been no questions received.

18. Any Other Business

There were no items of Any Other Business.

19. Closing Remarks of Meeting

The Vice-Chair thanked everyone for their participation and contributions.

20. Date and Time of Next Meeting

The Vice-Chair noted that the next meeting would be held on Wednesday 14 May 2025.

21. Exclusion of the Press and the Public

The ICB Board resolved that representative of the press and other members of the public be excluded from the remainder of the meeting due to the confidential nature of the business to be transacted.

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

Date Raised	Action Ref	Item No. and Action	Owner	Due Date	Progress Status /
09/04/2025	01-0225	Item 13: Board Committee Summary Reports Board Members supported the proposal to add a section for 'applaud' in the reports to recognise and celebrate achievements.	Executive Director of Corporate Affairs	June 2025	COMPLETED
09/04/2025	02-0225	Item 15: Committees Annual Governance Review Noted that the Committee terms of reference would be brought to the Board for approval in May / June 2025.	Executive Director of Corporate Affairs	June 2025	AMENDED TO JULY DUE TO CHANGE IN BOARD MEETING FREQUENCY
09/04/2025	03-0225	Item 16: Board Assurance Framework Review A detailed review would be provided at the June Board Meeting.	Executive Director of Corporate Affairs	June 2025	AMENDED TO JULY DUE TO CHANGE IN BOARD MEETING FREQUENCY