

NHS West Yorkshire Integrated Care Board

DRAFT Minutes of the NHS West Yorkshire Integrated Care Board (WY ICB)

Tuesday 16 January 2024, 12.30pm – 3.55pm

In public

Venue: Normanton Golf Club, Hatfeild Hall, Aberford Rd, Stanley, Wakefield WF3 4JP

Members Present

Cathy Elliott	(CE)	WY ICB Board Chair (Chair)
Brendan Brown	(BB)	Partner Member – Acute Trusts
Mel Brown	(MB)	Director System Reform & Integration, Wakefield Place (deputising for Jo Webster)
Arunangsu Chatterjee	(AC)	Non-Executive Member
Hannah Davies	(HD)	Partner Member – Healthwatch
Beverley Geary	(BG)	Director of Nursing
Ian Holmes	(IH)	Director of Strategy and Partnerships / Deputy Chief Executive
Majid Hussain	(MH)	Non-Executive Member
Karen Jackson	(KJ)	Partner Member: Community Health Services
Jane Madeley	(JM)	Non-Executive Member
Becky Malby	(BM)	Non-Executive Member
Carol McKenna	(CM)	Accountable Officer: Kirklees Place
Sara Munro	(SM)	Partner Member: Mental Health, Learning Disability and Autism Trusts
Mel Pickup	(MP)	Accountable Officer: Bradford District and Craven Place
Tom Riordan	(TRi)	Partner Member - Local Authorities (from minute 77)
Tim Ryley	(TR)	Accountable Officer: Leeds Place
Kim Shutler	(KSh)	Partner Member - Voluntary, Community and Social Enterprises (VCSE)
Kate Sims	(KS)	Director of People
Rachel Spencer-Henshall	(RSH)	Partner Member: Directors of Public Health (from minute 78)
James Thomas	(JT)	Medical Director
Robin Tuddenham	(RT)	Accountable Officer: Calderdale Place
Richard Vautrey	(RV)	Partner Member - Primary Medical Services (from item 81)
Jonathan Webb	(JW)	Director of Finance / Deputy Chief Executive

In Attendance

Lou Auger	(LA)	Head of Assurance and Delivery
Laura Ellis	(LE)	Director of Corporate Affairs
Stacey Fleming	(SF)	Governance Manager (Minutes)
Anthony Kealy	(AK)	Director of Planning and Performance
Fatima Khan-Shah	(FKS)	West Yorkshire Inclusivity Champion

Nick Smith	(NS)	Chief Operating Officer, Yorkshire Ambulance Service (Item 80)
Haris Sultan	(HS)	NHSE NExT Director ICB Non-Executive Board Development Placement

Apologies

Clr Tim Swift	(TS)	Chair, West Yorkshire Partnership Board – Integrated Care Partnership
Jo Webster	(JWe)	Accountable Officer: Wakefield Place
Rob Webster	(RW)	Chief Executive

Observers: 2

74. WELCOME, INTRODUCTIONS AND APOLOGIES

The Chair welcomed everyone to the NHS West Yorkshire Integrated Care Board (WY ICB) Board meeting. The Chair stated that the Board meeting was taking place in public at Normanton Golf Club in Wakefield, including being live streamed online, as part of the Board's commitment to being open and transparent and meeting in the communities it serves.

The Chair advised that today's key theme was in relation to winter planning and delivery, and supporting services to offer safe, quality care during the winter period.

The Chair noted the apologies received as set out above, and that Ian Holmes (IH) and Jonathan Webb (JW) would together deputise at the meeting for ICB Chief Executive Rob Webster whilst he was on leave.

75. DECLARATIONS OF INTEREST

The Chair asked those present to declare any interests that may conflict with the business on today's agenda.

All those present who were employed by the ICB declared a direct financial interest regarding the WY ICB Operating Model update included in the Chair's report. The update was for information only and so no further action was required.

It was noted that the ICB register of interests for Board members and decision-making staff was available in the public domain on the ICB's website for openness and transparency. A new portal had been made available for Board members to use to submit and keep up to update their declarations of interest.

76. MINUTES, ACTION LOG AND MATTERS ARISING OF THE BOARD MEETING ON 21 NOVEMBER 2023

Those present were asked to confirm the minutes of the meetings held on 21 November 2023 as a true and accurate record of the meeting.

The action log was reviewed and it was noted that several actions were marked for closure. It was further noted that several actions were not yet due. The following updates were provided:

- 05.23 – wording had been amended in the minutes of the Board meeting held May 2023. **CLOSE**
- 14.23 – Laura Ellis (LE) advised that work was ongoing to add risks relating to Primary Care to the ICB risk register. **OPEN**

It was noted that an update from the Fuller Delivery Board for Primary Care services would be provided at the next Board meeting.

The West Yorkshire Integrated Care Board **APPROVED** the minutes of the meetings held on 21 November 2023.

77. PUBLIC QUESTIONS

No questions had been received from the public ahead of the meeting relating to the business on today's agenda. The Chair advised of the various ways in which questions could be submitted.

Tom Riordan joined the meeting 12.41pm

78. CHAIR'S REPORT

The Chair presented her report which covered the work taking place in relation to strategic planning and delivery, governance arrangements, policy making, and senior level partnership working.

The Chair advised that today's meeting would be Haris Sultan's (HS) last meeting as he would be shortly concluding his non-executive development placement on the NHSE NExT Director programme. HS was thanked for his contribution in Board meetings. HS reflected on his positive experience and thanked the Board.

The Chair reflected briefly on the visit to South West Yorkshire Partnership NHS Foundation Trust's Fieldhead Hospital that several members of the Board had undertaken earlier in the day on the theme of integrated mental health care in Wakefield Place. Learning from the visit would be shared and inform the future cycle of Board visits.

The following points were highlighted by the Chair:

- It was reported that a working group had been established for Chair and NED (Non-Executive Director) development in West Yorkshire. The purpose of the group was to pilot and support Chair and NED development in West Yorkshire's Health and Care Partnership, especially with 11 NHS provider trusts.
- The Chair reported that the Board remained committed to ensuring that Equality, Diversity and Inclusion (EDI) was visibly embedded across the Partnership, and this was evidenced through representation and involvement and engagement across all levels of the Integrated Care System (ICS). The Chair wished to highlight that alongside the work already happening across the Partnership, an EDI strategy and underpinning workplan would be developed over the next few months to evidence how the organisation met new NHS England (NHSE) standards and requirements.
- LE was invited to provide an update on the development of the new WY ICB governance cycle. It was noted that further detail would be provided at the March 2024 meeting. There had been reflection on the current governance cycle to consider what had worked well since the establishment of the ICB and what further improvements could be made to ensure effective and agile decision-making processes were in place. LE noted that the number of meetings would be reduced to ensure assurance flows into

West Yorkshire Integrated Care Board 16 January 2024

the Board were optimised. Once the meeting dates for the new governance cycle had been confirmed, a calendar for the year ahead would be shared.

- LE was invited to provide a summary of the latest complaints activity, noting that while most people had a positive experience of accessing services, it was important that people could contact the ICB to share concerns about their experiences. LE advised that the WY ICB Quality Committee (QC) had received an update on complaints and concerns raised at its recent meeting and themes and trends had been discussed. LE highlighted that the ICB had experienced an increase in the number of complaints received over recent months and this would continue to be monitored via the QC. LE wished to note that unfortunately there had been an increase in abuse experienced by staff working in a patient support capacity. Staff always endeavoured to be respectful with those contacting the ICB, and the same was asked in return.

Several key points were discussed:

- It was noted that monitoring complaints was a useful mechanism to receive people's feedback and the public were encouraged to work with the ICB to get things right and consider all ways of contributing, such as contacting Healthwatch to share people's wider experiences.
- The ICB was encouraged to consider innovative approaches to engaging individuals who did not usually utilise formal complaints processes to make contact. LE advised that work was ongoing to continually evolve complaints processes to be as open and inclusive as possible.
- The importance of asking complainants about the outcome they would like from their complaint was noted, and this was acknowledged to be a key part of the process.
- The close links between complaints with embedding EDI work were highlighted.
- The importance of sharing information relating to complaints from all organisations within the Partnership to ensure maximum learning was noted.

Rachel Spencer-Henshall (RSH) joined the meeting 12.55pm

The Chair drew attention to several updates to the senior leadership in Yorkshire:

- Selina Douglas had been appointed as the new Chief Executive at Leeds Community Healthcare NHS Trust (LCH).
- Colin Lynch had commenced his role as Chair of Locala Community Partnership earlier in the month following the retirement of Diane McKerracher.
- Peter Reading had been appointed as the substantive Chief Executive of Yorkshire Ambulance Service (YAS).
- The recruitment process for the new Chair of Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) had recently closed and interviews were due to take place in early February 2024.
- The Chair wished to report that Brendan Brown (BB) had been confirmed as the substantive partner member for Acute Trusts on the ICB Board.

Majid Hussain (MH) reflected on the recent recruitment to the role of Freedom to Speak Up Guardian (FTSUG), noting that an ICB appointment had been made.

MH shared a discussion at a recent WY ICB Remuneration and Nomination Committee where there had been a focus on leadership objectives. The impact and outcomes of these objectives would be recorded and EDI would form a key part of the objectives.

West Yorkshire Integrated Care Board 16 January 2024

The ICB Board livestream figures were noted within the report and a query was raised as to what feedback had been sought from those who had dialled in. The Chair advised that the viewing figures looked positive and more work would be done to understand the level of engagement for the Board meetings and Partnership Board meetings.

ACTION: Feedback to be sought from those viewing the Board livestreams via the ICB's Involvement work to further understand engagement.

The West Yorkshire ICB Board **NOTED** the updates provided in the Chair's report.

79. CHIEF EXECUTIVE'S REPORT

IH, on behalf of Rob Webster, presented the Chief Executive's report, which provided an update on significant national, regional and local developments that affected the context within which the WY ICB and the ICS overall operated.

The following updates were provided:

- IH drew attention to the Chief Executive update provided to the West Yorkshire Health and Care Partnership Board that had been appended to the Chief Executive's report to the ICB Board.
- An update on industrial action (IA) was provided and IH noted that the strikes that had taken place recently had passed without immediate Serious Incidents (SIs) being reported and there had been no requests for derogation from the wider WY footprint. IH noted the significant work carried out in preparing oversight and management of these periods. IH noted that a letter had been received from NHSE Regional Director for the North Richard Barker with positive feedback on the ICS' response to IA, and thanks were given to all involved for their hard work.
- The longer-term impact of IA was noted with consideration given to the financial impact, delays in patient care and the impact on the workforce. Strikes held recently had coincided with the most challenging time of year for the NHS and this had significantly contributed to the pressures experienced. It was noted that whilst the position remained stable, despite experiencing significant challenge.
- IH drew attention to lower uptake of vaccines amongst staff and the public, noting that this was a national trend and not specific to WY.
- IH reflected on discussions around planning priorities for the 2024/25 financial year and it was noted that planning guidance was still awaited, however work continued on developing the medium-term financial plan. It was noted as a result of the use of significant non-recurrent measures required to achieve break-even in this financial year, the opening position for 2024/25 was one of significant deficit equal to circa. 8% of the total allocation for West Yorkshire. IH highlighted the work that was being undertaken to mitigate against the gap. IH reflected on the extremely challenged position of local authorities and the potential impact this may have on health and care services.
- It was reported that work continued to be progressed on the WY ICB Operating Model and it was noted that the consultation period had closed. IH highlighted the work that was ongoing to support staff through the changes taking place, both on an individual basis as well as through organisational development work.

A query was raised in relation to the impact of any further IA on the current position. JW advised that when the exercise to understand the financial and performance pressures created by IA was undertaken, no further IA had been planned. However, since that time, there had been further periods of IA and this had impacted on the position. JW drew attention to three areas of impact:

- Direct cost to cover lost days of activity;
- Impact on elective recovery targets; and
- Lost opportunities on things that the ICB would have undertaken if IA had not taken place.

JW advised that the direct impact was circa. £6 million for the IA taken in December 2023 and January 2024. JW advised that work was ongoing to establish what the impact on elective recovery and lost opportunities was, and this would be discussed further at a future meeting of the ICB's Finance, Investment and Performance Committee (FIPC).

It was suggested that further information in future updates relating to the variation in vaccine uptake across different communities would be useful.

ACTION: An update on variation of vaccine uptake during the 2023/24 winter period across different communities to be included in a future Chief Executive's report.

Discussion followed about the impact of the financial position on children's services. It was felt that this could be further articulated on the dashboard, with access to more data relating to the pressures on services to help in fully understanding the scale of the problem. It was queried as to what the ICB's strategy was to respond to issues. It was noted that section of 3.15 of the report drew attention to the ICS urging the Government for comprehensive, collaborative funding. Sara Munro (SM) noted that information had recently been shared on the activity being undertaken across the Partnership in relation to children's services and lobbying for further investment. SM advised that work would be undertaken to ensure the risk was fully articulated on the ICB's corporate risk register.

ACTION: SM to liaise with LE to ensure the risk relating to children's services was fully articulated on the ICB's corporate risk register.

IH advised that in direct response to the local authority financial situation, there would be joint activity between the ICB and local authorities as we entered into the planning process for 2024/25, which would include evaluating risks and potential consequences.

Beverley Geary (BG) reported on recent discussions with directors of children services to explore the reasons why placements may have broken down and ensure plans were in place to mitigate any issues. It was noted that risks were also discussed at the Children's Board and monitored as a system.

Local authority members further reflected on the significantly challenged financial position of local authorities in the region and the cumulative impact of this on outcomes for the people of West Yorkshire, especially the most vulnerable in our communities. Those present reflected on the work that was ongoing to mitigate against risks and consequences. It was noted that there was value in maintaining resource into preventative services given the significant increase in demand.

Mel Pickup (MP) drew attention to the increase in score of the risk relating to the Bradford Council's financial position. The risk was now rated as a 'critical' risk on the Place's risk register with a risk score of 25. MP noted the measures being taken to address the risk, including strengthening partnership working across organisations.

There was discussion about the recent neurodiversity summit that had taken place in December 2023, and those present reflected on the passion and engagement of those who attended. SM noted the wide-ranging engagement from partner organisations. SM also

highlighted the work that was taking place to pull together the outputs from the summit into a set of meaningful actions where progress could be undertaken and monitored.

The importance of early health interventions in addressing health inequalities was noted. The valued role that VCSE (Voluntary, Community and Social Enterprise) sector colleagues played in health and care transformation was recognised. It was felt that more could be done collectively to have partnership discussions around the mitigation of risk.

Nick Smith (NS) joined the meeting 1.22pm

It was highlighted that local people's voices needed to be at the centre of discussions relating to the financial position and future planning.

Due to technical difficulties, the meeting paused 1.53pm - 2.01pm.

JW noted the unprecedented prevalence of Section 114 notices being issued by councils across the country which was reflective of the context in which local authorities were working within. JW reflected that the financial position would remain challenged and addressing the gap could not be achieved through traditional efficiencies alone, but required transformation and large scale prioritisation, which may include disinvestment to ensure maximum value for money.

As the ICB Board representative for local authorities the Chair invited Tom Riordan (TRi) to share the challenges local authorities were facing in terms of financial pressures. The reflections were reiterated by Robin Tuddenham (RT) in his dual leadership role in Calderdale Place.

IH thanked everyone for their contribution and for articulating the issues to be addressed in the system.

The West Yorkshire ICB Board:

- **NOTED** the updates provided in the Chief Executive's report;
- **NOTED** the national context on quality set out by the Care Quality Commission (CQC);
- **NOTED** our steadfast commitment to seeing diversity as a strength and investing in a culture that allows us to better meet the needs of staff and patients;
- **NOTED** the communication to all staff and the offers of support;
- **NOTED** the likelihood of additional resources being allocated and **DISCUSSED** the need to provide assurance on plans to NHS England (NHSE); and
- **NOTED** that this period of consultation on the operating model runs concurrently with the urgent work requested on planning for the rest of the year, bringing additional risk into play.

80. WINTER PLANNING 2023/24

Nick Smith (NS) and Lou Auger (AL) were welcomed by the Chair to the meeting.

AK advised that updates on 2023/24 Winter preparations had been provided to previous meetings of the Board. The item offered those present the opportunity to reflect on how the planning for the Winter period had been embedded to manage the current situation. AK advised that the paper provided a broad update on the work undertaken across West Yorkshire.

AK drew attention to several key headlines:

- Seasonal pressures and the impact of industrial action on performance was noted.
- Progress continued to be made against implementing the high impact interventions regarding UEC (Urgent Emergency Care) priorities for the NHS.
- There was capacity in place to respond to levels of demand. The operational plans reviewed in Autumn 2023 had helped to fully understand the capacity in place. AK reported that 140 beds were open beyond what had been planned earlier in the year.
- AK updated on the work done as a Partnership to ensure the right system coordination was in place. The introduction of the revised System Co-ordination Centre (SCC) policy and the implementation of a new 2023/24 Operational Pressures Escalation Level (OPEL) framework for acute hospital trusts supported coordinated interventions across the ICS on key systemic issues.
- AK highlighted the support available for staff across health and care to help them cope with Winter pressures. Thanks were given to all those involved for their hard work in keeping systems safe over the 2023/24 Winter period.

Place representatives then provided updates on the current position across the region and initiatives undertaken to help support performance through the Winter period. It was highlighted that many Places had largely managed to maintain OPEL level 2 or 3, and had avoided sustained periods of OPEL 4 as experienced in the previous year, despite there being significant demand within the system. The importance of avoiding normalising current levels of demand was noted. The impact of IA during one of the most pressurised times of year was noted.

Tim Ryley (TR) on behalf of Leeds Place reflected on the Home First programme in Leeds which had involved a review of the discharge and flow arrangements for intermediate tier care, and had enabled two wards to be flexibly utilised to manage capacity demands. TR drew attention to the significant demands on mental health services and the use of out of area placements.

Carol McKenna (CM) on behalf of Kirklees Place drew attention to the complexity of conditions that people were being admitted into hospitals with, noting that this potentially was adding to their length of stay and impacting on their discharge into the community.

RT on behalf of Calderdale Place highlighted the role of community pharmacy and the support this had provided to the system during such a busy period. RT also highlighted the importance of early planning for Winter as well as strong, sophisticated communication strategies which had supported the system over the 2023/24 Winter.

MP on behalf of Bradford District and Craven Place noted that taking a flexible approach to capacity and the utilisation of wards (including virtual wards) had helped support performance during pressurised times. MP advised that work continued on a redesign of intermediate care with local authority and independent sector partners. MP drew attention to the challenges faced at Airedale NHS Foundation Trust (ANHSFT) in achieving the four-hour A&E standard, noting several contributing factors, such as the impact of the decant programme in response to the RAAC (Reinforced Autoclaved Aerated Concrete) estate risk. MP noted the low uptake of flu and Covid-19 vaccine and noted the efforts undertaken to improve this.

NS then provided an update on performance from a Yorkshire Ambulance Service (YAS) perspective. It was noted that performance was better this year than the previous year,

despite a 17% increase in demand on services. NS drew attention to variation in Places within West Yorkshire and advised that work was ongoing to explore this further. NS advised that during December 2023 an initiative had been introduced to meet the performance demands during that period.

NS noted that during December 2023 the average response time to category 2 calls was 36 minutes in West Yorkshire which compared positively against the average of 46 minutes across the whole of Yorkshire.

NS acknowledged the improvements in 999 call handling, noting that calls were answered on average within 10 seconds over the Christmas period, when compared to 77 seconds the previous year. Call answer times for the 111 service had also significantly improved.

NS also highlighted that West Yorkshire remained a strong performer across the three ICB areas within Yorkshire with ambulance handover times being 22 minutes on average.

Hannah Davies (HD) reflected on the insights included in the Healthwatch report which ranged from concerns about support available to people, people not wanting to be a burden and the impact on people of operations being cancelled. The impact that the 2023/24 Winter has on loneliness and mental health was also highlighted. The key role of communications with the people of West Yorkshire in a kind and compassionate way, that focused on the support available to people, was highlighted.

Those present were encouraged to review the approach to Winter planning and consider what lessons could be learned. The importance of identifying a way to track the impact of local authority budgets on primary care access and appointments was noted.

The need to address inequalities through focusing on specific groups that required significant interventions was highlighted. The role of unpaid carers in supporting services during this time was noted.

Several people highlighted the positive impact of having the right decision makers in the right part of the system and the role this had had in ensuring the continuity of services during a highly challenging time, and it was felt that there was further learning that could be gained from this across the system which went wider than just in relation to responding to IA. It was felt that when considering lessons learned from 2023/24 Winter planning, it was important to understand this from a workforce perspective.

SM wished to highlight the significant pressures experienced by staff working in mental health services, and referenced the harm experienced by staff and patients. SM noted capacity issues within mental health services and noted incidents of excessive waiting times. SM drew attention to the different levels of complexity of patients accessing mental health services when compared to other acute sector demands. AK reflected on the update and advised that this would be factored in to both seasonal and ongoing planning and would be incorporated into the lessons learned review.

The West Yorkshire ICB Board were **ASSURED** on the progress against the 2023/24 Winter plans, building our capacity and resilience for the coming winter and to meet the national NHSE Winter policies and requirements and the impact of Industrial Action.

Following a short comfort break, the meeting recommenced at 3.14pm. Richard Vautrey (RV) joined the meeting.

81. BOARD ASSURANCE FRAMEWORK (BAF)

LE presented the Board Assurance Framework (BAF), noting that a commitment had been made to report progress around its development. LE advised that work had been carried out over recent weeks to update the heat maps at both a West Yorkshire level and a Place level. Further mitigating actions had also been added to the BAF, as well as a new risk regarding climate change, and work continued to ensure the BAF was fully populated.

LE advised that work was ongoing with West Yorkshire leads to ensure all BAF risks were aligned with risks that featured on the corporate risk register. An action plan was noted to be in development and this would be brought to the next Board meeting in March 2024.

LE wished to note that the risk relating to the delegation of pharmacy, optometry and dentistry would be removed from the BAF as this was no longer relevant.

The next steps in the development of the BAF were noted and LE advised that it would be presented to the Audit Committee later in January 2024. The next iteration of the Framework would also be submitted to the Committees in February 2024 where it was anticipated that there would be discussion regarding heat map scores and an opportunity to further consider areas where there were outliers. The BAF would be used to develop business plans and link in with the development of ICB Board and Committee work plans.

IH advised that the BAF had been aligned to the Integrated Care Strategy and the four purposes of the ICS as well as the 10 big ambitions.

IH drew attention to risk 1.1 (risk relating to priorities to narrow inequalities not being delivered due to the impact of wider economic social and political factors), noting that the discussion earlier in the meeting around the impact of local authority finances reflected why the score was currently at 20.

Discussion followed about risk 3.2 (risk relating to breaching statutory duties to operate within the resource envelope available) and JW referred to the non-recurrent measures set out in the Chief Executive's report which should contribute to the ICB delivering within its budget. However, JW wished to note that delivering a balanced financial position for the following year would be very challenging.

Jane Madeley (JM) drew attention to several BAF risks (including several in sections 2 and 3) where the gap between the current score and target score was significant and noted that bold action would be required to reduce this.

The connectivity of the ICB Board and the Integrated Care Partnership Board was noted. IH advised that as part of the refresh of the Joint Forward Plan, a solid outcomes framework would be developed.

The West Yorkshire ICB Board **REVIEWED** the updated Board Assurance Framework and **NOTED** the next steps.

82. SYSTEM PERFORMANCE

Integrated Performance Dashboard, including Financial Performance

AK presented the item, noting the paper provided an update on key NHSE performance metrics. AK noted that the presentation of the dashboard would alternate each meeting between sharing benchmarking data and updates on progress against West Yorkshire's 10 strategic big ambitions.

AK advised that the latest available published and validated data was presented in the performance dashboard being shared at today's meeting. It was noted that indicators for dental activity had been included in this version. Any feedback for how the dashboard could be further developed would be included as part of the review which was due to commence in April 2024, and those present were encouraged to reflect on the content of the dashboard.

JW drew attention to the Month 8 financial position and noted that a balanced forecast against a balanced plan was being reported. JW advised that this position was reported to be maintained through into Month 9, however this was subject to the additional IA costs incurred through December 2023 and January 2024.

JW advised that the ICB's agency spend continued to be less than the cap set by NHSE and it was anticipated that all capital would be deployed in 2023/24.

LE presented the risk register update and advised that during this cycle, there had been considerable movement of risk scores as a piece of work had been undertaken to review risks that had been static for four or more cycles. LE drew attention to the appendix which provided a summary of the activity.

Several points of discussion were raised:

- It was unclear from the metrics relating to primary care as to what good looked like and it was felt that further clarity could be provided to understand the variation across Places to get a greater sense of the impact of appointments for people.
- It was suggested that narrative could be included to better understand patient satisfaction metrics and identify any trends.
- It was felt that narrative about hospital performance would enable greater understanding of each individual hospital's performance in the round.
- It was suggested that there could be better connectivity relating to children's services to understand issues around access.
- Discussion followed about YAS workforce recruitment and retention and JT noted regular meetings had taken place chaired by Rob Webster, WY ICB Chief Executive, where there had been a focus on workforce in order to better understand the challenges and activity that was ongoing to address these.
- It was queried if there could be a focus on those most affected by longer waiting times to understand the communities that were being most impacted. AK advised that deep dives could be utilised in future to highlight some of the detail requested.
- SM reflected on the governance processes in place to support Trust Boards and it was noted that wide-ranging, comprehensive performance information was discussed and scrutinised via committees to provide assurance to Boards. It was suggested that having a similar level of data presented to this Board may result in duplication. The

utility of the data being presented to the Board was also queried, given the time lag for when the data was publicly available. It was suggested that data could be further strengthened to show areas where there was most challenge.

- Discussion followed about the data regarding dental services and IH reflected on the challenged position of dental services when the commissioning was delegated to the ICB. It was noted that the data reflected the overall position across WY and a small degree of improvement was evident.
- Discussion followed around the level of staff turnover and sick leave at Leeds and York Partnership NHS Foundation Trust (LYPFT), and SM clarified that the position reported was not accurate and levels were significantly lower.

ACTION: AK to liaise with SM to ensure accurate reporting of staff turnover and sick leave for LYPFT on the dashboard.

- It was considered how the data available to the West Yorkshire Combined Authority (WYCA) could be utilised to further enhance the dashboard.
- The grading of risks on the risk register was discussed and it was noted that there were more critical rated risks for the Bradford District and Craven Place when compared to the other areas of West Yorkshire, and it was queried how deep dives were undertaken into the risk profile of each Place. LE reflected on the work being carried out to review risk scores across all Places and noted this wasn't yet fully reflected in the report. It was anticipated there would be further movement in future iterations of the report and deep dives would be undertaken.
- Responding to a query relating to antimicrobial resistance, JT reported on the activity taking place across different sectors to develop a strategic response to the issue. Work was also ongoing with primary and secondary care colleagues to focus on the more severe infections.

Beverley Geary (BG) provided an update relating to the risk around delivery of safer maternity and neonatal care due to staffing levels. BG reported that vacancy gaps for midwifery were significantly improved across all provider organisations, although high levels of sickness and maternity leave remained. It was noted that the LMNS (Local Maternity and Neonatal System) Board met on a monthly basis and discussed risks and issues relating to services.

BG advised that peer visits to providers of maternity services had been carried out recently across the LMNS to review progress against actions in relation to the delivery of safer services. Information from all the visits would be collated, and themes, actions and areas of learning and good practice would be reviewed and shared.

It was noted that providers were in the process of signing off their maternity incentive system returns under the maternity incentive scheme and it was noted that February 2024 was the deadline for these. It was noted that Bradford and Calderdale returns had been signed off so far, and had declared compliance for both providers.

BG provided an update regarding the maternity safety strategy, which aimed to halve the rates of stillbirth and brain injury by 2030, and noted that progress was improving, however remained behind trajectory.

BG reflected on the high levels of scrutiny for the service and noted the Care Quality Commission (CQC) action plans in place, as well as the Ockenden Review immediate essential actions, which were reviewed at meetings of the LMNS Board and at the NHSE Regional Maternity Transformation Board.

BG reported that the IA that had taken place recently had impacted on the achievement of safety actions regarding multi-disciplinary training in provider organisations and this had been escalated through to regional and national teams.

The Chair stated that she had invited BG to provide a West Yorkshire update to the Board in March 2024 on maternity services across NHS provider Trusts and Places, following the conclusion of recent service visits across the system by BG, working with ICB Non-Executive champion for Maternity Safety Becky Malby (BM).

The West Yorkshire Integrated Care Board:

- **NOTED** the reported position on each of the metrics in the performance update;
- Were **ASSURED** that appropriate action was being taken to address areas of risk and concern;
- **NOTED** the update on the Month 8 financial position; and
- **REVIEWED** the Corporate Risk Register and were **ASSURED** in respect of the effective management of the risks and the controls and assurances detailed.

71. COMMITTEE AAA REPORTS

The Chair noted the Alert, Advise, Assure 'AAA' Reports that had been received from the five Place Committees and from the Committees of the ICB Board for information.

72. ANY OTHER BUSINESS

It was noted that the Major Conditions Strategy was due to be published in March 2024.

The Chair highlighted with the Board that the 'focus on' topic for the next meeting in March 2024 would be led by the West Yorkshire Associate of Acute Trusts (WYAAT), and thanked BB as WYAAT ICB Board representative for his preparations so far for the meeting with colleagues.

The Chair thanked Board members for their preparations and contributions to the meeting, and to those staff and partners who provided reports.

73. DATE OF NEXT MEETING

It was confirmed that the next meeting of the ICB Board in public was scheduled for Tuesday 19 March 2024.

The Board APPROVED the following resolution:

"That the press and public be excluded from the meeting during the consideration of the remaining agenda items as they contain confidential information as set out in the criteria published on the ICB's website, and the public interest in maintaining the confidentiality outweighs the public interest in disclosing the information."

The public part of the meeting closed at 3.55pm

West Yorkshire Integrated Care Board: Action Log						
Date Raised	Action Reference	Action	Owner	Due Date	Progress	Status
21.11.23	12.23	Minute 65 – Focus on Primary Care Update on progress around improving access to services in Primary Medical Care to be brought to the March 2024 Board meeting.	Ian Holmes, Director of Strategy and Partnerships	Jun-24	Update – agreed to defer to June 2024	NOT YET DUE
21.11.23	14.23	Minute 68 – System Performance LE to work with IH and CM to identify risks relating to Primary Care, to be added to the corporate risk register.	Laura Ellis, Director of Corporate Affairs	Jan-24	Update – now added to risk register	PROPOSE CLOSE
16.01.24	16.23	Minute 78 – Chair’s Report Feedback to be sought from those viewing the Board livestreams via the ICB’s Involvement work to further understand engagement.	Cathy Elliott, Chair	Mar-24	Update – process has been developed, with accompanying questions and approach. This will be implemented from June.	PROPOSE CLOSE
16.01.24	17.23	Minute 79 – Chief Executive’s Report An update on variation of vaccine uptake during the 2023/24 winter period across different communities to be included in a future Chief Executive’s report.	Rob Webster, Chief Executive / James Thomas, Medical Director	Mar-24	Update – information included in Chief Executive’s report.	PROPOSE CLOSE
16.01.24	18.23	Minute 79 – Chief Executive’s Report	Sara Munro, Partner Member:	Mar-24	Update – risk updated	PROPOSE CLOSE

		SM to liaise with LE to ensure the risk relating to children's services was fully articulated on the ICB's corporate risk register.	MHLDA / Laura Ellis, Director of Corporate Affairs		
16.01.24	19.23	Minute 82 – System Performance AK to liaise with SM to ensure accurate reporting of staff turnover and sick leave for LYPFT on the dashboard.	Anthony Kealy, Director of Planning and Performance / Sara Munro, Partner Member: MHLDA	Mar-24	OPEN
ACTIONS CLOSED AT THE LAST MEETING					
18.07.23	05.23	Minute 31 – Minutes of the previous meeting HS to contact Governance Team in respect of clarifying wording around the dental discussion noted in the minutes for the 16 May Board meeting.	Haris Sultan, NHSE NExT Director ICB Non- Executive Board Development Placement	Oct-23	CLOSED
21.11.23	13.23	Minute 66 – Chair's Report The Chair to further reflect on links between NEMs and Provider Collaboratives and report on any revisions.	Cathy Elliott, Chair	Jan-24	CLOSED
21.11.23	15.23	Minute 69 – Winter Planning The Chair requested an update report for the January 2024 Board meeting.	Anthony Kealy, Director of	Jan-24	CLOSED

			Planning and Performance		
--	--	--	-----------------------------	--	--