Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Annual Report and Accounts
2023-2024

Contents

"We want every single person in our population of 1.7 million people to start life well, to live well, to age well and, when they reach the end of their life, die well.

Foreword from our Chair

I am pleased and proud to present the 2023/24 Annual Report for NHS Humber and North Yorkshire Integrated Care Board (ICB).

The NHS celebrated its 75th anniversary in July 2023, providing an opportunity to reflect on the role of NHS services in supporting the health and wellbeing of the 1.7 million people we serve. We recognise that the NHS is only one part of a much wider system of partners, who together provide health and wellbeing services and who, together can shape the future of health services across our diverse geography.

Our ICB thrives on collaboration and our progress and achievements come as a collective across our Integrated Care System (ICS) – Humber and North Yorkshire Health and Care Partnership. The ICB is accountable for NHS spend and performance and the Health and Care Partnership is responsible for delivering our strategy.

We published our first ICS wide strategy in May 2023, setting out our ambition for everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach this ambition we have a widely understood and recognised set of outcomes for that ensure that people in Humber and North Yorkshire:

Start Well

We want every child to have the best start in life and enable everyone to be safe, grow and learn.

Live Well

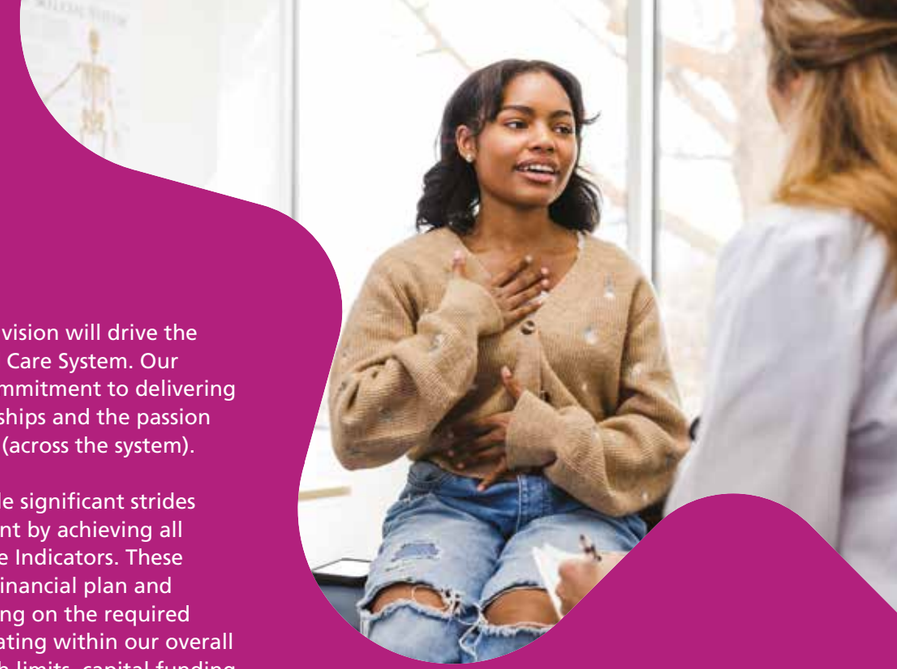
We want to ensure the next generation are healthier than the last and have the opportunity to thrive.

Age Well

We want to ensure people live healthy lives as long as possible by understanding what matters most to them.

Die Well

We want to create an environment in which people can have positive conversations about death and dying.



In the years ahead this vision will drive the work of the Integrated Care System. Our strengths are in our commitment to delivering this vision, our partnerships and the passion and skill of our people (across the system).

This year, we have made significant strides in financial management by achieving all of our Key Performance Indicators. These include achieving our financial plan and breaking even, delivering on the required savings plan, and operating within our overall funding allocation, cash limits, capital funding allocation and running costs. We have also met the Mental Health Investment Standard (MHIS) minimum growth investment, obtained an unqualified audit opinion on our statutory accounts and met Value for Money (VFM) requirements as audited.

These accomplishments reflect our dedication to financial responsibility and value-driven service delivery, ensuring we can continue to support the health and wellbeing of our communities effectively.

There are many Humber and North Yorkshire achievements from this year for which I am particularly proud. Further details of these can be found within the Chief Executive's statement section which follows and throughout the rest of the report, however, I'd also take the opportunity to mention a small selection of some here to illustrate the progress we are making together as a partnership:

- This year saw the completion of a multi-year and multi-million pound capital upgrades across our urgent and emergency care programme, including departments in Scarborough, York, Hull, Scunthorpe and Grimsby.
- A £69 million capital investment programme for community diagnostic centres, with four already opened and four more on the way this year.
- In primary care, important strides have been taken to improve access to general practice services with the equivalent of six appointments delivered in the last year for every person in the Humber and North Yorkshire area.
- We took on the responsibility for the planning and co-ordination of local community pharmacy, optometry, and dental services from NHS England in April 2023

Finally, it is important for me to close this introduction by thanking our ICB staff and the many we work in partnership with across our system whose hard work, diligence and compassion are making, and will continue to make, our vision a reality.

Sue Symington
Chair, NHS Humber and North Yorkshire Integrated Care Board

Performance Report

Stephen Eames CBE
Chief Executive (Accountable Officer)

25 June 2024

Performance Overview

Chief Executive statement

Welcome to the second annual report for NHS Humber and North Yorkshire Integrated Care Board (ICB). This report will look at our performance during 2023/24.

The ICB is the statutory NHS organisation which is responsible for developing plans and arranging for the provision of services to meet the health needs of the 1.7 million people we serve in Humber and North Yorkshire. We have a budget of approximately £4.0 billion in order to do this.

We also work closely with our health and care partners within the Humber and North Yorkshire Integrated Care System (ICS) to plan and coordinate services in a way that improves the collective health of our population and narrows the gap between the best and worst health outcomes in our area.

The most important strength between the ICS partners are their 50,000 staff who share a collective passion and commitment to provide a seamless and high-quality health and social care system that meets the needs of all our population.

The partners of the ICS include four acute trusts, three mental health trusts, six local authorities, two ambulance trusts and four community interest or not for profit organisations. There are also around 165 GP practices, 550 residential care homes, seven hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

The following few pages set out just some of the ways through which the ICB is making a difference to local health and care with its ICS partners.

Key highlights 2023/24

Prioritising tobacco control and our commitment to a smoke-free future

We have made treating tobacco dependency a top priority and have launched a pioneering Centre for Excellence in Tobacco Control. This is a ground-breaking regional programme dedicated to reducing the harm from tobacco. Its manifesto is to unite partners across Humber and North Yorkshire to create a future free from tobacco harm by collaborating, coordinating, innovating, and amplifying initiatives to end smoking.

Its expert team are committed to reducing smoking rates further and faster across Humber and North Yorkshire and working closely with local authority public health teams, intensifying our messaging efforts, supporting our communities in quitting smoking, and safeguarding our youth from ever taking up smoking. The Centre has been a leading advocate of proposals to introduce new tobacco and vaping legislation which would make it illegal for children who turn 15 this year to ever be sold cigarettes.

Alongside this, we have also accelerated the actions of the NHS Long Term Plan for smoking by integrating specialised ‘Swap and Stop’ tobacco dependency treatment services into our hospital sites. These treatment services have worked with over 4000 local people when they accessed hospital services across our area, providing a critical intervention to address the harm caused by tobacco and offer help, medication, and advice alongside clinical care.

Investing in urgent and emergency departments

A number of new urgent and emergency facilities and departments have opened over the last year to improve service delivery and provide modern, well-equipped facilities that are purpose- built to meet the needs of our communities for years to come.

In January 2024, £4.4 million of investment saw Same Day Emergency Care (SDEC) and Integrated Acute Assessment (IAA) units opened at the Diana, Princess of Wales Hospital, Grimsby.

York Hospital's £18 million expanded and redesigned emergency department was officially opened in July 2023.The two-storey expansion, which has taken just 20 months to complete, includes a vital new eight-bedded resuscitation area and twelve new assessment and treatment cubicles.

Work has also commenced on a new £47 million Urgent and emergency Care Centre at Scarborough Hospital.

Hull's Storey Street Urgent Treatment Centre also moved to a new home at Hull Royal Infirmary, paving the way for improved integration of urgent care services in the city. The move aims to ease pressures on the emergency department at the hospital by reducing overcrowding and patient waiting times, ensuring that patients are treated in a facility that best meets their needs.

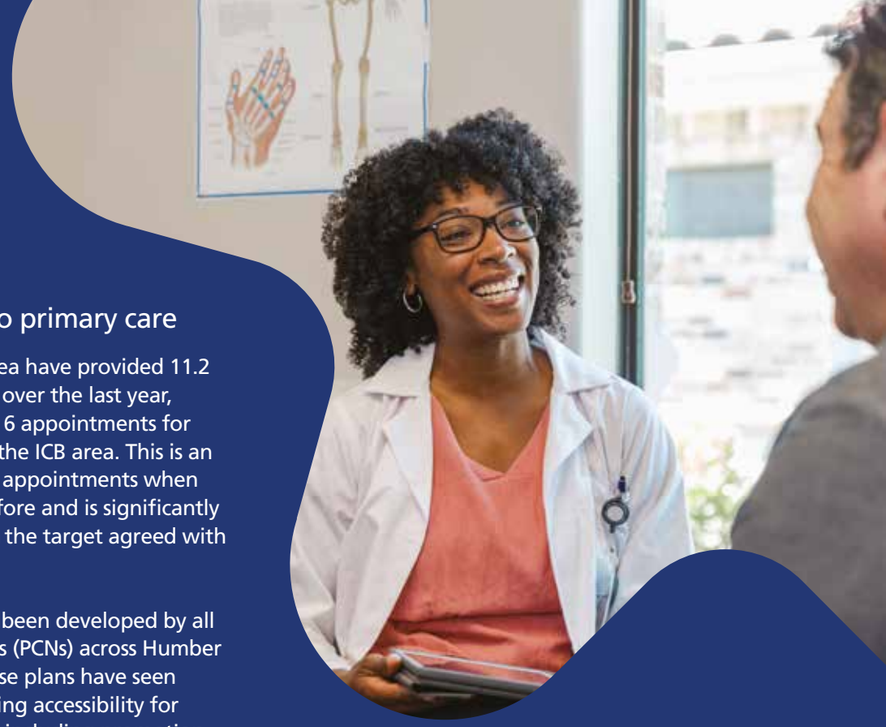
We have implemented a high volume/ low complexity surgical hub at Goole Hospital to allow patients to successfully have their treatment with reduced risks of cancellations associated with the pressures of other hospital sites.

Introducing Community Diagnostic Centres

Approximately £69 million of capital funding will be spent across the ICB area to increase diagnostic capacity via eight community diagnostic centres. Half of these centres had started operating this year and the completion of the others in the coming year will enable an increase from the 85,713 tests performed in 2023/24 to approximately 430,000 tests in 2024/25.

Expansion of CDCs will enable an increase in diagnostic capacity, will reduce waiting list times and improve access for patients. GPs can refer patients directly to a CDC in order that they can access life-saving checks and be diagnosed for a range of conditions closer to home, rather than travelling to hospital.

Community Diagnostic Centres (CDCs) in Ripon, East Riding, Selby, and York are now open. In Scunthorpe, building work has commenced on a Community Diagnostic Centre which will support 146,000 tests per year. Work has started on converting five units in Freshney Place Shopping Centre, Grimsby, into a bespoke Centre which will offer around 150,000 additional diagnostic appointments a year. Construction will also begin shortly on a new £18 million CDC in Hull's Albion Square which will welcome thousands of patients annually.



Recovering access to primary care

GP practices in the ICB area have provided 11.2 million GP appointments over the last year, or the equivalent of over 6 appointments for every person who live in the ICB area. This is an increase of 600,000 extra appointments when compared to the year before and is significantly more appointments than the target agreed with NHS England.

Improvement plans have been developed by all 43 Primary Care Networks (PCNs) across Humber and North Yorkshire. These plans have seen progress made in improving accessibility for website and online tools, including promotion of the NHS App and 111 online. Other elements include care navigation training, promotion of community pharmacy services, enabling capacity in the wider general practice team and increasing self-referrals, where appropriate.

The plans are also supporting GP practices to move to cloud-based telephony systems. This will create a better experience for patients, who will no longer hear an engaged tone but will be presented with an options menu, a queueing system, and an opportunity for recorded messages. It will also support practices by providing them with real-time data to help planning at peak times of demand.

A new campaign has also been launched to highlight the different roles working alongside GPs that all help with health needs – allowing patients to get the right care from the right healthcare professional as quickly as possible.

Improving outcomes for cancer diagnosis

Our Cancer Champions Programme has now trained over 5,000 local people. Sessions have been delivered to target groups including Eastern European community groups, Muslim faith groups, and Learning-Disabled groups.

Our NHS Targeted Lung Health Checks help to identify lung cancer and other respiratory diseases early, often before symptoms have occurred and when treatment could be simpler and more successful. Following a highly successful launch for people identified as having an increased risk in Hull and North East Lincolnshire, the service has now been extended to approximately 40,000 residents in East Riding of Yorkshire who have been invited for a low-dose CT scan onboard a high-tech mobile unit.

System wide symposium held to focus on Child of the North

In 2023, we hosted our first system-wide Symposium which lead with the topic of Child of The North, which paints a stark picture of inequality for children growing up in the North compared with those in the rest of the country.

This was an opportunity for over 50 senior leaders from a range of key sectors across the Humber and North Yorkshire to come together and discuss some of the significant health and development challenges facing children and young people, and to learn more about some of the capabilities within the region to tackle these issues, including via the Child of the North initiative. Attendees left with a clear call to action for how they need to work with partners across the region deliver for our children and young people.

Empowering maternity and neonatal care

Our Local Maternity and Neonatal System (LMNS) has worked hard to identify areas of ongoing need in maternity and neonatal services and support our Trusts and stakeholders to further develop best practice. Review visits have taken place and inspired the planning of a shared learning and a celebration event. Where any safety or quality concerns have been identified, joint working has been facilitated and regular oversight exists.

New systems have been introduced as vital enablers and there has been delivery of a first stage workforce plan.

Our Maternity and Neonatal Voices Partnerships have grown significantly and there has been great work to promote equity and equality of maternity and neonatal care.

Our 'Ask a Midwife' team has benefited from more staff, translation, and interpretation support. This online service delivered through social media and staffed by experienced midwives responded to over 8,000 messages in the last year and was shortlisted for a Royal College of Midwives award in the 'Excellence in Midwifery for Public Health' category.

Taking on dental commissioning

This year was the first year that the ICB was responsible for the planning for local dental services, and we have concentrated on stabilising the services available, building relationships, and maximising the use of the NHS dental budget.

Some of the funding was targeted specifically in priority areas, such as additional urgent access sessions and supporting practices to provide weekly "sessions" to treat patients with an urgent dental need.

Addressing waits for secondary care

The four acute NHS trusts within Humber and North Yorkshire have worked together to make significant progress in 2023/24 in addressing long patient waits for planned treatment, with 99.7% of patients seen within the national requirement of 65 weeks by end of March 2024. This means thousands more patients within our region were seen quicker through greater collaboration, for example over 200 patients were transferred from one trust to another, expediting their treatment.

A patient engagement portal has also been developed across all four acute trusts to enable patients and the hospital to communicate more easily with each other and provide quicker access to clinical information.

Women Living Well Longer Programme

We are committed to improving health outcomes for women and girls as part of our Women Living Well Longer Programme. Work has initially focused on the development of a comprehensive Women's Health Profile, an intelligence dashboard with extensive information about women's health issues and challenges in Humber and North Yorkshire as well as workshop sessions involving over 60 people across health, care and voluntary organisations.

Key themes identified through the workshops were education, support, access, and pathways. Valuable conversations have taken place with women and women's groups in local communities to better understand some of the specific challenges and issues. Menopause, menstrual bleeding, gynaecology, and contraception are emerging areas of most concern. A design group and programme team has now been fully established to progress this work at pace.

Healthier Together

Healthier Together (**www.hnyhealthier together.nhs.uk**) is a website launched to provide consistent and high-quality advice from local health professionals on children and young people's health.

People can find clear information on common childhood illnesses, including advice on what 'red flag' signs to look out for, where to seek help if required and how long your child's symptoms are likely to last. The information on the website is checked by clinicians and developed with experts. Health professionals can also find lots of useful guidelines, local information, and much more.

Healthier Together is a partnership project which continues to grow by putting children, young people and family's needs at the heart and the information they require into one easy to navigate website.

Care Provider Olympics promotes health and wellbeing in North Yorkshire and York

During the summer, local North Yorkshire and York partners hosted the second annual Care Provider Olympics. The event took place over six weeks in June and July across the North

Yorkshire and York areas and was a celebration of physical activity and health, with 800 people from 32 care providers in the region taking part.

Keeping residents active has been clinically proven to reduce the risk of major illness by 30 per cent. The Olympic-style events support the drive to combat deconditioning syndrome, which can lead to reduced mobility and muscle strength, confusion, poor mental health, and an increased risk of falls. By taking part in the event, care providers had the opportunity to come together to share best practice between settings and highlight the importance of high-quality personalised activity for everyone within a care setting.

The initiative has been shortlisted for the 2023 Nursing Times Awards, recognising the innovation it brings to supporting health and wellbeing in the care sector.

Meeting our Financial Plan

Finally, I wanted to recognise and commend the hard work and commitment of the ICB and all of its partners across the ICS to deliver in 2023/24 a net surplus of £0.5m against a full year adjusted financial plan of breakeven. This achievement is set against a backdrop of significant financial pressures during the year which included challenging efficiency targets, pay costs and inflationary pressures.

The ICB has already taken significant steps to reduce its estate related costs through reduction of its administrative estate footprint in 2023/24. It will finalise its Infrastructure Plan at the end of July 2024. This has been produced with partners and will focus on understanding current estate across the system and where efficiencies can be made through better utilisation and where prioritised investment will be required to allow estate to be an enabler to service change and transformation.

Wider Infrastructure enablers, including digital and maximising ICB procurement opportunities at scale will be explored and implemented as part of the system working to achieve improvements.

Stephen Eames CBE
Chief Executive, NHS Humber and North Yorkshire Integrated Care Board

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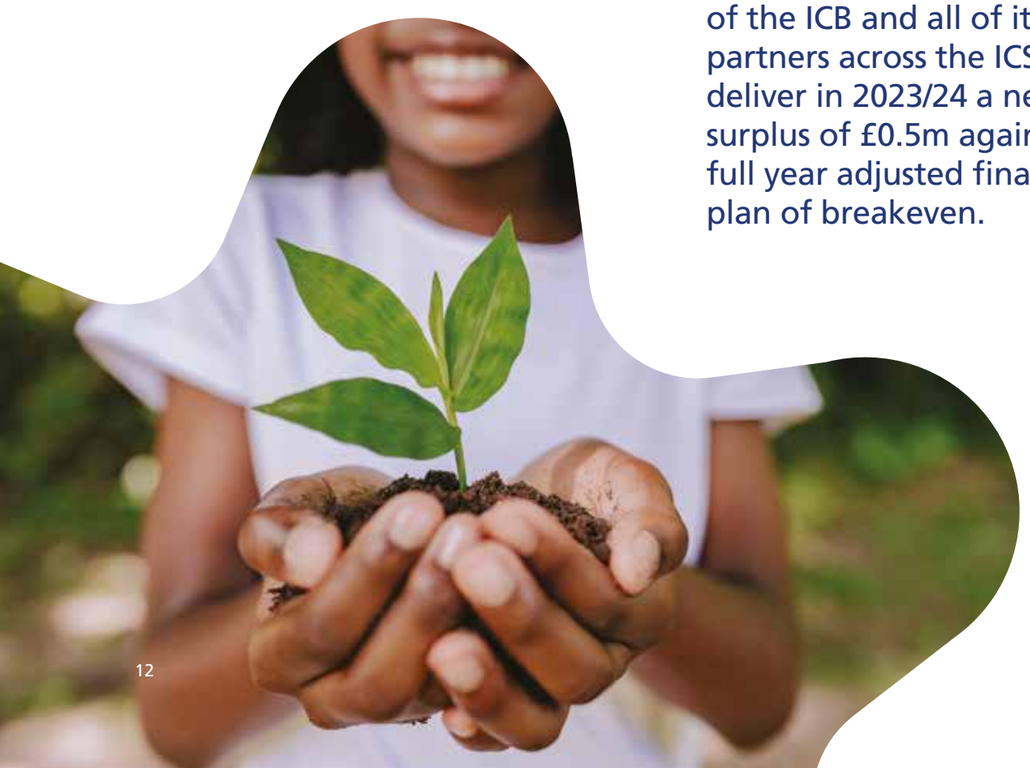


Purpose of overview section

The overview section sets out the purpose and objectives of the organisation, describing the activities, model, and structure of the ICB. It demonstrates how the ICB has led the NHS and wider system and become an anchor institution. It sets out how the ICB discharges its duty to have regard to the effect of its decisions (the ‘triple aim’) and how it operates as an Integrated Care System. The progress the ICB has made in 2023/24 in establishing its operating model and ways of working to meet key statutory duties are also described.

This section includes a performance appraisal which sets out a fair assessment as to how the ICB has addressed key NHS operational objectives and delivered performance. It also provides a summary and assessment of the current progress and position of the ICB as a maturing organisation.

Statement of purpose

Integrated Care Partnership and Strategy

The Humber and North Yorkshire Health and Care Partnership comprises of the ICB, four acute trusts, three mental health trusts, six local authorities, two ambulance trusts and four community interest or not for profit organisations. There are also 165 GP practices, 550 residential care homes, seven hospices, 180 care home companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

It covers a geographical area of more than 1500 square miles taking in cities, market towns and remote rural and coastal communities.

The Partnership operates as an Integrated Care System (ICS) and collaborates to achieve the four core purposes of:

a) improve outcomes in population health and healthcare.
b) tackle inequalities in outcomes, experience, and access.
c) enhance productivity and value for money; and,
d) help the NHS support broader social economic development.

Our ambition is for everyone in our area to live longer and healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035. To reach this ambition we have a widely understood and recognised set of outcomes for that ensure that people in Humber and North Yorkshire start well, live well, age well and die well. Our agreed operating arrangements are based on six places, namely:

- East Riding of Yorkshire.
- Hull.
- North East Lincolnshire.
- North Lincolnshire.
- North Yorkshire (excluding Craven), and
- The City of York.

a) Five sector collaboratives, namely:

- Mental Health, Learning Disabilities and Autism.
- Collaborative of Acute Providers.
- Community Health and Care.
- Primary Care, and
- Voluntary, Community and Social Enterprise Sector.

In 2023/24, we have taken stock of our system maturity and have challenged ourselves to think through how we can make the highest impact changes for our populations. We have ambitious plans to radically improve health and care experiences and outcomes for the people we serve now that the system is starting to recover from the long legacy of the COVID-19 pandemic. In 2024/25, the ICB will continue to work closely with our wider system partners in the ICS to deliver on those plans that will have the biggest impact.

Our aim is to respond to the continuing rise of chronic ill-health and frailty, shifting the focus to preventing ill health and tackling the wider determinants of health. We have increased our focus on evidence-based high impact interventions for the prevention of disease, and have refined our approach to shine a light on four big health outcomes that will inform our work in 2024/25, namely:

Reducing harm from cancer

Cutting cardiovascular disease

Living with frailty

Enabling mental health resilience

This focus will weave through everything we do, informing and challenging our organisational development and transformation plans. It will support the ongoing development of our relationship with Place and an enhanced role for collaboratives, reducing duplication and simplifying our processes to encourage greater collaboration and alignment across teams, focussing our collective resources to deliver these transformative outcomes. This will mean a greater emphasis on system leadership, maximising interdependencies, and mutual accountability to prioritise system level actions that drive the refreshed ICS strategy. Our shared system drivers will be:

Leading for Excellence

Leading for Prevention

Leading for Sustainability

Voice at the Heart

Operating model

The ICB operating model has been established to effectively lead the system through strong partnership working and support effective decision making ensuring that the ICB has regard to the effect of its decisions in the wider health and care system.

The ICB operating model has been operational since 1 July 2022. The aim of the model is to emphasise the importance of place-based partnerships by ensuring that place and sector collaboratives are at the core of the delivery mechanism. Place based leadership creates the right conditions for change, ensuring that local conversations can develop plans to address local priorities and health inequalities within the context of the overall ICS strategy.

The ICB operating framework provides a single approach to planning and system accountability by:

- Alignment of vision and ambition to create capacity and capability for transformational change.
- Generating efficiencies through 'doing things once'
- Assurance of system wide accountability and reporting.

The agile and collaborative approach between place and sector-based collaboratives is underpinned by the Integrated Care Partnership (ICP), which sets the strategy, and the ICB which supports system wide planning and mutual accountability for financial and operational performance.

Over the last year we have considered our system maturity and have challenged ourselves to think through how we can make the highest impact changes for our populations. We have built on our operating model to ensure that the principles that underpin our delivery are embedded through our Responsibility Agreements with place and sector collaboratives. These have set out how the ICB and wider system will work together to implement the requirements in the NHS Oversight Framework.

The Responsibility Agreements have set out how we hold ourselves to account jointly for the delivery of safe, effective, and efficient services to meet local population needs, in line with the Partnership strategy and Joint Forward Plan, and as reflecting Joint Local Strategic Needs Assessments by:

- Ensuring the effective integration of services to improve outcomes.
- Working with local authorities to act as the stewards of local population health outcomes and equity.
- Understanding the needs of the population and contributing to strategies to address these needs.
- In conjunction with place partners, driving transformation programmes at place to meet the needs of the local population.
- Delivering the operational, financial, quality and workforce objectives and priorities of the annual operational plan, and
- Balancing the delivery of immediate with the long-term plan objective.

Places have continued to drive forward the delivery of their priorities and have led local system coordination in a number of key areas, including:

- Response to urgent care, discharge patient flow and frailty, admissions avoidance, and the system approach to discharge and UEC pressures including leadership into the system escalation response.
- Community engagement and prevention approaches which tackle health inequalities and improve outcomes for those who are most disadvantaged supported by our population health management approach, focusing on vulnerable population cohorts working with partners including the VCSE.

- Delivering an integrated community offer, developing solutions in the community that support people in their own home and communities and avoid the need for hospital admissions.
- Managing the most complex and vulnerable populations including complex case management for adults and children with more complex needs. Working with partners to develop and manage the provider market to provide the best support options and best use of resources.
- Transforming primary care, including the development of integrated neighbourhood teams supported by a population health management approach.
- Sharing learning across all the areas above to maximise impact. Productivity and efficiency initiatives are operating across all places to ensure best use of resources.
- Focusing on opportunities for more effective joint working and use of resources across workforce, estates and digital and integration.

Specific example of local priorities also reflects the specific population needs at place, addressing health inequalities and particular inclusion health groups. Examples are:

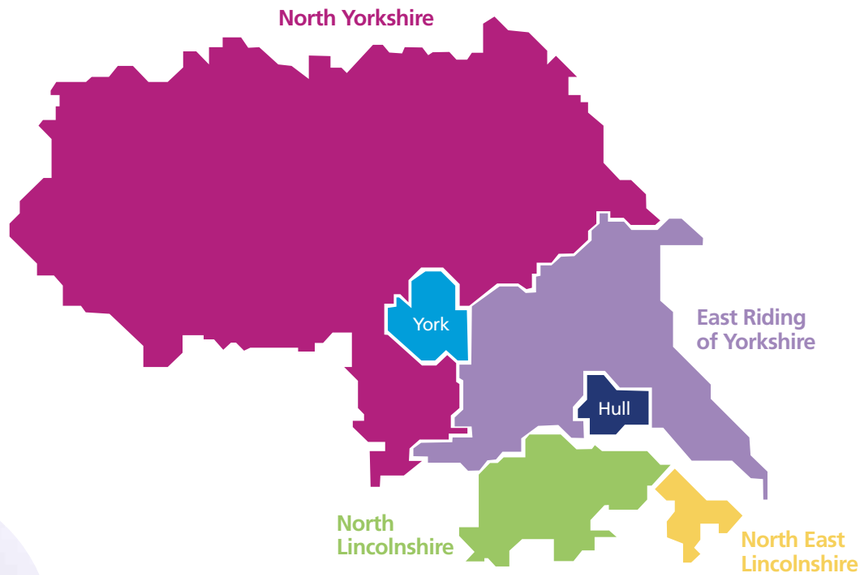
- North-East Lincolnshire are bringing together the resources and networks citizens need to create long term change, including building their local economies in the most deprived wards, working with local community groups.
- The targeted Lung Health Check programme in the East Riding is now moving up the coastal strip to Hornsea as part of the county wide programme of screening.
- A York-based Frailty Hub pilot commence in November 23 to "establish end to end frailty pathways focussed on prevention and admissions avoidance, under the framework of the Frailty Centre of Excellence". The pilot demonstrated through a case cohort approach that a community-based specialist multi-agency team avoids admission, reduces multiple assessments into one, freeing up clinical time across all services to care for other patients and returning ambulances to the road. The service will be scaled up permanently from July 2024 to offer a 7-day service and will be included in the ambulance directory of services to divert calls to the frailty hub prior to conveyance to hospital.

- In North Yorkshire the Place Director and Director of Public Health have worked with local communities to agree investment across a range of issues affecting access to services for some of the most vulnerable populations. This includes a brain health café in Ryedale, support for young mothers and babies in Scarborough and providing balance and strength clinics in Selby to improve frailty outcomes.

- The Hull Integrated Neighbourhood Teams model had had its first review point. The Health and Care Partnership have prioritised the scaling up of the model across the city for 2024/25. The programme is focusing on unscheduled reviews in response to escalating needs.
- In North Lincolnshire building work has commenced on a Community Diagnostic Centre which will support 146,000 tests per annum and support town centre regeneration.

The Better Care Fund (BCF) programme delivered a number of examples of integrated care during 2023/24 including, but not limited to:

- **North Lincolnshire** – implemented a new medical oversight model in their intermediate care centre to respond to clinical queries in a timely manner, negating the need to attend the local accident and emergency department.
- **Hull** – increased expenditure for Proud to Care, a workforce recruitment and retention scheme.
- **East Riding** invested in support to drive a discharge to assess transformation programme, supporting system partners across Hull and East Riding to develop a new model of care, including a joint rehabilitation and reablement service.
- **York** – focused on early intervention and prevention with a local area coordination scheme in partnership with local authority aiming to prevent accident and emergency attendances.
- **North East Lincolnshire** – have been working with private care providers on community-based schemes to reduce pressure on the NHS by supporting more people to be discharged from hospital when ready.
- **North Yorkshire** – Focused on a number of high impact change model schemes, for example, a seven-day day working scheme, which provides additional social care capacity.



Clinical and professional leadership

The ICB remains committed to embedding a clinically-led model, which focuses on facilitative system clinical leadership that supports our places, providers and sector collaboratives progress the culture change needed to deliver fully integrated care across our system.

Over the last year we continued to develop our Clinical and Professional Leaders Forum, creating a space where leaders coalesce to shape and inform clinical strategies and programmes of work. Separately, a new Clinical Network Leaders Forum has been established to ensure the networks are aligning their work programmes to the wider Partnership strategy and the needs of our population. Responding to an engagement exercise, a framework and support offer for Clinical Networks is under development, to support their ambitions.

Clinical engagement and decision making remains key to the harmonisation of existing and introduction of new clinical policies. Each Place is responsible for reviewing a set number of policies, using a combination of clinical and commissioning expertise. Recommendations are shared with the wider clinical community for review and implementation through our Clinical Place Directors interface groups which include members of relevant clinical networks and the collaboratives. A digital repository for all clinical policies and pathways is also being scoped – a specification has been developed in collaboration with clinical leads and delivery options are now being explored.

Innovation, Research, and Improvement (IRIS)

We set out our vision to grow an exemplar system that enables and facilitates innovation, research and improvement as key elements of a thriving health and care system. During 2023/24 we have embedded our Innovation, Research, and Improvement System (IRIS). Some examples of the work we have undertaken to support research and innovation in our system to date:

- Established system wide communities of practice, one for each of our IRIS domains, to promote shared learning and establish new ways of working together as a system. IRIS is developing a workspace on FutureNHS to facilitate information sharing and collaboration.
- IRIS and the VCSE sector collaborative, in collaboration with York and Scarborough Teaching Hospital and York St John's University, secured a second phase of funding from NHSE for our Research Engagement Network.
- IRIS and the YH NIHR Applied Research Collaboration held a virtual workshop about the 'Born and Bred in' (BaBi) study, this event was attended by colleagues across the system. IRIS continuities to promote BaBi and is supporting study set-up across HNY.
- There were 92 attendees at the IRIS launch event with representation and speakers from organisations across our system (trusts, local authorities, CiCs) as well as external partners (NHSE, academia, The Health Foundation, NIHR, Health Innovation YH).
- Ran a competitive funding call for NIHR Research Capability Funding and awarded funding to support research capacity in primary care.
- Working in partnership with Health Innovation Yorkshire and Humber and Harrogate District Foundation Trust to evaluate the post-operative personalised surgical video innovation with a view support adoption and spread of the innovation.

In 2024/25 the development of IRIS as a Committee of the ICB board will further embed our approach into our whole system transformation and innovation.

Commissioning developments in 2023/24

Responsibility for commissioning of pharmacy, optometry and dentistry services transferred successfully to the ICB in 2023. This included the transfer of associated staff through TUPE arrangements from NHS England (NHSE) into the ICB. In this first year we have focused on stabilising the system, building relationships, and maximising the use of the NHS dental budget. This has enabled us to focus on access to dentistry for our population and we have invited expressions of interest from NHS and private dental providers to enable children under the age of 18 to be seen and treated. We have also utilised funding to secure additional urgent access sessions, providing practices with more funding to make available sessions to treat patients with an urgent dental need.

The ICB alongside NHS England regional team and the three other ICBs in North East and Yorkshire confirmed our support for the direction of travel towards delegation of specialised commissioning services to ICBs from April 2025. The Joint Working Agreement with NHSE and the ICB for specialised commissioning will continue in 2024/25 to prepare for delegation.

Performance appraisal

NHS objectives and performance against NHS plan

A summary of performance headlines in 2023/24 include progress in the following areas:

- **Urgent and Emergency Care:** The March 2024 performance against the 4-hour standard was 69.6% of patients seen and admitted or discharged within 4 hours of arrival in an Emergency Department. This was an improvement from the March 2023 position of 67.4%.

  Harrogate and District NHS Foundation Trust achieved 78.2% for the year end position, one of a small number of Trusts nationally to achieve the 76% 4-hour standard that had been set through the national planning guidance.

- **Planned Care:** The year end long wait elective care targets for 65-week patients were met.

  Humber and North Yorkshire had the smallest volume of patients per ICB geography waiting over 78 weeks across North East and Yorkshire (NEY) region. At year-end, there were eight patients, compared to 309 in March 2023.

  In March 2024, Humber and North Yorkshire had the lowest volume of long waiters in NEY across all of the long wait targets - 104, 78, 65 and 52 weeks.

  The 65-week position had improved from 3,909 patients in March 2023 to 335 by March 2024. By reducing the overall time to treatment for planned care services, we are supporting our population to live well and age well.

  The total waiting list continued to grow in 2023/24 therefore, this will need to be addressed as a priority in 2024/25.

  The latest performance of the volume elective activity delivered was 115.1%, compared to the target of 105%, which is significantly above the nationally agreed baseline of 2019/20 and made Humber and North Yorkshire one of the most productive systems.

- **Cancer Services:** Faster Diagnosis Standard improved over the year from 68.6% (April 2023) to 75.1 (March 2024). The February and March 2024 performance were the highest in the three years this indicator has been reported.

  The Cancer 62-day backlog has improved from 728 patients (April 2023) to 458 patients (March 2024) and is the lowest number of long wait cancer patients since April 2020 when this number was reported.

  Areas of progress and how we look to achieve our ambitions is covered within the report and can be found on page 23. Full details are set out in the cancer alliance plan and summarised in the ICB Operating Plan.

- **Diagnostic Services:** The planned growth in activity for the 7 targeted tests throughout the year was achieved; along with the year-end target of a reduced percentage of patients waiting over 6 weeks. Performance has improved from 35.45% (April 2023) to 26.7% (March 2024) against a plan of 27.9%, with further investment and further improvements planned for 2024/25.

- **Primary Care:** GP Primary Care appointments - Humber and North Yorkshire has delivered its share of the national 50 million additional appointments by 31 March 2024 with 830,401 more appointments than in the previous year. Easier access to primary care services again supports faster diagnosis of conditions including cancer, as well as overall patient experience and patients to live and age well. In March 2024, 81.3% of appointments were booked and seen within 14 days against a target of 85%. Plans are in place for 2024/25 to be able to identify within this performance, how many patients chose to be seen outside of the 14-day target.

- **Community Services:** Humber and North Yorkshire delivered the 2-hour urgent community response time target throughout the year. March 2024 also saw the highest provision of virtual wards to support patients either leaving hospital early, or not being admitted at all. Community services, along with primary care services, play a key role in supporting patients with frailty.

- **Mental Health and Learning Disability Services:** Humber and North Yorkshire has delivered the Learning Disability Annual Health checks target and the target for access to Children and Young People's (CYP) Mental Health services. The commissioned and delivered available activity for CYP, has increased by 3,745 from March 2023 to a total level of 21,595 (March 2024).

- Access to Talking Therapy services whilst being below plan, is above national performance levels and benchmarks well across the North East and Yorkshire region.

  Progress is being made in improving access to several mental health services which in turn supports enabling mental health and resilience. However, a number of services have remained static and showed little improvement and have not delivered end of year targets.

The following charts help give further context to overall performance in 2023/24 and provide an 'at a glance' summary of the performance in 2023/24 compared to 2022/23.

	22/23	23/24	22/23 to 23/24 Difference	
GP Appointments	10,372,012	11,202,413	830,401	↑ 8.0%
Elective Completions (Adm)	108,482	124,998	16,516	↑ 15.2%
Elective Completions (Non-Adm)	442,780	481,451	38,671	↑ 8.7%
Elective Completions (Adm +Non-Adm)	551,262	606,449	55,187	↑ 10.0%
RTT numbers 65+ weeks	40,005	21,548	-18,457	↑ -46.1%
RTT numbers 78+ weeks	12,063	1,481	-10,582	↑ -87.7%
RTT numbers 104+ weeks	785	48	-737	↑ -93.9%
Cancer Pathways completed (62 day GP referred)	3,667	3,561	-106	↓ -2.9%
Diagnostic Tests 7	713,556	790,888	77,332	↑ 10.8%
Learning disability Health checks	7,602	7,758	156	↑ 2.1%
Patients were diagnosed with Dementia	168,119	178,564	10,445	↑ 6.2%

Area	Objective	23/24 improvement
Urgent and Emergency Care	A&E waiting times	↑
	Category 2 ambulance response times	↑
Pharmacy and community services	Everyone who needs an appointment with their GP practice gets one within 2 weeks	→
	Primary Care total appts	↑
	Increase dental activity to pre-pandemic levels	→
Elective care	65 weeks for elective care	↑
	RTT Waiting List	↓
	RTT 52 Weeks	↑
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 108.9%	↑
Cancer	Reduce Patient waiting 63 day plus from referral to treatment	↑
	Improve performance against the 28 day Faster Diagnosis Standard	↑
Diagnostics	Percentage of patients that receive a diagnostic test within six weeks	↑
Acute	G&A Beds total	→
	No Criteria to Reside	↓
Community	Virtual Ward Capacity	↑
	Urgent Community Response Time	→
	Community Beds Open	→

Indicator	Mar-24 vs Mar-23	Mar-24 vs Mar-23 Difference
Inappropriate Adult Acute Mental Health Out of Area Placement (OAP) Bed Days	↑	-50.00
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illness	↓	-43
Access to Children and Young People's Mental Health Services	↑	3,745
Estimated Diagnostic Rate for People With Dementia	↑	0.5%
Access to NHS Talking Therapies	↓	-195
Women Accessing Specialist Community Perinatal Mental Health Services	↑	147
Inpatients with a Learning Disability and/or Autism Per Million Head of Population	↑	-3.68
Reliance on Inpatient Care for People with a Learning Disability and/or Autism – Care for Children	→	0
Learning Disability and Annual Health Checks Delivered by GPs.	↓	-2.6%

Areas requiring further improvement

- 4-hour urgent and emergency care performance - although there has been progress and more patients were treated within the standard; the performance is not consistently meeting the national expectation, and longer waits in emergency departments lead to poorer outcomes and patient experience.
- Ambulance Handover times vary by provider, and the overall waiting times are impacting on Yorkshire Ambulance Service and East Midlands Ambulance Service ability to deliver the Category 2 30-minute response time standard, and therefore improvement is needed in 2024/25.
- Growth on total waiting list size for elective planned care patients needs to be addressed in 2024/25, as this represents a gap between, capacity, demand, and effectiveness.
- Diagnostic performance, although improving and delivering the 2023/24 end of year target, remains away from the national expectation and this has an impact on the delivery of elective care waiting times and cancer waiting times. Further progress is required in 2024/25.
- Access to several key mental health services need to see improvement; these include Talking Therapies that forms part of the 2024/25 operating plan framework, as well as Dementia Diagnosis rates which performed below ICB target in 2023/24 and do not benchmark well against national or regional performance – even though 10,445 more patients were diagnosed in 2023/24 than the previous year. Out of Area placements did not meet the 2023/24 target and have also been identified as a priority efficiency workstream for 2024/25.

Cancer

Significant progress has been made on the restoration of cancer services including progress towards the early diagnosis ambition by 2028, the 75% faster diagnosis standard and reducing the number of patients waiting over 62 days. Key workstreams highlights are:

Improve Diagnostics for cancer:

- New workstream established in the Humber and North Yorkshire Cancer Alliance 'Cancer Diagnostics and Innovation'.
- All providers inviting patients with cirrhosis/ advanced fibrosis to 6 monthly USS surveillance. Humber and North Yorkshire Cancer Alliance Liver Group has been convened to share best practice and oversee delivery.
- Due to a national recall of Cytosponge, projected patient numbers have not been met. Service will be evaluated with aim to transition to business-as-usual service in 2024/25.
- Colon Capsule Endoscopy pilot continues to run successfully, with steady utilisation rates per month. Service will be evaluated with aim to transition to business-as-usual service in 2024/25.
- Significant planning for roll out of Multi-Cancer Blood Test Programme in 2024/25, with a geographical spread across Humber and North Yorkshire, subject to national evaluation of the test.
- Significant (circa £2.4 million) short term investment into imaging, endoscopy, and histopathology from the national cancer H2 performance recovery fund, which have impacted on cancer diagnostic backlogs.

Support, Awareness and Diagnosis of cancer: targeting the 20% most deprived areas:

- Cancer Champions Programme now trained over 5,000 people. Sessions have been delivered to target groups including Eastern European community groups, Muslim faith groups, and Learning-Disabled groups. Rolling out a train-the-trainer programme, which aims to push cancer awareness training deeper into communities through peer and trusted voices.
- As part of cervical screening awareness week (June 23) we used a PR campaign to amplify national activity. Targeted social media marketing to people with a cervix in HNY areas with lowest screening take-up (152,000 people reached, with heavy emphasis on 25-34 age range to encourage first-time invitees).

- Addressing barriers to early cancer presentation: The Cancer Alliance took part in the NHS England myth-BUSting Cancer Tour with Grimsby the first leg of the national tour (November 2023).
- Cancer Alliance participated in the Roy Castle Lung Cancer Foundation and NHSE Let's Talk Lung Cancer roadshow, which commenced in Hull on 1st November 2023.
- Recruited to a Health Inequalities lead for the Cancer Alliance (Oct 23) and launched our first health inequalities strategy in Jan 24.

Improve treatment pathways including a stock take of non-surgical oncology (NSO):

- Stocktake of NSO completed March 2023, project plan presented to Humber and North Yorkshire Cancer Alliance System Board Nov 2023. Case for reform rather than restructure of services approved with priority given to Systemic Anti-Cancer Treatment (SACT)
- Humber and North Yorkshire Cancer Alliance Clinical Delivery Group established along with recruitment of clinical and project lead.
- Post code mapping project underway to evaluation where patients are travelling from for treatment.

- Systemic Anti-Cancer Therapies (SACT) capacity and demand tools reviewed to enable us to undertake specific SACT capacity and demand work across the ICB.

Increase uptake and expansion of the Lung Health Checks programme:

- North-East Lincolnshire service launched; Expansion into East Riding commenced. Full population coverage roll-out plan, by 2028, agreed by Humber and North Yorkshire Cancer Alliance Systems Board Jan 2024
- Comprehensive range of communications and engagement activity to raise awareness. Local media coverage coordinated organic social media activity and GP practice information displays, complemented by a series of community engagement events at supermarkets in the area, during which eligible people were surveyed about potential barriers which might prevent them from using the service.

Living With and Beyond Cancer:

- The offer of Personalised Care and Support Interventions has improved overall since the pandemic with Health Needs Assessments recovering to over 92% compared to the full year of 2020/21 (52%).
- Humber and North Yorkshire Cancer Alliance part of national Cancer Improvement Collaborative in 23/24, with a quality improvement project aimed at providing more support for cancer patients with an existing mental health condition. Extensive co-production work undertaken with patients who have lived experience.

Elective Care

The Humber and North Yorkshire Collaboration of Acute Providers have made significant progress on addressing long waits in 2023/24. A small cohort of patients remain delayed. Offers of mutual aid, and national 'patient initiated digital mutual aid' offered to suitable long waiting patients has resulted in over 200 patients moved between providers to treat patients sooner.

Clinical networks developed in Orthopaedics, Ophthalmology, Urology, Gynaecology and Perioperative through clinical chair appointments, their purpose to reduce unwarranted clinical variation across providers and improve elective services through the National GIRFT programme recommendations.

The system has implemented a high-volume low complexity Surgical Hub at Goole hospital to allow patients to complete their surgery without the risks of cancelations associated from acute hospital pressures.

Patient engagement portal developed across all 4 Trusts to assist in 2-way communication between the hospital and the patient which can allow the patient and the hospital to allow easier and quicker access to clinical information.

Diagnostics

We have adopted a hub and spoke model to enable an increase in diagnostic capacity to reduce elective waiting times, in line with the National Policy for Community Diagnostic Centres. In Humber and North Yorkshire demand is expected to increase significantly over the next 10 years and our plans seek to maximise the use of national funding to develop our diagnostic service at scale and pace.

In 2023/24:

- Business cases were approved for our hub and spoke model for the ICB at following sites:
- CDC Hubs; Hull (Hull and East Riding), Scunthorpe and Scarborough
- CDC Spokes; East Riding Community Hospital (ERCH), Withernsea Community Hospital, Ripon Community Hospital, Askham Bar, Selby War Memorial and Grimsby. Withernsea has subsequently been removed due to site suitability issues.
- Activity plans were approved within these sites to deliver 184,488 tests.
- The following sites went live throughout 2023/24; Ripon, East Riding Community Hospital, Selby, Askham Bar, with Grimsby spoke and the hubs to go live during 2024/25.

Community services

Over the past 12-month period the Community Health and Care Collaborative have supported the elective recovery programme through a series of workstreams and have completed the following programme of work in conjunction with place and provider colleagues:

- 34,456 2-hour urgent crisis response (2UCR) first contacts have been delivered across HNY providers.
- Evaluated 2UCR services, identifying priority actions such as making improvements to CSDS reporting and updating provider DoS profiles.
- Supported providers to address longer term actions associated with maximising their UCR service offer, including expanding range of referral sources and links to HNY Single Point of Access (SPOA).
- Delivered 208 Virtual Wards (VW) beds across Humber and North Yorkshire providers against a plan of 220 beds, predominately in Frailty and Respiratory pathways, with further developments in Heart Failure, Outpatient Antibiotic Therapy, and Children and Young People.
- Successful National Health Technology Acceleration and Adoption Funding (HTAAF) bid, of £636,000, secured to support the rollout of VW, and tech enabled remote monitoring devices.

- Established clinical networks for VW and 2UCR to provide peer support and share learning and best practice.
- Participation in the NEY regional VW audit to inform an optimum model of the use of VW and their integration with other services in 2024/25.
- Working with NHSE to establish timescales for Faster Data Flows and providers will be supported with rollout once timescales are confirmed.
- Community Waiting List (CWL) validation exercise undertaken, with the current HNY combined waiting list total being 18,243 against a target of 22,744.
- Hull University Teaching Hospitals (HUTH) have launched the acute version of the Optimised Patient Tracking and Intelligent Choices Application (OPTICA), with Harrogate and District NHS Foundation Trust scheduled for deployment in early 2024/25 and City Health and Care Partnership scheduled to launch the community version in a similar timeframe. OPTICA will support care teams to properly plan for timely discharges.

Urgent and Emergency Care (UEC)

The ICB has seen a slow but steady improvement in performance in 2023/24. In response to the National Urgent and Emergency Care Recovery Plan for 2023/25, we have a UEC strategy and development framework which early articulates our aims and ambitions to oversee improvements. This has been developed in collaboration across the System with Acute, Place, Mental Health, and Community partners.

The March 2024 performance against the 4-hour standard saw 69.6% of patients seen and admitted or discharged within 4 hours of arrival in an Emergency Department. This was the best performance across the ICS since August 2023; and was an improvement from March 2023 position of 67.4%.

Harrogate and District NHS Foundation Trust achieved 78.2% for the year end position, one of a small number of Trusts Nationally to achieve the 76% 4-hour standard that had been set through the national planning guidance for 2023/24.

We recognise the need to go further and innovate beyond what we have achieved previously, exploring all opportunities for shared working and integrated services. This is with a particular focus on improving the 4-hour performance and reducing ambulance handover delays. For 2024/25 we have four pillars to help shape our plans and actions, namely in relation to admission avoidance, in hospital flow, discharge and other additional workstreams such as mental health support.

Mental Health and Learning Disabilities and Autism collaborative

Children and Young People's Trauma Informed Care

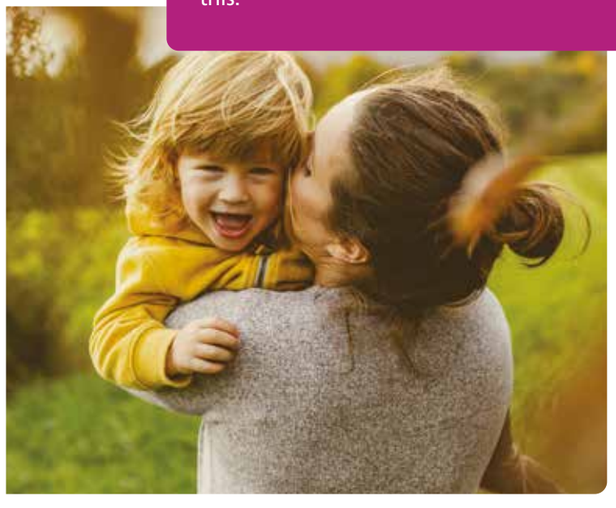
Our trauma informed care programme is 1 of 12 national vanguards, funded by NHS England's national health and justice team. The programme provides training for senior leaders and operational staff as well as communities of practice and an organisational toolkit to work towards embedding a trauma informed approach with vulnerable young people who may have experienced trauma. It has been very successful in establishing 4 test and learn sites, which have recently gained national recognition. Since the programme commenced in 2022/23 the test and learn sites have worked with 486 appropriate referrals, of which 459 young people accessed the service and 327 young people have exited the service in a planned way with improved outcomes, including reduced offending rates. We held our first annual trauma informed conference on the 5 March 2024 which was attended by over 250 people across the partnership.

Community Mental Health Transformation (CMHT)

The national requirements for Community Mental Health in the NHS Long-Term Plan are to expand and transform community mental health services, this is a 3yr programme. In 2023/24 we have focussed on stronger integration between Primary Care and mental health organisations. Each place has dedicated mental health models based in Primary Care. We also wish to celebrate the success of the recruitment of new mental health practitioner roles (via the Additional Roles Reimbursement Schemes – ARRs) into most Primary Care Networks within Humber and North Yorkshire. We have seen significantly increased numbers of people accessing CMHT in 2023/24 compared to 2022/23 and we are leading the NEY region in measures such as provision of holistic care, coverage of MDTs and routine collections of at least 1 PROM.

Inpatient quality and transformation programme

In response to the national mental health, learning disability and autism quality and safety programme, each ICB is asked to develop a three-year strategic plan to transform inpatient services. The final plan for Humber and North Yorkshire will be published in early July 2024.
In readiness for this, a comprehensive dashboard has been developed and is updated monthly for all mental health, learning disability and autism out of area hospital placements. This information is supporting the development of new ways of working including commissioning and quality oversight of placements, as well as repatriation plans for the individuals that are currently out of area. Community and crisis services will be enhanced to prevent further inappropriate inpatient placements, and innovative housing solutions are being considered to support this.



Mental Health Crisis Response Vehicles

One of the ambitions of the NHS Long Term Plan was a requirement for an ambulance service response to mental health which involved a commitment for training and development and mental health professionals within the ambulance service Emergency Operations Centre. There are currently six Mental Health Response Vehicles (MHRVs) in operation across Yorkshire and Humber geography; Phase 1: Wakefield, Hull and Maltby (Q1 22/23 May 22) Phase 2: Bradford, York and Sheffield (Q3 23/24 October and November 23) During that time Yorkshire Ambulance Service have reported a 67% A&E avoidance rate. The service is undertaking a 2-year evaluation.

Annual physical health checks for people with Severe Mental Illness

The Severe Mental Illness (SMI) Physical Health Care Programme has seen significant improvement on performance towards the national target for Annual Physical Heath Check (APHC) delivery, achieving 69.9% (8822) of the SMI register receiving a check, up from 57.7% in the previous year. All 6 places across the ICS have continued to grow their models to improve access and uptake of the APHC, together with ongoing interventions and management (e.g. weight management, smoking cessation work, and medical interventions where necessary). We launched our own SMI RAIDR dashboard which enabled access to monthly data on performance broken down to practice level, as well as giving us demographic information to better help us understand the needs of our SMI population. Additionally, BI leads also developed reports to help identify patients missing specific elements of their check, and those who had never received a check, helping teams to better plan their outreach efforts. Plans are in place to carry on this work throughout 2024/25, and to also focus on wider comorbidities faced by the SMI population by improving smoking cessation support and cancer screening uptake.

Perinatal Mental Health

There has been an increase in access to Perinatal Mental Health support in 2023/24. The Perinatal Mental Health (PNMH) team across Humber and North Yorkshire, provided by Humber NHS Foundation Trust and Tees, Esk and Wear Valley NHS Foundation Trust, have seen an increasing number of women with perinatal mental health problems during 2023/24 with a 20% increase compared to the previous year. Waiting times have remained low with outcomes and patient feedback high. The service is focussing on addressing health inequalities for women under the age of 25 and women from racially minoritized backgrounds as these groups experience poorer outcomes within the perinatal period. The service is doing this by making close links with local charity and faith groups, and offering a full bio-psychosocial assessment for any woman from these groups that are referred to the service.

Dementia

Dementia diagnosis represents our biggest challenge in terms of performance, and we have some of the lowest dementia diagnosis rates in the country within our ICB footprint. We are doing targeted work to cleanse data and improve coding relating to dementia diagnosis, as we know challenges with recording dementia diagnosis are contributing to this position. We are also assessing demand and capacity within memory assessment services.

Learning Disability and Autism

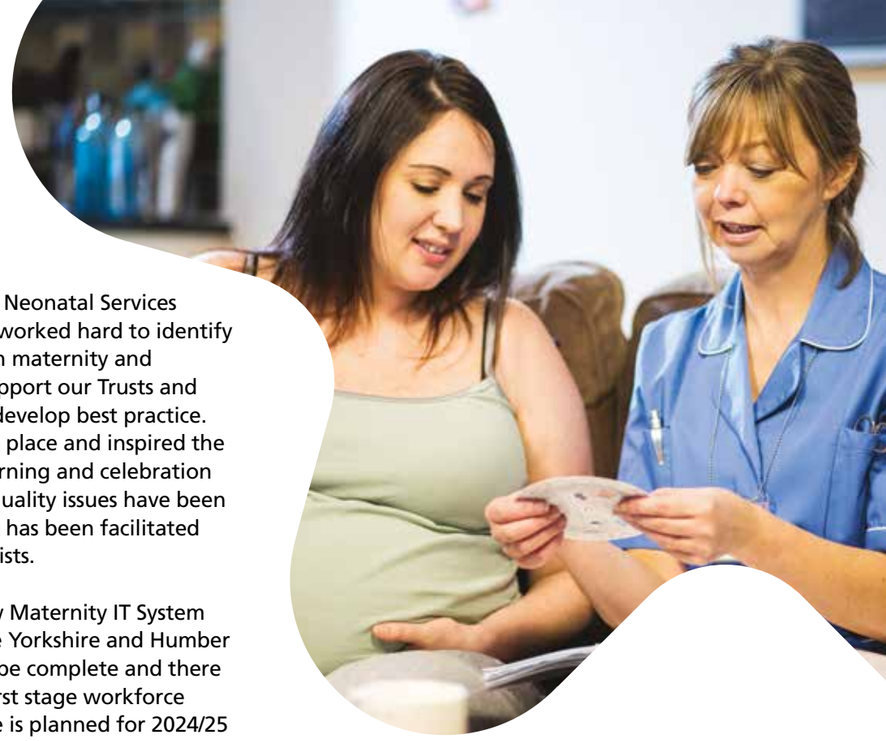
The programme has worked hard to raise the profile of Learning Disabilities and Autism with a 5th Annual Conference hosted by the Humber and North Yorkshire Health and Care Partnership focusing on Autism. A key achievement has been target for health checks, with 82.6% of individuals with a learning disability receiving their annual health check, exceeding the national target of 75%. The Oliver McGowan training plan has been rolled out and includes engagement with a third sector provider to help in supporting the training delivered by experts with lived experience.

Children and Young Peoples Mental Health

The Children and Young People (CYP) Mental Health Strategic plan is co-producing solutions with Partners at Place to improve access with the advisory group 'Nothing About Us Without Us' which has representation from over 200 young people aged between 10 – 25 who represent Humber and North Yorkshire diverse communities. In 2023/24 we have made progress against our Joint Forward Plan through:

- Improved access to self-care resources and service information.
- Ensure new and established Mental Health Support Teams in Schools are mobilised. There are now 18 teams across our 6 Places to ensure Mental Health support in schools. 14 are now fully operational and four new teams are mobilised with two additional teams to be funded in 2024/25.
- Embedding the Thrive Framework across partnerships across all six Places.
- Improving pathways and access for vulnerable children and young people for example looked after children, care leavers and those in the youth justice service.
- Established a primary care integration pilot to support improved service integration and access to appropriate mental health support.
- Developing a suicide prevention pathway to support escalating cases of self-harm or suicidal ideation, and
- Establish a Task and Finish Group to improve processes and policy in line with NICE guidance to ensure seamless transition to adult services which is needs lead, not age lead.

The CYP lived experience advisory group have also identified LGBT CYP as a priority group experiencing health inequalities. We are working to produce an animation which can be used as a training resource for services to improve support for LGBT young people.



Maternity Care

The Local Maternity and Neonatal Services (LMNS) programme has worked hard to identify areas of ongoing need in maternity and neonatal services and support our Trusts and stakeholders to further develop best practice. Review Visits have taken place and inspired the planning of a shared learning and celebration event. Where safety or quality issues have been identified, joint working has been facilitated and regular oversight exists.

Enablers such as the new Maternity IT System and integration with the Yorkshire and Humber Care Record will shortly be complete and there has been delivery of a first stage workforce plan; additional resource is planned for 2024/25 to support this work.

Our course to develop midwifery support worker competencies has commenced at the University of Hull and appropriate LMNS members have supported interviews for Trust leads and other team members.

Our Maternity and Neonatal Voices Partnerships have grown significantly over this time and there has been significant work to promote equity and equality of maternity and neonatal care. Our 'Ask a Midwife' team has benefited from more staff, translation and interpretation support and better links with communication leads.

Promotion of the prevention workstreams continue with establishment of the initial 'healthy lifestyles' team supporting women and birthing people with high BMIs, and the smoking cessation Long Term Plan and Saving Babies Lives groups have met together to improve our smoking cessation offer; with falling rates across the LMNS.

Children and Young People

In 2023 we hosted our first system wide Symposium, leading with the work of the Child of the North initiative. This was an opportunity for over 50 senior leaders from a range of key sectors to come together and discuss some of the significant health and development children and young people. Attendees left with a clear call to action for how they need to work with partners across the region to deliver for our children and young people.

The new children and young people's Start Well board is now operational and meets quarterly. The board has oversight of all programmes of work in relation to children and young people and will enable the system to connect more effectively. It advocates for children and young people, and their families, across Humber and North Yorkshire and will develop, agree, and ensure delivery of local priorities.

- The Children and Young People (CYP) epilepsy network has been established and is supporting system providers to improve the first year of care and will be at new approaches to psychology support to improve their emotional wellbeing.
- Diabetes poverty proofing projects underway in two of the most deprived areas in Humber and North Yorkshire, the learning from which will be utilised system wide.
- The ICB has a CYP asthma taskforce which aims to deliver the improvements set out in the national bundle of care for CYP with asthma.

Our Voluntary, Community and Social Enterprise collaborative continues to support some of our most vulnerable people and communities. As an example, our Children and Young People Core Connectors programme is ensuring that voice and lived experience is embedded into ICB planning.

Children with Special Educational Needs and Disabilities (SEND)

We work collaboratively with our partners to strengthen our early help response, supporting the identification of need. We continue to work with children and young people and their parents and carers to ensure they are fully involved in decisions about education, health, and care support, and further develop improved transition experiences for our children and young people, which enable them to reach their full potential. We have strengthened and further developed ICB wide governance to ensure oversight of arrangements at Place and responsiveness to the SEND and Alternative Provision and Improvement plan and the inspection framework.

Domestic Violence and Victims of Abuse

The ICB has delivered all the requirements as a Specified Authority in relation to the Serious Violence duty set out in the plan including completion of a needs assessment, response strategy and a mutually agreed definition of serious violence. Work is in progress to establish Serious violence Navigators in ED departments and to develop meaningful data collection process to develop a better system wide understanding of serious violence.

The ICB has a suite of approved safeguarding policies in place, with additional domestic abuse and sexual safety policies currently under review and development, following the introduction of the NHS E sexual safety charter which the ICB has signed up to.

Safeguarding Commissioning Assurance for the organisation is provided to NHS England on a quarterly basis, along with the quarterly "heatmap" which consistently demonstrates compliance against the national priority workstreams of NHSE Safeguarding.

Primary Care

The demands on general practice have never been greater. Primary care met the year-end target for appointments delivered with 934,343 against a plan of 905,087 for March 2024. However, we were below the target on patients seen within 14 days of booking. An average of 81.3% of patients were able to book an appointment within 14 days against a national aim of 85%. In addition, the ICB has supported national investment to focus on delivering a plan that responds to patient feedback to improve the experience of access.

The ICB continues to make significant progress in supporting recovery and deliver transformation of primary care and we are on track to deliver commitments for improving access and increase GP practice appointments by end of March 2024. We are forecasting to utilise 97% of the Additional Roles Reimbursement Scheme (ARRS) funding for 2023/24, enabling Primary Care Networks to further develop Integrated Neighbourhood Teams.

Work continues in relation to Digital Inclusion with the voluntary sector; we have 53% of our eligible population registered however usage is not performing as well as it can.

Other highlights include the support for newly qualified GPs and Practices Nurses through our Fellowship offer working with Hull and York Medical School and our Training Hub and investment in our 'Let's Get Better' comms campaign enhancing the national campaign tailored for Humber and North Yorkshire.

The successful transfer of commissioning responsibilities for pharmacy, optometry and dentistry was completed in April 2023. Since delegation, the ICB has supported developments to respond to local need, making best use of the population health management approaches embedded throughout the ICB.

Dental Services

Our aim is to increase access to dental services with continued investment through procurements and flexible commissioning models. We will explore opportunities to invest additional money into dental services across the ICB informed by data to reduce waiting list and enable access to dentistry for our population. We have started a programme of engagement with our practices to offer support to reduce the risk of any further contract hand backs maintaining access to NHS dentistry. We have procured services in Pocklington, York, and Hull due to open by June 2024 and have offered additional flexible commissioning sessions for urgent access appointments. We have invited Expressions of Interest from NHS and private dental providers to enable children under the age 18 to be seen and treated.

Pharmacy

We have completed a review of Local Enhanced Services across the ICB and continue to promote and support the expansion of the Community Pharmacy Consultation Service (CPCS) services (now Pharmacy First). We have mobilised the Independent Prescriber Programme across the ICB.

Optometry

We have appointed our Clinical Lead for Eyecare to lead on the transformation of our optometry services. We have continued to support our Hypertension Case Finding programme working in partnership with community pharmacy and general practice.

Population Health Management and Prevention (PHM)

Population health and health inequalities priority areas are captured within six workstreams, two of which follow Core20Plus5 frameworks for adults and children and young people. Each workstream has established outcomes and trajectories aimed at improving population health and reducing health inequalities. The governance structure for the Population Health and Prevention Committee, and its subgroups, undergoes regular re-evaluation and renewal, if required, to facilitate a continuous improvement approach. This streamlines progress monitoring and facilitates escalation of risks and issues in addressing health inequalities to the Board.

A key focus of our population health management (PHM) work has been to embed a sustainable PHM approach as part of our broader work on improving population health and reducing health inequalities. This includes both the development of PHM analytical tools and products but also a significant programme for building PHM capacity and capability at all levels from ICB to Primary Care Networks and practices and across both analytical and non-analytical staff groups.

A sum of the health inequalities funding allocation has been distributed to six places to facilitate a locally tailored approach to health inequalities planning and resource allocation. Each place has adopted a co-production-led approach, engaging local authorities, voluntary, community and social enterprise partners and community members in devising a health inequalities action plan.

The Population Health Intelligence team continue to work with North of England Care System Support and place teams on delivering the PHM accelerator programme. An Integration Needs Assessment is due for completion in June 2024. Over 40 interviews have taken place across the ICS and an expert panel chaired by a Deputy Chief Executive of Hull City Council has been established to formulate recommendations, which will include ones focused on coastal communities.

Key areas and achievements of our prevention programmes are:

Tobacco

- Working with national charity Action on Smoking and Health (ASH), we have launched our new Centre of Excellence in Tobacco Control.
- Swap and Stop tobacco dependency treatment services have worked with over 4000 people across our communities when accessing hospital services, providing a critical intervention to address the harm caused by tobacco.
- Lung Health Checks have been initiated in North East Lincolnshire and are expanding into East Riding. A full population coverage roll-out plan is being followed.
- LTP delivery in maternity and acute commenced in 4/5 Trusts, with 5th starting March 2024. All services will be fully established in 2024/25.
- Saving Babies Lives Care Bundle v.3 working group established to ensure delivery of tobacco dependency interventions at booking and throughout pregnancy and immediately post-partum.

Cardio-vascular disease (CVD)

- 7 practices from HNY ICB signed up to deliver a regional wide pilot for Familial Hypercholesterolemia screening through administering a heel price test at 1 year vaccination appointments.
- CVD Prevention and Detection Work Plan has been devised, outlining the HNY's ambitions for improving CVD outcomes, with a focus on secondary prevention: blood pressure, lipid, and atrial fibrillation management.
- Several initiatives were implemented to improve the detection and management of hypertension across the ICB, including an early adopter test site for dentistry and optometry blood pressure checks now feeding into a national pilot, and improving uptake of the community pharmacy hypertension case-finding services.
- Hypertension management- the HNY ICB data for March 24 shows that the ICB surpassed the national target of 77% achieving 78.1%, with 5 out of 6 places across HNY achieving or exceeding the national target.
- Lipid management- Cholesterol QRisk of 20% or more on lipid lowering therapies: HNY ICB date for March 24 shows that the ICB exceeded the national target of 60%, achieving 75.7%, with all Places surpassing the national target.

Digital Weight Management Programme

The Digital Weight Management Programme offers online access to weight management services to people living with obesity who also have a diagnosis of either diabetes, hypertension, or both. It is a 12-week offer with three levels of support available and is designed to give service users a personalised level of intervention to support them to manage their weight and improve longer-term health outcomes.

- At the end of the financial year (2023/24) North East and Yorkshire (NEY) has ranked joint 1st in England for percentage of referral target achieved and 1st place for GP engagement.
- Humber and North Yorkshire ICB achieved 93% of their target for referrals into the Programme for 2023/24 and were ranked 8th out of the 42 ICBs in the country. We also had good engagement with our GP Practices and 92% of our referrals were deemed as eligible which was the highest rate in the NEY region and placed the ICB in the top 5 nationally.

Digital Inclusion

Digital empowerment remains at the heart of our system development and this year we have seen a number of key developments, a few heads lines from our extensive programme are:

- **Our Shared Care Record**, The Yorkshire and Humber Care Record, which allows our care professionals to see a holistic view of the care given to patients continues to see a rapid take up. Connecting over 200 GPs and Health and Care organisations the system is enabling over 100,000 record view per month, ensuring that our professionals are fully empowered in decision making.
- Our Acute Trusts have all started the journey to implement new high performing **Electronic Patient Record Systems**, enabling new integrated digital support for care delivery.
- We continue to ensure that our **cyber security standards** are of the highest level, and we have made very good progress in implementing multi-factor security protecting our end users and our systems from serious cyber-attacks. Nationally this technology alone has reduced compromised email based cyber incidents by over 80%.
- The take up the **NHS App** as a front door to patient services continues to increase with over half of our population over the age of 13 having registered to use the APP to access Primary Care and an increasing number of secondary care services, allowing for quicker access to services and information. We have been linking with social groups, a good example of which is 'Men in Sheds' in Grimsby to support potentially excluded groups taking up the App. Roadshows and Public drop-in sessions within communities have also been run to further provide support to those who need it and to explain the benefits that the App can bring.
- The uptake of our **supported App Store (https://hnyhealthapps.co.uk)** continues to increase with over 8000 visits a month. The App Store supports our population in finding high quality and secure Apps to better support their wellbeing and self-care.

Patient Choice

Patient Initiated Digital Mutual Aid System (PIDMAS)

The ICB worked successfully with its partner trusts to implement cohort one of the PIDMAS programme. A local pathway was put in place, building both on the national requirements and local mutual aid systems already in place. By March 2024 a total of 288 valid patient initial requests had been received of which 40 had transferred and there were 0 outstanding requests not concluded within expected timescale.

Provider Framework

In 2023/24 the ICB fully implemented the requirements of the Health Care Services (Provider Selection Regime) Regulations 2023. This means that providers who deliver services within the scope of the Patient Choice Framework can apply to the ICB to be an accredited provider.

Personalised Care

In our Joint Forward Plan, we set out our aims to establish a system approach to personalised care. The HNY personalised care network aims to implement a comprehensive model of personalised care to establish a whole-population approach to supporting people of all ages and their carers to manage their physical and mental health and wellbeing and make informed decisions and choices when their health changes.

In 2023/24 the network has:

- Co-produced HNY strategic priorities, aligned to NHSE ambitions for Personalised Care.
- Established the governance framework to receive, discharge and receive assurance against non-recurrent transformation funds.
- Programme of 21 projects managed through the HNY Steering Group aligned to strategic priorities, Personalised Care metrics and meeting the tests of learning, evaluation and potential roll out to other areas.
- Preparatory work undertaken to rapidly expand the Personal Health Budgets offer from 'right to have' areas such as Continuing Health Care (CHC), Personal Wheelchair Budgets (PWB) and Section 117 mental health aftercare.
- Scoping of support offers available for those working in Personalised Care Roles (Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Co-ordinators) within the ICS.

> "By March 2024 a total of 288 valid patient initial requests had been received of which 40 had transferred and there were 0 outstanding requests not concluded within expected timescale.

Key issues and Risks

The approach taken by the ICB around the management of risk is set out in the annual governance statement. There are 12 key risks on the ICBs Board Assurance Framework that have threatened the achievement of the ICB's strategic objectives during 2023/24, as at 31 March 2024. The risk themes are summarised below and detailed in full within the annual governance statement on page 62.

- Patient safety and positive health outcomes
- 2022/23 financial performance (closed July 2023)
- 2023/24 financial performance
- Workforce (system wide)
- Estates
- Performance standards
- Data and digital maturity
- Relationships with partners and stakeholders
- Transforming services to achieve enduring improvement.
- Priority workforce transformation initiative
- Failure to effectively engage and deliver our legal duty to involve patients)
- Governance processes and effective control mechanisms
- Workforce (internal)

In addition to managing the risks identified as a threat to the delivery of the strategic objectives, during 2023/24, the NHS Humber and North Yorkshire Integrated Care Board is asked at each Board meeting to approve the changes to the BAF as highlighted in update reports, review and discuss the analysis of risks and agree any actions and identify any further areas of risk that may impact on the delivery of the ICB strategic objectives.

Performance analysis

Purpose of the section and its structure

This section sets out an analysis of the mandatory requirements for performance analysis for ICBs. It explains how the ICB has discharged its general duties as set out in the National Health Service Act 2006 (as amended).

How does ICB measure its performance

During 2023/24 the ICB has developed an approach that enables an understanding of how we are delivering against our purpose, vision, objectives and the 31 key performance standards across our health and care system. It is a critical element of good governance, accountability and supports decision making.

To enable the ICB to perform its responsibility we have developed an Integrated Board Report. The performance framework in 2023/24 is aligned to the operating model and governance arrangements (six Places, five collaboratives, the ICB and its committee structure).

The work is underpinned by several principles to ensure:

- we reduce duplication and we develop one version of the truth, that can be used by multiple elements of the system.
- that the information and assessment is as timely as possible
- that we balance quantitative assessment (e.g., benchmarking, performance against target/trajectory) with qualitative / narrative assessment.
- that our reporting is automated insofar as possible – allowing time for analysis and a focus on narrative that describes the story.

In 2023/24, the focus has been on the 31 key performance measures set out in the 2023/24 Planning Guidance. An online full report has been developed using validated data and using the statistical process control (SPC) analytical technique to show the performance overtime and variation in performance. This is available for the Board and relevant committees, Place, and sector collaboratives to access. In addition, for the Board a summary report is prepared to bring to their attention the key performance indicators where there is concerning variation. These indicators are supported with narrative that provides the most up to date position and the actions being taken to improve the position.

The areas of most attention during 2023/24 have been on the indicators relating to recovery including elective and planned care, Cancer and Urgent and Emergency Care including ambulance and discharge performance, and Mental Health and Learning Difficulties. See further detail under the performance appraisal section.

Mental Health

The table below shows that the ICB met the required Mental Health Investment Standard for 2023/24 with an overall increase in funding of £19.482m.

Financial Years	2022/23	2023/24
Mental Health Spend	284,242	303,724
ICB Programme Allocation	3,443,986	3,742,320
Mental Health Spend as a proportion of ICB Programme Allocation	**8.25%**	**8.12%**

However, the Mental Health Spend as a proportion of the overall ICB programme allocation has marginally reduced. This is due to the significant increases in overall ICB programme allocation received for other specific areas of spend such as the Pay Award, Industrial Action and the Elective Recovery Fund.

Children and Young People (CYP) safeguarding

Humber and North Yorkshire Integrated Care Board has a statutory responsibility to ensure robust safeguarding arrangements are in place for the ICB, and the health services it commissions. The context of safeguarding continues to change in line with listening to the lived experience of people both locally and nationally, large scale inquiries and legislative reforms. ICB safeguarding arrangements have been designed to respond to these changing circumstances and ensure the principles and duties of safeguarding children and adults are holistically, and consistently applied, and the wellbeing of those children and adults is at the heart of what we do.

Senior leadership and accountability for safeguarding across the ICB sits with the Executive Director of Nursing. Safeguarding teams based in each Place support the delivery and oversight of statutory duties working closely with NHS providers, statutory partners in the Local Authority and Police, and wider system partners. Robust governance arrangements are now embedded, including the appointment of a Strategic Safeguarding Lead and the establishment of the ICB Safeguarding Committee facilitates the monitoring of areas of risk, oversees the adoption and spread of learning and best practice, and receives Place-based assurance. Formation of a virtual safeguarding hub brings together the safeguarding resource across the ICB, formalising existing collaborative ways of working and allowing for consistent approaches to policy and process development and broader dissemination of learning across the health economy.

Statutory Reviews

Statutory reviews are processes for learning and improvement following a significant event, and all NHS agencies and organisations must participate in a statutory review if requested to do so. There have been an increasing number of statutory reviews undertaken and contributed to throughout 2022-23 which are at various stages of completion and are set out in the table below.

Rapid Reviews (RR)	Safeguarding Children Practice Review (SCPR)	Safeguarding Adults Review (SAR)	Domestic Homicide Review (DHR)	Mental Health Homicide Review (MHR)	Independent Investigation (II)
4	3	30	25	4	1

Themes and trends arising from these reviews have included, but are not limited to, a lack of professional curiosity and professional challenge, the need for improved information sharing, the identification and responding to domestic abuse, injuries to non-mobile infants, and the identification of and working with, neglect.

Examples of applying the learning into practice have included:

- North East Lincolnshire identifying child neglect as a priority area of focus for Safeguarding Children Partnership (SCP) and the Deputy Designated Nurse leading on the revision of the neglect strategy and the development of a neglect toolkit on behalf of the SCP.
- Following a Thematic Review into 3 cases of non- accidental injury in non-mobile babies, in North Yorkshire the North Yorkshire Safeguarding Children's Partnership agreed to undertake a campaign which will aim to develop professionals safeguarding skills when working with parents of new infants. The focus will be parental mental health, coping with crying (ICON) and SUDI Risk minimisation.
- Following a SAR in Hull which identified exploitation and cuckooing, the Yorkshire and Humber Probation Service has introduced Multi-Agency "Cuckooing" Management Meeting (MACAP). The meeting seeks to provide front line professionals with a multi- agency framework to facilitate effective working with adults or children who are at risk due to cuckooing.

Sadly, across some areas of the ICB there continues to be an increased number of suspected suicides during the last years, some cases identifying a potential correlation with domestic abuse. Suicide prevention has been identified as a priority theme and has gathered a multi-agency response to raise awareness of this issue and begin to understand and identify associated themes and trends. The ICS is taking a strategic approach to address this issue, working collaboratively across all areas to implement learning and new initiatives and share good practice.

Compliance with Safeguarding Accountability and Assurance Framework (SAAF)

ICB confirmatory statement that statutory assurance processes set out in the Safeguarding Accountability and Assurance Framework (SAAF) have been followed.

The purpose of the Safeguarding Accountability and Assurance Framework is to set out clearly the safeguarding roles and responsibilities of individuals working in NHS funded care settings and NHS commissioning organisations. The Executive Director of Nursing for Humber and North Yorkshire ICB ensures adherence to the Safeguarding Accountability and Assurance Framework through the development of effective local safeguarding arrangements, which seek to prevent and protect individuals from harm or abuse regardless of their circumstances. Safeguarding governance arrangements have been developed and embedded to ensure all elements of the statutory assurance processes set out in the Safeguarding Accountability and Assurance Framework are acted upon and reported in line with national guidance. In accordance with the statutory functions of the ICB and underlying legal duties, Humber and North Yorkshire ICB undertakes statutory commissioning assurance functions of NHS safeguarding arrangements to ensure services commissioned are safe and effective, and that organisations work together to seek solutions to the changing context of safeguarding and to deliver the NHS long-term plan.

Regular audits of safeguarding arrangements are undertaken at the request of NHS England to demonstrate compliance with SAAF requirements, these are collectively responded to across the ICB, using the identified single point of contact for each area of focus. Examples of recent audits undertaken include domestic abuse, Liberty Protection Safeguards/ Mental Capacity Act and Deprivation of Liberty Safeguards and progress against the ICB's Joint Forward Plan. Outputs from the audits are utilised for local assurance and to drive improvements in practice across the ICB. Quarterly submissions to NHS England have demonstrated confidence in ICB safeguarding arrangements, rating them as green throughout 2023/24.

A programme of safeguarding assurance and improvement work has continued through 2023/24, examples include:

- Developing a single assurance safeguarding framework for larger providers to assert their safeguarding arrangements on a quarterly and annual basis, which benchmarks the provider against the requirements of the SAAF.
- Arranging and facilitating three lunch and learn session delivered by the GLAA to raise awareness of labour exploitation within the care sector in response to a modern slavery case within our ICB region. The sessions have been attended by more than 170 staff members across the ICB from health, LA, fire service and other partner organisations. This work has been shared by NHSE at Regional and National Level as good practice.
- Further developing the evidence base for a Forensic Service in Safeguarding Adults, securing the funding for a second academic evaluation by Hull University.
- Facilitating an independent provider safeguarding leads meeting to support and provide information sharing to those providers who wouldn't normally access support.

Looking to 2024/25, plans are in place to focus on:

- Improving the health offer to care leavers.
- Further developing programmes that contribute to the Serious Violence Duty.
- Developing programmes to address and respond to domestic abuse and sexual safety.
- Support to the safeguarding professional's workforce to ensure retention of staff and pathways for succession planning.

Links to local safeguarding arrangements

Place	Adult safeguarding	Children's safeguarding
North Yorkshire	Safeguarding Adults Board: **https://safeguardingadults.co.uk**	Safeguarding Childrens Partnership: **www.safeguardingchildren.co.uk/**
York	Safeguarding Adult Board: **www.safeguardingadultsyork.org.uk/us**	Safeguarding Childrens Partnership: **www.saferchildrenyork.org.uk**
Hull	Safeguarding Adults Board: **www.hullcollaborativepartnership.org.uk/hull-safeguarding-adults-partnership-board**	Safeguarding Childrens Partnership: **www.hullcollaborativepartnership.org.uk/hull-safeguarding-children-partnership**
East Riding	Safeguarding Adults Board: **www.ersab.org.uk**	Safeguarding Childrens Partnership: **www.erscp.co.uk**
North Lincolnshire	Safeguarding Adults Board: **www.northlincssab.co.uk**	Safeguarding Childrens Partnership: **www.northlincscmars.co.uk**
North East Lincolnshire	Safeguarding Adults Board: **www.safernel.co.uk/safeguarding-adults-board/**	Safeguarding Childrens Partnership: **www.safernel.co.uk/safeguarding-children- partnership/**

Links to safeguarding partnership annual reports

Place	Adult safeguarding	Children's safeguarding
North Yorkshire	Annual report: **NYSAB (safeguardingadults.co.uk)**	Annual report: **NYSCP (safeguardingchildren.co.uk)**
York	Annual report: **Annual reports – Safeguarding Adults York**	Annual report: **About the CYSCP – CYSCP (saferchildrenyork.org.uk)**
Hull	Annual report: **Hull Safeguarding Adults Partnership Board – Hull Collaborative Partnership**	Annual report: **hull-safeguarding-children-partnership- annual-report (hullcollaborativepartnership.org.uk)**
East Riding	Annual report: **About ERSAB**	Annual report: **About ERSCP**
North Lincolnshire	Annual report: **North Lincolnshire Safeguarding Adults Board (northlincssab.co.uk)**	Annual report: **PowerPoint Presentation (northlincscmars.co.uk)**
North East Lincolnshire	Annual report: **Safeguarding-Adults-Board-Annual-Report-2022-23-FINAL.pdf (safernel.co.uk)**	Annual report: **NEL-SCP-Final-Annual-Report-22-23-.pdf (safernel.co.uk)**

Environmental matters

Task Force on Climate-related Financial Disclosure (TCFD)

HM Treasury set out the principles and standards underpinning the application of the Task Force on Climate-related Financial Disclosure (TCFD) recommendations in July 2023. The ICB is committed to meeting the TCFD requirements, in line with the three-year phased implementation approach adopted by central government to TCFD recommendations. The updates below set out the progress made by the ICB during 2023/24.

Working with partners in the Humber and North Yorkshire Climate Change and Sustainability Group, a final version of the Green Plan was produced and adopted by the ICB Board and Integrated Care System in July 2023. It sets out our priorities for the next 18 months and how we will go about providing assurance and governance. The plan can be found on our website at www.humberandnorthyorkshire.org.uk.

The Humber and North Yorkshire system, through its estates and procurement approaches, are working to embed net zero commitments which also represent considerable future financial savings on power costs.

Areas of progress in 2023/24 are:

- **Bridlington Hospital**, part of York and Scarborough Teaching Hospitals NHS Foundation Trust is set to become one of the most sustainable NHS sites in the UK. Air source heat pumps and solar photovoltaic PV systems will significantly reduce the carbon emissions.
- **The Hull University Teaching Hospital** Travel Team has been recognised for their outstanding efforts in promoting sustainable travel among staff with the prestigious 'Team of the Year' award at the Modeshift National Sustainable Travel Awards. The project significantly reduced car journeys and boosted the use of public transport and cycling, making HUTH a leader in environmentally conscious commuting practices.
- **The Hull University Teaching Hospitals NHS Trust** has been awarded a grant from the Heat Network Efficiency Schemes (HNES) to upgrade its heating systems. The funding will be used to replace and enhance insulation, install advanced monitoring and management controls and ad additional metres and heat exchangers.
- **The ICP** supports the achievement of better and greener asthma care, which work together helping to improve patient care and increase patient choice. A step-by-step quality improvement toolkit, developed by the Net Zero clinical lead supports practices to improve the quality of asthma care processes and prescribing and achieve better and greener asthma care.

Better and Greener Asthma Care

Emissions from inhalers contribute to 13% of the NHS carbon footprint. The national target is a 50% reduction by 2028 and a 25-35% reduction by 2024. Humber and North Yorkshire ICB expects a 28.5% reduction by the end of March 2024 from a 2019/20 baseline and is on target to achieve the 50% reduction. This has been achieved through ensuring we improve the care of asthma patients by focussing on patients getting the right medicine to the right place through the launch of new guidance and education in 2023. Well controlled asthma has 1/3rd of the carbon footprint of uncontrolled or poorly controlled asthma, through reducing the overuse of rescue inhalers and increasing the use of preventer medicines.

Emergency Preparedness

The NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, identifies that ICBs, and their NHS funded services, must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients. It also provides a set of standards (the "NHS core standards for emergency preparedness, resilience and response") for all NHS funded organisations in England to help with meeting the legislative requirements. The standards require organisations to assess themselves against various parameters including on training, exercising, command and control, business continuity, co- operation, and planning.

Key EPRR focusses of the Humber and North Yorkshire system

The ICB co-chairs, with Directors of Public Health, the Local Health Resilience Partnership (LHRP) which brings together strategic leads in health to assess emergency planning risks and implement workplans to mitigate them.

The Industrial Action (across different parts of the system at multiple times throughout the year); and a revised Core Standards process, dominated a large part of emergency planning capacity this year. The HNY LHRP, however, has continued to progress other key pieces of work within the system, including the establishment of an operational working group under the LHRP, along with two subgroups focussing on power outage preparedness and identification of vulnerable individuals. Key topics covered in meetings have included the establishment of a new core standards self-assessment process, review of RAAC risk, and adoption of new training portfolios.

The ICB has also strengthened its working with NHS partners, Local Resilience Forums and partners outside of the ICB including UK Health Security Agency (UKHSA), NHSE North East and Yorkshire and Local Authority Public Health Teams.

Incidents and Exercises

During the year the ICB has assessed the key EPRR risks that impact upon the ICB and taken steps to improve the capabilities across the ICB footprint to respond to these incidents, if they arise, through a programme of training and exercising. In this instance exercising means responding in a controlled situation to an assessed risk to see how the existing response plans can be improved. The ICB has participated in a total of 9 exercises this financial year, focussing on a variety of topics including:

- Power outage
- Cyber security
- Communications
- Port Health
- COMAH (Control of Major Accidents and Hazards)
- Counter Terrorism
- Mass casualty
- Infectious Disease

In terms of incidents responded to this year, there have been a variety of incidents reported to the ICB, not all of which have required a full command and control response. The multiple periods of industrial action taken in the NHS required a full command and control response each time, and understandably took up the most amount of resource in terms of preparation, planning and response.

Any lessons identified from incidents and exercises have been captured by the ICB and inputted onto a master action tracker to ensure a positive cycle of learning and implementation of any changes to practice.

Outcome of 2023/24 Core Standards Self-Assessment Process

During 2023/24, the assessment parameters changed for the annual self-assessment of the core standards making it more challenging to demonstrate compliance; and, as such, compliance with the core competencies remained static for the ICB at Non-Compliant (a compliance rating consistent with the other ICBs in North East and Yorkshire for 2023/24).

NHS England confirmed in their Core Standards Overview for Boards that the change in process and predicted drop or stand still in compliance for organisations "does not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans for preparedness, response and recovery".

Whilst this was not the position the ICB wanted to be in, the ICB intends to rise to the challenge to meet the more rigorous standards and is actively working to undertake with a comprehensive action plan.

EPRR covers a wide range of actions which impact either directly or indirectly on the whole of the ICB. From ensuring that the ICB can continue working at times of an incident or emergency; through preparing and exercising to ensure that the ICB can respond effectively to a range of incidents; to supporting our commissioned providers as they plan and respond as an organisation and a group of organisations at times of incident or emergency. A report providing a brief update of EPRR activities undertaken during the year April 2023 to March 2024 was presented to the ICB Board in March 2024 published on our website (**https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-paper**).

Improve quality

The ICB Quality Committee (an executive committee of the Board) is fully functional along with the System Quality Group (established by the Quality Committee). These form part of the Quality governance arrangements outlined by the National Quality Board.

In 2023/24 we continued to implement our system approach to quality management in accordance with National Quality Board guidance, including managing performance. Sub committees have been formed which include but are not limited to delivering Safeguarding statutory duties and Domestic Violence statutory duties. The newly developed Quality Assurance Improvement Framework (QAIF) shared with key stakeholders in February 2024 supports this work.

The System Quality Group (SQG) is fully embedded and accounts for all Place activity. This includes but is not limited to routinely and systematically sharing insight and intelligence with the Quality Committee: such as emerging themes, key messages and escalations (including key quality improvements and learning). The reporting function accommodates an "assurance", "alert"," advise "and applaud approach. This enables identification of opportunities for improvement and/or highlights risks to quality and enables ongoing improvement in the quality of care and services across the ICS whilst working to reduce inequalities.

In support of Quality Risk Response and Escalation in ICSs, SQG escalation reports are routinely submitted to the Regional Quality Group to support NHSE oversight and assurance.

Our priorities were to create a constant quality and improvement culture, ensuring quality is everyone's responsibility. To support this the Nursing and Quality Directorate is aligning its establishment with quality functions set out in NHS England's Delivering Quality Functions. These supports continuing to embed operational quality systems including the range of statutory and regulatory responsibilities.

Freedom to Speak Up processes were introduced into the NHS in 2016. This was as a result of a number of investigations and concerns raised relating to culture, particularly in NHS Trusts and the way in which those raising concerns were supported and listened to during proceeding inquiries.

The ICB adopted its Freedom to Speak Up policy (incorporating whistleblowing arrangements) on 1 July 2022, in line with new NHS England (NHSE) guidance with Dr Nigel Wells (Executive Director of Clinical and Professional) named as the ICB's Freedom to Speak Up Guardian. In light of the verdict in the Lucy Letby case, the policy has undergone a refresh led by a working group chaired by the Deputy Director of Legal and Regulatory Functions. The policy applies to all ICB employees, those on temporary or honorary contracts, Provider Collaborative, Members of the Integrated Care Partnership (ICP), members of its committees and sub-committees, Non- Executive Directors, any staff seconded to the ICB and contract and agency staff. The policy can be found on our **website**.

From an improving quality perspective, there are clear links between closed cultures and patient harm. Where open cultures are supported there is often more learning and candour from events leading to better outcomes for patients.

Engaging people and communities

The ICB has launched a Voice of Lived Experience working group that sees engagement and patient experience leads from system partners come together to plan future work more collaboratively and therefore efficiently. All of our public intelligence reports are being held in one place following the launch of our first ever insight bank. This continues to grow and become more important in our day-to-day work and planning.

Humber Acute Services Review

The ICB launched its first consultation, on changes to some services provided at Scunthorpe and Grimsby hospitals, at the end of 2023. We received 3,956 responses (3917 online, 39 postal), including 572 NHS staff members and 19 organisations. Part of this work saw us implement targeted engagement with Core20PLUS5 groups. Our findings will contribute heavily to any decision made at board.

The ICB has also carried out extensive engagement activity around the relocation of Hull UTC (almost 500 responses) and included specific engagement with protected characteristics from the most impacted groups or from health inclusion groups and people who link in with support agencies (including addictions and homeless support).

Sustainable adult autism and ADHD assessment service

To help transform and develop a sustainable adult autism and ADHD assessment service in York and North Yorkshire, in mid-November a programme of engagement was launched. Members of the neurodiverse community were invited to take part in public events to share experiences. With almost 100 participants attending the first of our public events, the conversation will continue as focus groups are being developed this year. All this insight will feed into how the service will look.

Women's Health Hubs

A core principle for HNY was that the development of our Women's health 'hub', should be grounded in an overall strategy, based on understanding the needs and gaps of our population as well as the experience of women and girls. As such, work has initially focused on the development of a comprehensive Women's Health Profile, an intelligence dashboard with extensive information about women's health issues and challenges in HNY as well as workshop sessions involving over 60 people across health, care and voluntary organisations working with women and girls.

Key themes identified through the workshops were education, support, access and pathways. Rich conversations have taken place with women and women's groups in particular communities to better understand some of the specific challenges and issues. Menopause, menstrual bleeding, gynaecology, and contraception are emerging areas of most concern overall. Particular challenges have also been identified for women where English is not their first language, for single parents/ women with caring responsibilities, and for girls in some of most deprived communities, as just some examples. A design group and programme team has now been fully established and this information will be used to develop a deeper understanding of women's experience and need to inform our Women's Health Hub priorities design and development.

Other crucial pieces of engagement work have been NHS75 – a health census – with more than 750 responses. We focused on targeting our more deprived and diverse communities.

As an example, our Muslim community in North Lincolnshire reported concerns around GP access but spoke positively about their experiences with pharmacies and the appetite for more of them. This report was sent to board.

We led on PRIDE 2023, significant piece of engagement work, with more than 2,000 people contributing. Our work targeted the LGBT+ community and identified a number of concerns with access to NHS services as a result of being a member of the LGBT+ community. This report was sent to report and what we do next with the findings is being worked through.

Finally, we have launched our first Patient Engagement Network – with more than 100 members of the public joining us for a virtual meeting every three months. While in its infancy the group will be informed, heavily involved in our work moving forward, champions in the community when we need urgent messages cascading and more. Altogether, the ICB boasts a public membership of more than 2,500 people.

Reducing health inequalities

Introduction

Humber and North Yorkshire has wide inequalities. In Hull, life expectancy for females and males is among the lowest 10 for local authorities in England. In contrast, North Yorkshire has the highest female and male life expectancy in the north of England, with gaps of over four years for females and 5 years for males. At an electoral ward level, there are life expectancy gaps of 14.9 years and 17.8 years for females and males respectively. This section focuses on NHS England's Statement on Information on Health Inequalities, identifying key information on health inequalities in the ICB area. For this year's report, data are compiled at ICB-level only.

In order to understand local health and care needs, Humber and North Yorkshire ICB established a Population Health and Prevention (PHP) work programme in 2022, providing leadership on health inequalities within the Integrated Care System (ICS). This collaborative programme has a executive senior responsible officer and is jointly chaired by two local authority Directors of Public Health within HNY. It is built on a system-wide collaborative approach to population health improvement, focused on prevention and tackling health inequalities.

Core20PLUS5 programmes are vital elements of this, but a further important component of the programme is how we embed a health inequalities lens across all work programmes in the ICS. This is facilitated through a Population Health and Prevention Committee which brings together system partners to collaborate across six workstreams: Core20PLUS5 adults; Core20PLUS5 children and young people; prevention and risk factors; public health functions; population health intelligence; and ICP building blocks. Bringing partners together in this way enables sharing of intelligence and improving analytical insights which then guide collaborative work which that responds using proportional universalism principles to observed inequalities.

One example of this intelligence led partnership approach in action for the benefit of inclusion groups has been on measles prevention, where early in the year partners identified a potential outbreak risk in asylum hotels. A bespoke survey was organised which confirmed low MMR vaccination rates and partners across our six Places came together to share best practice, address operational issues, and increase vaccine uptake ahead of winter.

A significant project underway is the development of our ICS Population Health Outcomes Framework, creating a set of high-level indicators on which the partnership can measure its progress against is strategic ambitions. Reducing gaps in healthy life expectancy is one of our top line ambitions but we've made a commitment to ensure that the Outcomes Framework approach builds in capability to understand and track our progress against a full range of outcome metrics covering our life stage themes (start well, live well, age well, die well) our Collaboratives and our high level 'Big 4' focus areas covering CVD, cancer, frailty and mental health. The aim is to promote visibility at a senior level on how health inequalities impact all aspects of our work and to help us hold ourselves to account on reducing them. This will draw upon existing and new metrics included in our corporate reporting and from national sources such as the Public Health Outcomes Framework, but we'll also look to supplement these with important insights drawn from our public and community engagement work, with a particular focus on Core20Plus5 populations, inclusion groups and those with protected characteristics.

Population

The population of about 1.7 million in Humber and North Yorkshire has over 95% of residents from white ethnic groups. About 2% are Asian/Asian British, 1.2% describe themselves of mixed ethnic heritage, 0.7% are Black/ Black British and 0.8% from other ethnic groups. The more diverse populations tend to be found in the cities and towns of Humber and North Yorkshire. We have a concentration of the most deprived communities in England: while just under 20% of the population live in the 20% most deprived neighbourhoods in England, over 13% live in neighbourhoods amongst the 10% most deprived. The following analysis compares findings for the most deprived 20% of neighbourhoods in England (Core 20) with the remaining population (non-core 20) and also for broad ethnic groups. In some instances, analysis by broad ethnic group is not possible due to population size.

Elective recovery

Elective recovery is progressing well. Elective activity is 16.5% higher now than pre-pandemic. However, the increase is higher in the non-core 20 population (17.4%) compared with the core 20 population (11.7%). There is apparent variation between ethnic groups, with minority groups tending to have larger increases compared with white ethnic groups, who have increased by 9.4%.

The total waiting list stood at 167,000, with proportions in core 20 areas broadly similar to the population proportion (21.7% and 19.3% respectively). With about one quarter of the waiting list lacking ethnicity coding, differences between population proportions and waiting list proportions can only be considered indicative. The 'other ethnic groups' category forms a much higher proportion of the waiting list (1.4%) compared with their numbers in the population (0.7%). Four in ten people on the waiting list (41.8%) have been waiting for more than 10 weeks, with little variation by deprivation or ethnicity and 2.8% are waiting over 52 weeks.

Emergency admissions occur at a significantly higher rate in core 20 areas compared with non-core 20 areas in Humber and North Yorkshire. Emergency admissions are significantly higher than for white ethnic groups in Asian / Asian British, Black / Black British and 'other' ethnic categories.

The ICB monitors waiting times on a weekly basis, including variation in waiting time by specialty and provider. This includes monitoring by counts and average waits by deprivation decile for the overall waiting list and for specialties, enabling adjustments to maintain equitable care for the population.

Urgent and emergency care

Emergency admissions for children aged under 18 are marginally higher in core 20 areas compared with non-core 20. However, the rate for children from white ethnic groups (533.1 per 1,000) is much higher than for other ethnic groups and is much lower for children from mixed ethnic groups (31.9 per 1,000).

Respiratory

Flu vaccination uptake for eligible populations in core 20 areas (43%) is much lower than for non- core 20 areas (61%), although there is considerable room for improvement in both groups. For ethnic groups, uptake is highest in the white group (60%) and lowest in the Black / Black British group (36%) and other ethnic groups (37%).

The Public Health Functions workstream within the PHP programme leads on the vaccination programmes and is working to reduce inequalities in uptake.

Mental health

Just over half of people with severe mental illness (55.3%) received an annual physical health check. No inequality information is available for this measure. There were 61.9 Mental Health Act detentions per 100,000 population for the ICB. The rate was nearly 50% higher in core 20 areas (98.7 per 100,000) compared with non-core 20 areas (66.5 per 100,000). The highest rates were seen in 'other' ethnic groups (113.1) and Black / Black British (88.5), with the lowest rates seen in the Asian / Asian British group (14.6). For all population groups, rates have decreased since 2021/22.

There were 47 restrictive interventions per 1,000 occupied bed days. Deprivation data is only available by rate and for national deciles, preventing aggregation. However, restrictive interventions are significantly higher in people from Black / Black British ethnic groups (126 per 1,000 occupied bed days) compared with the ICB average. Apart from White categories, rates were lower than average in all other ethnic groups.

Cancer

Just over half of cancers (53.5%) were diagnosed at stages 1 and 2 in Humber and North Yorkshire compared with 54.4% for England. Local data are not available for deprivation or ethnicity at present.

The Cancer Alliance is taking action to improve outcomes, particularly for inclusion groups and areas of higher deprivations. The Cancer Champion programme raises awareness of the signs and symptoms of cancers and has a focused delivery in areas of high deprivation and for inclusion groups such as people with a learning disability, refugees and those whose first language is not English. The Targeted Lung Health Check programme has prioritised activities within areas of high deprivation, and it has included a specific focus on prison populations; those who are homeless; drug and alcohol addicts and sex workers.

Cardiovascular disease

Non-elective admissions for stroke and myocardial infarction (heart attack) are higher in core 20 areas than non-core 20 areas. There are insufficient numbers for broad ethnic group analysis, apart from white ethnic groups, which show a higher rate than the ICB average for both indicators. Just over two-thirds of people with hypertension (high blood pressure) have their blood pressure controlled to below treatment threshold. Fewer people in core 20 areas (63.8%) have this level of control compared with non-core 20 areas (68.9%). Black / Black British ethnic groups have the lowest proportion of people with good blood pressure control (55.0%), with all other ethnic groups below White ethnic groups (69.3%).

A higher proportion of people in core 20 areas receive lipid lowering therapy when their QRISK score is above 20% compare with those in non-core 20 areas (65.4% and 54.7% respectively). Asian / Asian British ethnic groups have the highest level of treatment (64.5%) compared with other ethnicities.

Anticoagulation treatment for people with higher risk atrial fibrillation is lower than average (91.2%) for people in Black / Black British (80.0), 'Other' ethnic groups (82.1%), and Asian / Asian British (82.4%).

Within the PHP programme, the ICB employs two CVD Prevention Transformation Programme Leads who focus on increasing CVD preventions measures, particularly where uptake is lowest and thereby reducing inequalities. Their work makes use of intelligence from CVD Prevent combined with local sources and engagement with primary care networks and general practices to maximise opportunities for CVD prevention and early detection.

Diabetes

A higher proportion of people with Type 2 diabetes receive all eight care processes (57.9%) compared with those with Type 1 diabetes (43.6%), a difference of 14.3%. No inequalities data are available at present for this indicator.

Oral health

Rates of hospital admission for tooth extraction for decay in children aged under 10 are more than twice as high in core 20 areas (130.0 per 10,000) compared with non-core 20 areas (59.9 per 10,000). Rates are highest in White ethnic groups (92 per 10,000) and lowest in Mixed ethnic groups (5 per 10,000).

Learning disability and autistic people

77.7% of eligible people received a learning disabilities health check in Humber and North Yorkshire, similar to England (77.6%). Inequalities data are not available at present for these indicators.

Maternity

There are around 1,200 pre-term births annually in Humber and North Yorkshire, 5.7% of all births. Inequalities data are not available at present for these indicators. There are high rates of smoking in pregnancy in some parts of the ICB area, with three local authorities in the highest 5 in England. Negative outcomes such as low birth weight, heart defects, stillbirths, pre-term births, miscarriage and sudden infant death are all seen to be more common when mothers continue to smoke. The ICB has higher than average rates of women who are heavy drinkers at their booking appointment, with women in white population groups having the highest levels.

Health and wellbeing strategy

The Humber and North Yorkshire Health and Care Partnership has an ambitious strategy focused on narrowing the gap in healthy life expectancy by 2030 and increasing healthy life expectancy by five years by 2035 with a vision to ensure every single person in our population of 1.7 million people start life well, live well, age well and die well.

Delivery is driven through a strong Integrated Care Partnership which draws its membership from our six Health and Wellbeing Boards, the NHS, and the voluntary sector. In June 2023, the Partnership took a ground-breaking decision to establish a Futures Group to pursue partnership working that increases the capacity and effectiveness of the Integrated Care System in delivering on its long-term ambitions.

The Futures Group goes beyond the existing health and care partnership and harnesses the capabilities of universities, colleges, the private sector (local, national, and international) and health charities. As a 'first mover' (thought leader and innovator), the Futures Group aims to produce scalable transformative change in disease prevention and treatment that can be adopted more widely. Working across four main themes of research, workforce, technology, and population health, the Group focuses on the medium to long term and is starting to gain national recognition as a model for understanding and tackling the longer-term drivers which all too often manifest in short term pressures and reactive decision-making.

Our Place Health and Wellbeing Boards play a fundamental role in reinforcing and delivering the Partnership Strategy. With themes that encompass the Partnership Strategy ambitions and outline the conditions of living that are at the heart of supporting physical, social, and mental health, the local Joint Health and Wellbeing Strategies create the culture and conditions for health and wellbeing to flourish at a local level.

Supported by Health and Care Partnerships local Places are bringing together the resources and networks needed to create long term change and with key priorities around proactive prevention and early intervention, reducing health inequalities and system integration Places are well set to deliver the Joint Forward Plan for 2024/25.

During 2023/24 the ICP supported a successful Futures Group partnership proposal which recognised the role that data plays in integrating and redefining service delivery and the need to develop interventions which radically improve children and young people's wellbeing, health, and care. At the heart of the proposal is the creation of a Humber and North Yorkshire Integrated Data Engine for Analytics (HNY IDEA) centre that connects academic expertise (data science, research, and evaluation) with the professional wisdom, and voice of people in our communities at a system and local place level. HNY IDEA will oversee the creation of 'Connected HNY,' a database capable of providing the data insights necessary to support local professionals.

The proposal will be further developed as part of more transformational partnership ambitions for 2024/25, which will also see a greater emphasis putting the voice of our people at the heart of everything we do and more investment in excellence, prevention, and sustainability.

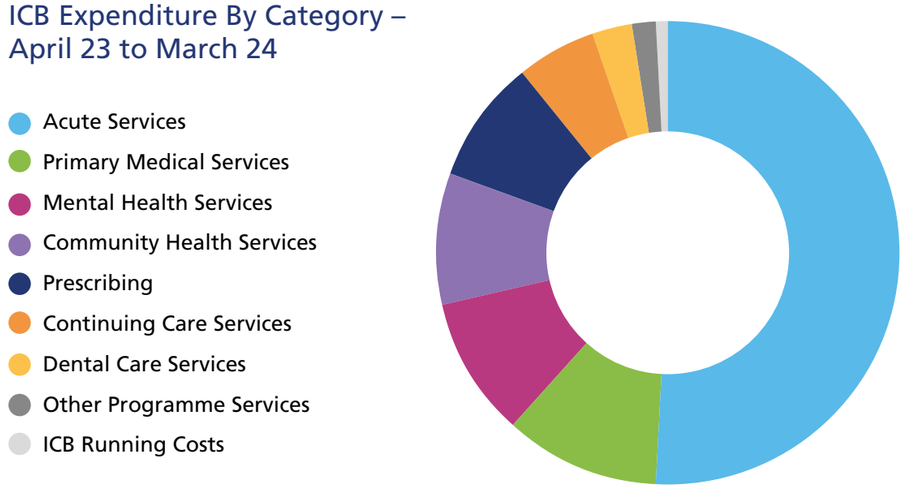
Financial review

The financial position presented covers the year from 1 April 2023 to 31 March 2024.

The annual accounts indicate the ICB has delivered the statutory financial performance duty in the form of a small surplus of £233,000 against a total resource limit of approximately £4.0 billion.

The chart below demonstrates how the ICB resources have been used across the service lines during the financial period:

ICB Expenditure By Category – April 23 to March 24



As a statutory public body there is also responsibility to contain administrative costs within the "running cost" allocation for the organisation. The ICB has spent £29.7 million on the administration of the organisation in 2023/24 which is significantly below the running cost allocation available of £37.7 million.

The accounts have been prepared under a direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

There are significant financial challenges to the overall NHS, the huge impact the COVID-19 pandemic had continues to be particularly difficult to recover from across all areas of healthcare.

The different financial regime that the NHS has been working within has enabled systems to maintain delivery of services, however the financial pressure that is being faced to achieve recovery targets remains substantial.

Over the last few years there has been significant levels of non-recurrent funding made available and whilst this was welcome the underlying financial pressure within organisations and budgets continues to be a real challenge. The ICB has focussed on delivering value for money and ensuring robust financial control whilst dealing with changing and unpredictable circumstances.

Humber and North Yorkshire Integrated Care Board Annual Report and Accounts have been prepared on a Going Concern basis.

Managing our resources in 2024/25 and beyond

The annual NHS finance and operational planning round requires the Integrated Care Board (ICB) to work together to produce balanced plans for the financial year 2024/25 both for the ICB and the wider Integrated Care System that includes providers within the geographical boundary.

At the time of writing this remains work in progress in line with the national planning timelines as set out by NHS England.

The planning round for 2024/25 has been particularly challenging as the system faces the removal of large non recurrent sources of income; excess inflation across all areas of expenditure; significant workforce challenges as well as issues of quality.

One of the new obligations under the Health and Care Act 2022 for Integrated Care Boards (ICBs) and partner NHS trusts and NHS foundation trusts is to prepare a Joint Capital Resource Use Plan.

The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with ICBs' financial duty to ensure that the allocated capital is not overspent and the obligation to report annually on the use of resources. A copy of the published plan is available on our website at **www.humberandnorthyorkshire.icb.nhs.uk/governance/expenditure**.

The below table highlights the movement from the opening 2023/24 plan to the actual 2023/24 spend. During the year a significant number of Community Diagnostic Centres (CDC) business cases were formally approved, releasing £37m more capital into our system. There was also additional allocation to fund schemes to mitigate the impact of reinforced autoclaved aerated concrete (RAAC). In terms of the impact of lease accounting and IFRS16, a revised contract lease was signed for Whitby Hospital which accounted for the major movement in spend in this category.

	Capital Departmental Expenditure Limit (Capital Spending Limit) 2023/24	Total Full Year Plan £'000	Total Full Year Actual £'000	Total Full Year Variance £'000	Narrative on the main categories of expenditure
Provider	Operational Capital	76,492	85,047	8,555	Additional RAAC funding c£4m, additional equipment capital £3m
ICB	Operational Capital	5,567	3,049	(2,518	Catterick £2.5m deferred one year
	Total Op Cap	**82,059**	**88,096**	**6,037**	
Provider	Impact of IFRS 16	10,526	17,096	6,570	Estate leases, mainly Whitby Hospital
ICB	Impact of IFRS 16	90	0	(90)	Estate leases not agreed
Provider	Upgrades & NHP Programmes	10,865	10,865	0	
Provider	National Programmes (diagnostics, Front line digitisation, Mental Health, TIF)	76,150	104,619	28,469	CDC additional £37m, LED lighting £4m, offset by elective slippage c£12m
Provider	Other (technical accounting)	1,444	1,444	1,444	As per plan – Private Finance Initiative (PFI) payments
	Total system CDEL	**181,134**	**222,120**	**40,986**	

There has never been a greater need for organisations to work together to ensure maximum value is achieved from every £ that is spent, and the following guiding principles remain a key focus for the ICB:

- Decisions taken closer to the communities they affect are likely to lead to better outcomes.
- Collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- Collaboration between providers (ambulance, hospital, and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

To respond to the significant financial and quality challenges facing the NHS, Humber and North Yorkshire has launched a system wide approach to quality, efficiency, and productivity (QEP) which seeks to:

- **Align costs to strategy:** Look across the whole system and differentiate the strategically critical 'good costs' i.e., waiting list reduction / targeted health inequalities funds from the non-essential 'bad costs' i.e., workforce duplication/contracting costs/ locum costs.
- **Harness the value of the ICS operating model:** do once where it makes sense (not just replicating the commissioner provider split at six places)/act as a system facilitator/ deliver service transformation through a) place (with LAs Primary Care and Social Care and Community) b) sector collaboratives.
- **Aim high:** use technology, innovation, and new ways of working to radically reduce and streamline the cost base/increase capacity i.e., Out-patient follow up/system reform actions/ system first/one workforce.
- **Set direction and show leadership:** Deliver cost optimisation as part of a strategic, business transformation programme = HNY Quality Efficiency Productivity Programme.
- **Create a culture of continuous improvement for our staff:** '100 ways '– no stone unturned, improving efficiency and reducing costs, encourage calculated risk, no blame culture.

The key focus for 2024/25 is on financial sustainability and recovery for Humber and North Yorkshire with the refresh of the Quality Efficiency and Productivity Board into a system wide engine room that delivers the transformation required to live within the financial means available to the Integrated Care System.

Access to Information (FOI)

During the period from 1 April 2023 to 31 March 2024, the ICB processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

Freedom of Information (FOI)	2023/24
Number of FOI requests processed	553
Percentage of requests responded to within 20 working days	99.6%
Average time taken to respond to an FOI request (in days)	12 days

The ICB provided the full information requested in 172 cases and for 141 requests an exemption was applied either to part of, or to the whole request. The exemptions applied during this period were:

- The cost of providing the information exceeded the limits set by the FOIA.
- The information was accessible by other means.
- Information requested related to personal data and compliance would breach the principles in Data Protection Legislation.
- The information was intended for future publication.
- The information was exempt as compliance would prejudice law enforcement.
- Disclosure of information would or would be likely to prejudice to the conduct of public affairs.
- The information was provided to the ICB in confidence.
- The information was covered by legal professional privilege.
- Disclosure of information would, or would be likely to, prejudice the commercial interests of any legal person.

In 353 cases, the ICB was unable to provide all the information requested, as it was either not held in full, or only partially held. Where information was not held, the applicant was redirected, where possible, to other organisation(s) that may hold the information.

The ICB has undertaken two internal reviews, in both cases the original decision was upheld, however, in one instance additional information was supplied.

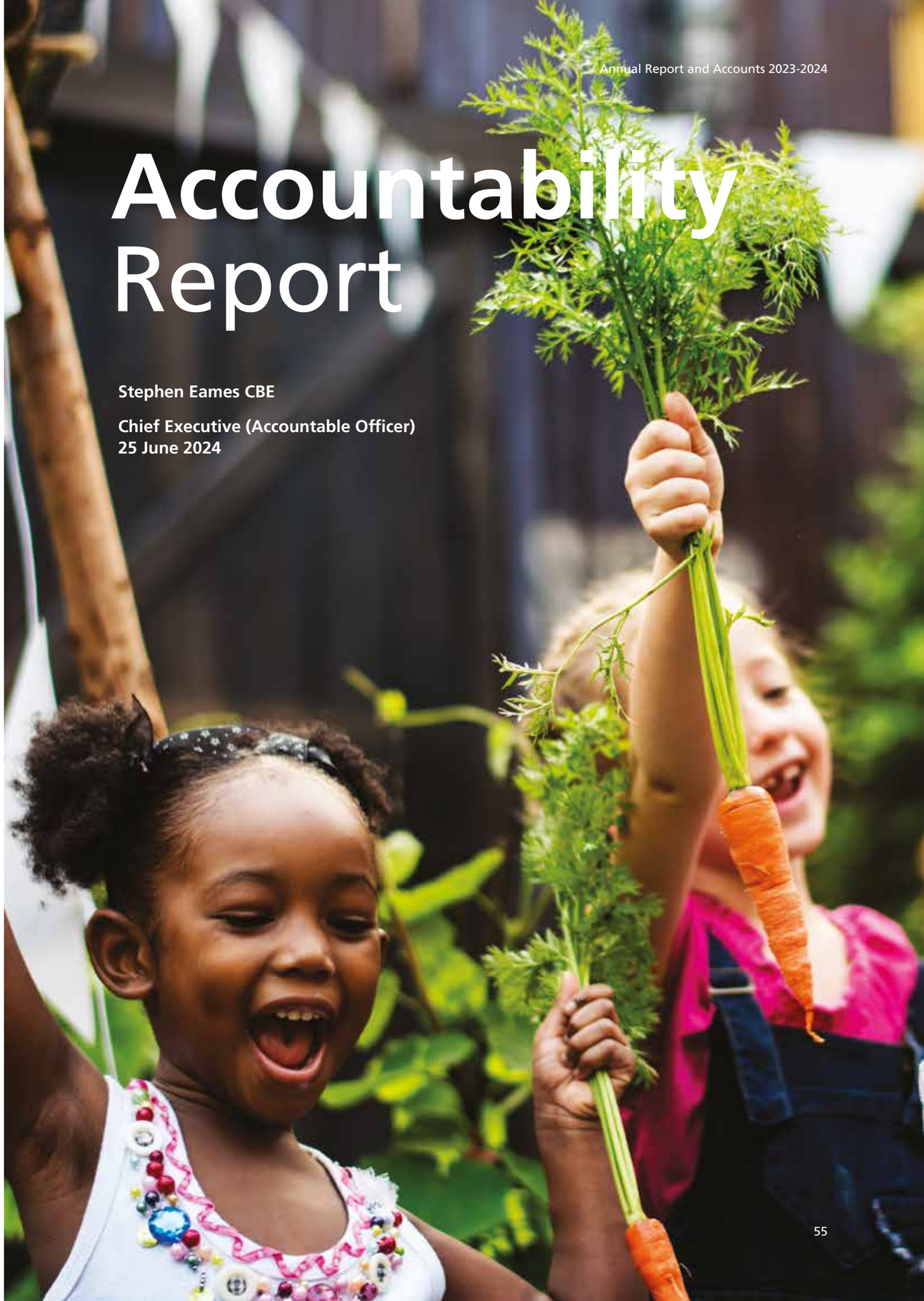
As a matter of best practice the ICB publishes FOIA reports on a quarterly basis at the link below: **https://humberandnorthyorkshire.icb.nhs.uk/foi/3-what-our-priorities-are-and-how-we- are-doing/**

Our publication scheme contains documents that are routinely published, this is available on our website: **https://humberandnorthyorkshire.icb.nhs.uk/foi/**

Accountability Report

Stephen Eames CBE

Chief Executive (Accountable Officer)
25 June 2024



Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members Report

The Members' Report contains details of our Board membership and where people can find Board member profiles and the register of interests.

Member profiles

Board Member profiles can be found on the ICB website at **www.humberandnorthyorkshire.icb.nhs.uk/board-members**.

Details of Board membership, attendance, quoracy, outcomes from agenda items discussed, how conflicts of interest (where applicable) have been managed and the results of an assessment of effectiveness can be found in the Board Effectiveness report (**https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2024/04/Item-12i-Part-A-ICB-Board-Effectiveness-Self-Assessment-2023-24-FINAL.pdf**).

Composition of the Board

The main function of the Board is to ensure that the organisation has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it.

Membership of the Board is reflected in the table below:

(Memberships run from 1 April 2023 – 31 March 2024 inclusive unless stated otherwise)

Board Membership 1 April 2023 to 31st March 2024

Chair & Chief Executive	From – To	Declared Interests
Sue Symington, Chair, Humber and North Yorkshire ICB	01/04/2023 – 31/03/2024	• Director of Lodge Cottages Ltd • Director of The Beverley Building Society
Stephen Eames CBE, Chief Executive	01/04/2023 – 31/03/2024	• Chair of the Cancer Alliance Board – until 22/11/23 • Regional ICB Representative • Critical Friend ICS Northern Ireland Steering Board Meeting
Executive Team	**From – To**	**Declared Interests**
Amanda Bloor, Chief Operating Officer	01/04/2023 – 31/03/2024	• Husband is a consultant employed by Arup. Arup were previously involved in water feasibility studies relating to fluoridation in Hull.
Jane Hazelgrave, Executive Director of Finance, and Investment	01/04/2023 – 31/03/2024	• NIL
Teresa Fenech, Executive Director of Nursing and Quality	01/04/2023 – 31/03/2024	• Trustee, Community Integrated Care. Social Care charity delivering supported living for people with LD/ASD/MH • Husband is Consultant Physician Hull University Teaching Hospitals NHS Trust (HUTH)
Dr Nigel Wells, Executive Director of Clinical and Professional	01/04/2023 – 31/03/2024	• GP Partner – Beech Tree Surgery, Selby • Director – Beechtree Eyecare Ltd • Director – Selby Healthcare UK Ltd • Director – KMNW Ltd • Wife is also a Director of KMNW Ltd
Jayne Adamson, Executive Director of People (with effect from 1 January 2024)	01/04/2023 – 31/03/2024	• Board Member of Hull & East Riding Local Enterprise Partnership (LEP) • Chair of Employment & Skills Board (a Committee of the Hull & East Riding Local Enterprise Partnership) • Managing Director of Reach Innovation Limited • Founder of a Social Movement entitled 'Be the ripple' promoting kindness • Daughter employed as Administrative Assistant at York and Scarborough Teaching Hospital working in Acute Collaborative
Non-Executive Directors	**From – To**	**Declared Interests**
Mark Chamberlain, Chair – Remuneration Committee Absent during June – October due to secondment.	01/04/2023 – 31/03/2024	• Director and joint owner of OMC (UK) Ltd, a consultancy business providing services to the health, legal and technology sectors. No work with clients in the ICB footprint. • Associate, Capsticks LLP. Conducting HR investigations and related work in health and other sectors. No work with clients in the ICB footprint. • Associate, Whitecap Consulting. Occasional consultancy assignments, outside the NHS. • Chair, Harrogate Integrated Facilities Ltd, providing Estates and Facilities services to Harrogate & District NHS Foundation Trust • Member of The Court of the University of Leeds • Daughter is a first-year medical student at Hull York Medical School
Stuart Watson, Chair – Audit Committee	01/04/2023 – 31/03/2024	• Non-Executive Director, Vp plc (specialist equipment rental group) • Non-Executive Director, Flowtech Fluidpower plc (supplier of fluid power products and solutions) • Chairman, Gateways Educational Trust • Special Advisor with Panmure Gordon (UK based investment bank) • Consultant for Strategy Unlocked • Regional Chair, Wooden Spoon Children's Charity

Non-Executive Directors	From – To	Declared Interests
Richard Gladman, Chair – Finance, Performance & Delivery Committee	01/01/2024 – 31/03/2024	• Director of Verbena Digital Limited • Non-Executive Director at Leeds Community Healthcare NHS Trust
Partner members of the Board	**From – To**	**Declared Interests**
Simon Morritt, NHS Trusts and Foundation Trusts Partner Member	01/04/2023 – 31/03/2024	• Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust • Trustee of Medicinema • Chairmanship of Cancer Alliance (w.e.f 21/11/2023)
Dr Bushra Ali, Primary Care Partner Member	01/04/2023 – 31/03/2024	• GP Partner and Medical Director of Modality Partnership Hull • GP Partner at Modality Partnership Hull which has a financial association with Modality LLP Community Services (Birmingham) who are currently sub- contracted to Hull University Teaching Hospitals NHS Trust to deliver some Out- Patient services. • Member of Royal College of General Practitioners • Member of British Medical Association • Spouse is a Consultant in the Interventional Radiology Department at Hull University Teaching Hospitals Trust • Registered with the General Medical Council • Member of Board of Governors Keldmarsh Primary School (until 30/09/2023) • Clinical Lead for Prescribing for Hull Place
Councillor Jonathan Owen, Local Authority Partner Member	01/04/2023 – 31/03/2024	• Chair of East Riding of Yorkshire Council Health & Wellbeing Board • Lead Member for Health Partnerships, East Riding of Yorkshire Council
Participant Members of the Board	**From – To**	**Declared Interests**
Karina Ellis, Executive Director of Corporate Affairs	01/04/2023 – 31/03/2024	• Trustee of Harbour Learning Trust a Multi Academy Trust that has responsibility for Secondary and Primary Schools that fall with the boundary of Humber and North Yorkshire • Spouse is the Strategic Lead Business Practice and Performance (Data Protection Officer and Statutory Complaints Manager) at North East Lincolnshire Council
Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations	01/04/2023 – 31/03/2024	• Member of the Future Humber Advisory Board. Future Humber is a Not-for-Profit organisation responsible for the Humber region's economic place marketing.
Peter Thorpe, Interim Executive Director of Strategy and Partnership	01/11/2023 – 31/03/2024	• Spouse is employed by Lindsey Lodge Hospice, North Lincolnshire
Michael Napier, Director of Governance and Board Secretary, Humber and North Yorkshire ICB	01/04/2023 – 31/03/2024	• NIL
Max Jones, Strategic digital transformation lead (Chief Digital Information Officer)	01/11/2023 – 31/03/2024	• Health Managing Partner of the company Agilisys, who sell technology and services to the public sector including the NHS and ICS.
Councillor Michael Harrison, Local Government Participant Member – North Yorkshire County Council	01/04/2023 – 31/03/2024	• Cllr/Portfolio Lead for Health & Adult Service North Yorkshire Council • Chair – North Yorkshire Health & Wellbeing Board

Participant Members of the Board	From – To	Declared Interests
Andrew Burnell, Chief Executive, City Health Care Partnership CIC – Community Interest Participant Member	01/04/2023 – 31/03/2024	• Shareholder and MD City Health Practice Ltd. GMS provider. Shareholder CHCP CIC and employee. NHS Contract holder • Director of CHCP CIC, CHP Ltd
Michele Moran, Chief Executive, Humber Teaching NHS Foundation Trust – Mental Health, Learning Disabilities and Autism Participant Member	01/04/2023 – 31/03/2024	• Chief Executive - Humber Teaching NHS Foundation Trust • Chair of Yorkshire & Humber Clinical Research Network • Lead for the Mental Health/Learning Disabilities Collaborative Programme. • IMAS partner • Corporate Trustee of Humber Teaching Foundation Trust Charity Health Stars • Non-Executive Director DHU Healthcare
Jason Stamp, Chief Officer, North Bank Forum – Voluntary and Community Sector Participant Member	01/04/2023 – 31/03/2024	• Chief Officer of Forum, a VCSE infrastructure organisation working across Yorkshire and the Humber managing health and social care contracts • Chair of the HNY Workforce Board • Partner is employed as a Senior Care Worker with CHCP
Louise Wallace, Director of Public Health, North Yorkshire County Council – Public Health Participant Member	01/04/2023 – 31/03/2024	• Paid employee of North Yorkshire County Council as Director of Public Health • Fellow of the Faculty of Public Health • Registrant on the UK Public Health Register as professional registration body for generalist specialist in Public Health.
Helen Grimwood, Chief Executive, Hull CVS – Patient Advocacy Participant Member	01/04/2023 – 31/03/2024	• NIL
Professor Charlie Jeffery, Further & Higher Education Participant Member	01/04/2023 – 31/03/2024	• Vice-Chancellor and President, University of York
Councillor Stanley Shreeve, Local Government Participant Member – North east Lincolnshire /North Lincolnshire Council	01/04/2023 – 31/03/2024	• Cllr / Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care • Ward councillor for Humberston and New Waltham
Shaun Jones, NHS England and Improvement Locality Director Participant Member	01/04/2023 – 01/01/2024	• NIL

Committee(s), including Audit Committee

In accordance with its Constitution, the ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub- committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees; these are outlined within our Scheme of Reservation and Delegation (SoRD) and Committee terms of reference.

The ICB has established several other committees to support in the discharge of its functions. These include:

- Audit Committee
- Remuneration Committee
- Quality Committee
- Executive Committee
- Population Health and Prevention Committee
- Clinical and Professional Committee
- Digital Committee
- Workforce Committee (aka Workforce Board)
- Finance, Performance and Delivery Committee
- Pharmaceutical Services Regulations Committee (Committees in Common)

The Integrated Care Partnership is a statutory committee jointly convened by six Local Authorities and the NHS Humber and North Yorkshire Integrated Care Board and comprises of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population.

The 2023/24 committees Annual Reports and Effectiveness Reviews which include details of membership, attendance, quoracy, outcomes from agenda items discussed, how conflicts of interest (where applicable) have been managed and the results of an assessment of effectiveness can be found here.

Register of Interests

Please refer to the Annual Governance Statement, of this Annual Report for a link to our published Register of Declared Interests.

Personal data related incidents

The ICB currently utilises a desktop incident reporting portal to report and assess any matters involving potential data loss to the organisation.

As reported in our Annual Governance Statement to this Annual Report, the ICB has reported one data security incidents to the Information Commissioners Office (ICO) in 2023/24, however, the ICO did not feel this required further investigation beyond the steps already taken by the ICB.

The ICB recognises the importance of maintaining data in a safe and secure environment and we place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

Modern Slavery Act

NHS Humber and North Yorkshire Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our **website**.

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Humber and North Yorkshire Integrated Care Board and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Stephen Eames CBE, Chief Executive to be the Accountable Officer of NHS Humber and North Yorkshire Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial comply with the requirements of the Accounts Direction), and for safeguarding the NHS Humber and North Yorkshire Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that of NHS Humber and North Yorkshire Integrated Care Board's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Annual Governance Statement

Introduction and context

NHS Humber and North Yorkshire Integrated Care Board is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The NHS Humber and North Yorkshire Integrated Care Board's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024 the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Humber and North Yorkshire Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Humber and North Yorkshire Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that the NHS Humber and North Yorkshire Integrated Care Board is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the ICB Board is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it.

Good governance is central to the running of NHS Humber and North Yorkshire ICB. It helps us to meet our legislative responsibilities and provides assurance that we are conducting the duties required of a public body in an efficient and effective manner. Our governance processes ensure that we are an accountable, transparent, ethical, and well- led organisation. It not only gives our communities confidence in the ICB but also helps improve faith that staff, the public, NHS England and the Government have in us and our decision-making processes.

The ICB maintains a Constitution and Standing Orders, which has been approved by the ICB Board and has been certified as compliant with the requirements of NHS England.

The Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation (OSD) are supporting documents of the Constitution that defines those decisions that are reserved to the ICB, the ICB Committees, individual officers, and other employees.

The Constitution includes:

- Core purpose of the ICS
- Composition of the Board of the ICB
- Appointments process for the Board
- Arrangements for the exercise of our functions
- Procedures for making decisions.
- Arrangements for conflicts of interest management and code of conduct and behaviours
- Arrangements for ensuring accountability and transparency.
- Arrangements for determining terms and conditions of employees.
- Arrangements for public involvement
- Appendices include definitions and the Standing Orders.

The ICB is mandated by NHS England (NHSE) to maintain and publish its Constitution and Standing Orders. Together, these set out the ICBs membership and the formal means and processes through which the ICB is governed.

The Board approve any amendments prior to submission to NHS England for their approval.

Due to the maturing of the ICB, amendments of the Constitution and Standing Orders went to the Board in July, September, and December 2023. Those changes included:

- Amendments requested by NHS England following changes to the model constitution.
- Minor tweaks around Member roles in order to improve commitments and capacity to the ICB Board membership.

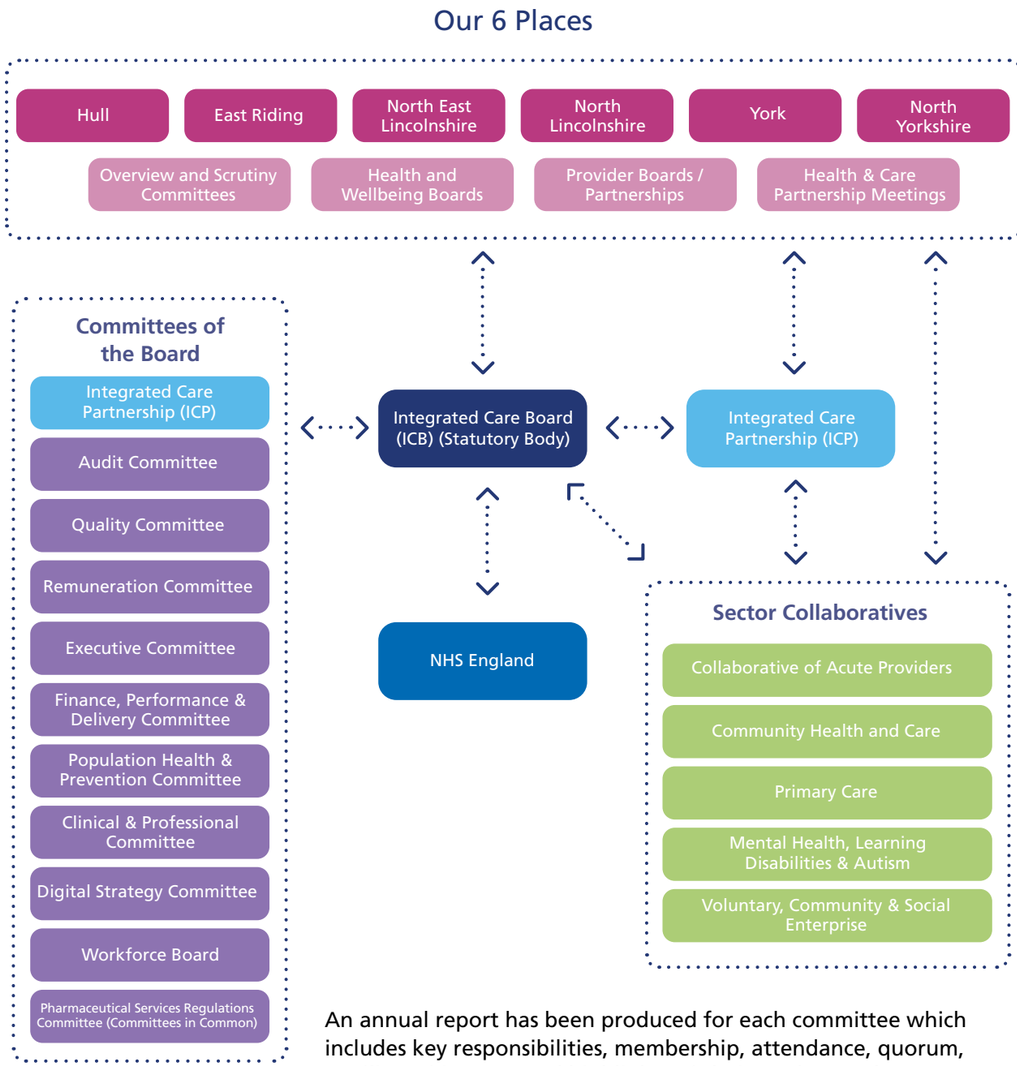
Subsequently, these changes were submitted to NHS England, in January 2024, and were approved April 2024. The revised Constitution and Standing Orders have been published on our website.

ICB Board and Committee Structure

The ICB Board comprises a diverse range of skills from Executive, Clinical, Non-Executive Directors, and key stakeholders across the Integrated Care System. There is a clear division of the responsibilities of individuals with no one individual having unregulated powers of decision.

The ICB Board has responsibility for leading the development of the vision and strategy.

It has established several committees to assist in the delivery of the statutory functions and key strategic objectives of the ICB Board. It receives regular opinion reports from each of its committees. These, together with a wide range of other updates, enable the ICB Board to assess performance against these objectives and direct further action where necessary. The structure below details the governance structure of the ICB Board and its Committees.



An annual report has been produced for each committee which includes key responsibilities, membership, attendance, quorum, conflicts of interest and highlights of their work over the year. The ICB Committees Annual Reports are published on our website.

ICB Board Effectiveness

The ICB Constitution sets out the composition of the Board and identifies certain key roles and responsibilities required. There is also a formal competency-based assessment process for appointments of Board Members.

All members of the ICB Board can demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and have established credibility with all stakeholders and partners.

The ICB Board membership is subject to statutory/mandatory training. Additional training and development are provided on a group basis through Board workshops and through individual need as identified through appraisals.

The ICB Board is provided with a range of strategic information covering finance, performance, strategy, policy, risk, and quality assurance at all meetings.

The ICB Board is committed to reviewing its own performance and has undertaken an assessment utilising Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance to determine if the ICB Board has carried out its duties effectively. The Board reviewed the outcome of the assessment at their meeting in April 2023 which determined that the ICB Board has carried out its duties effectively in 2023/24.

In additional to the Board effectiveness review, each Committee of the Board has completed a review of effectiveness for 2023/24 and this is reported to the Board alongside the Committees Annual Reports in April 2024. Reports are published on our website.

The ICB Board met throughout 2023/24 and a record of attendance was produced which demonstrated that meetings were quorate and that there was a high level of attendance from all Members throughout the year.

Committees and sub-committees

In accordance with its Constitution, the ICB may appoint committees and arrange for its functions to be exercised by such committees.

Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those subcommittees; these are outlined within the terms of reference of each Committees which are published on the website (**www.humberandnorthyorkshire.icb.nhs.uk/governance**).

Other Important ICS features are:

Place-based partnerships between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services in their local area.

Provider collaboratives: bringing NHS providers together across one or more ICSs, working with clinical networks, alliances, and other partners, to benefit from working at scale.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the ICB Board. For the financial year ended 31 March 2024, and up to the date of signing this statement, the ICB Board has aligned with the provisions set out in the UK Corporate Governance Code as demonstrated below:

Leadership

The strategic and operational management of the ICB is led by the ICB Board. The ICB Board comprises a diverse range of skills from Executive, Clinical, Non-Executive Directors, and key stakeholders across the Integrated Care System, plus other attendees as appropriate. The ICB Board has a clear delegation of responsibilities to its formal Committees and its Officers and a clear process for decision making. Individual members of the Board bring different perspectives, drawn from their different professions, roles, background, and experience. These differing insights into the range of challenges and opportunities facing the ICB, together, ensure that the ICB takes a balanced view across the whole of its business.

During 2023/24, Health and Care leaders in the Humber and North Yorkshire Health and Care Partnership have been recognised by the Institute for Leadership for work to "drive forward health and care workforce transformation". The Humber and North Yorkshire (HNY) Dispersed Leadership Team for People – a unique and ground-breaking alliance of leaders from across our diverse and multi-sector health and care system – was named runner-up in The Leadership Excellence Award for Organisations category.

The Institute award acknowledges how the team is "breaking boundaries and demonstrating excellence in leadership" through collaboration as equal partners across organisational boundaries, creating "a social movement for workforce change that can address health inequalities in Humber and North Yorkshire communities".

The award is also recognition for the high-level People Strategy, which sets the framework for leaders to work effectively together, as well as the approach to delivery, described as "bottom-up problem-solving: creating organic, 'all welcome' task and finish groups that enable unexpected and creative connections between colleagues from across the system, both generating and relying on high levels of trust between partners".

Accountability

Good governance is central to the running of Humber and North Yorkshire ICB. It helps us to meet our legislative responsibilities and provides assurance that we are conducting the duties required of a public body in an efficient and effective manner.

Our governance processes ensure that we are an accountable, transparent, ethical and well-led organisation. It not only gives our communities confidence in the ICB but also helps improve faith that staff, the public, NHS England and the Government have in us and our decision-making processes.

The ICB is committed to reviewing its governance arrangements throughout the financial year, but particularly at year-end for assurance purposes. Although our review of effectiveness for 2023/24 is a light touch approach, as previously agreed by the Board, it should be recognised that the self-assessment utilises Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance that helps to determine if the Board has carried out its duties effectively for the year.

The ICB Audit Committee is chaired by the Non-Executive Director for Audit. The ICB has a series of robust controls in place, including the Scheme of Reservation and Delegation (SoRD), the Operational Scheme of Delegation (OSD), a Governance Handbook and Functions and Decisions Map. The ICB has a robust Board Assurance Framework (BAF) in place to manage any risks that may impact on the delivery of its strategic objectives. The ICB Board has also approved its risk appetite across 8 domains in 2023/24. For 2023/24, Internal Audit completed an audit of the ICB Board's Board Assurance Framework and provided an opinion of 'High' assurance. The ICB has approved a Conflict-of-Interest Policy (revised during 2023/24) and a Code of Conduct and Behaviours Policy. The Audit Chair has held the position of Conflicts of Interest Guardian throughout 2023/24 and has been supported by the Director of Governance and Board Secretary and Head of Compliance in the day-to-day management of managing conflicts of interest throughout 2023/24.

The ICB's appointed Internal Auditors is Audit Yorkshire whilst its External Auditors, Forvis Mazars LLP, were appointed on behalf of the ICB. Both Internal Audit and External Auditors report to the Audit Committee.

Remuneration

The Remuneration Committee is established in order to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary, this is in order to confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/ directors (including board members) and Non- Executive Directors excluding the Chair.

The Remuneration Committee has delegated authority from the ICB Board on the oversight of executive board member performance. The Remuneration Committee does not include Members that are fulltime employees or individuals who claim a significant proportion of their income from the ICB. Conflicts of Interest are managed so that no individual is involved in deciding their own remuneration.

Relationships with Stakeholders

The ICB Board meetings are held 'in public' and papers are published on the ICB website five working days before meetings are held, this includes minutes of all meetings held 'in public' for accountability and transparency purposes. The ICB Constitution clearly details the decision-making process and voting rights. The ICB will use its Annual General Meeting (AGM) to communicate with stakeholders and the public and encourage their participation. At the AGM, the Chair, Chief Executive, and members of the ICB including the Chairs of the Audit Committee and Remuneration Committee will be available to answer questions.

Discharge of Statutory Functions

NHS Humber and North Yorkshire Integrated Care Board has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICBs is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Risk management arrangements and effectiveness

The ICB has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk. The Board Assurance Framework (BAF) and Committee, Collaborative and Place Risk Registers are essential elements of a robust and comprehensive internal control framework for the ICB.

The ICB Executive Team oversees the development of the wider risk management strategy and framework of which the BAF and ICB Risk Register are important elements. The ICB Committees and collaboratives have oversite of the risks aligned to them with relationship to the BAF and also their own Risk Registers, The Place Health and Care Meetings of the ICB have oversight of the shared risks within the Place Based Risk Registers.

During 2023/24 we saw a seismic shift in HNY ICB risk management in relation to the Corporate Risk Register and Directorate Risk Registers, which the ICB have now moved away from with risks being appropriately managed at Place / Committee / Collaborative level, with high risk / out of appetite / key risk themes being discussed and validated by the Executive Committee prior to them being raised escalated for discussion and approval to include as a potential principal risk by the Board.

A systematic training programme commenced in May 2023 with development sessions and Demo oversight sessions for Individual staff, Place committee and collaborative meetings concluding in March 2024.

Capacity to Handle Risk

The Board Assurance Framework (BAF) provides the organisation with a simple but comprehensive method for the effective and focused management of the principal risks that may impede or assist in the ICB in meeting its strategic objectives and statutory obligations. In so doing, the BAF is also a primary source of evidence in describing how the ICB is discharging its responsibility for internal control.

The BAF serves as the key document to assure the Board that risk management is firmly embedded in the organisation. One of the primary purposes of the Board Assurance Framework is to identify gaps in control or assurance in relation to these principal risks. It also provides a structure for the evidence to support the Annual Governance Statement. This simplifies Board reporting and the prioritisation of action plans which, in turn, allow for more effective performance management.

In 2023/24, Board members reviewed and agreed the strategic objectives of the ICB, and these were aligned to the principle risks on the BAF. The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.

The BAF has been designed to ensure that there are clear links between the governance responsibilities of the Board, the lines of accountability across the Executive Directors, and the assurance activities of the Board's Governance Committees. The Audit Committee oversees the development of the wider risk management strategy and framework of which the BAF is an element. The Audit Committee also maintain oversight of the development of the BAF.

The ICB's Board Assurance Framework was submitted to the Board for consideration and approval at every monthly meeting throughout 2023/24 and is available on our website (**www.humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers**).

All BAF risks, including risk scores, positive assurances, gaps in control and mitigating actions are regularly updated, as appropriate, with sign off by the Executive Director Leads / Deputies and are taken through the Executive Committee for assurance before being submitted to the ICB Board for approval.

The ICB's risk register is linked to the agreed risk appetite by risk type to support the effective management of risks across the organisation. Risk appetite is aligned to the 8 risk domains included in the table below. The resultant heat maps allow the ICB Board, committees, collaboratives, and staff to focus resources and attention more effectively on key risks that are 'out of appetite'.

Domain	Risk Appetite	Threshold Score
1. Clinical Quality & Safety	CAUTIOUS (to be kept under review)	6
2. Patient Experience	BALANCED	8
3. Workforce	BALANCED	8
4. Financial / Value for Money	BALANCED	8
5. Compliance / Regulatory	BALANCED	8
6. Reputation	BALANCED	8
7. Transformation Delivery	OPEN	12
8. Partnership	OPEN	12

The ICB has undertaken a Board session on risk appetite to establish a clear corporate approach (and ownership) to risk taking, tolerances and control. (Appetites have been re- visited in the April 2024 Board development session to ensure the system has appropriate tolerances and control levels in place). Reconfirming of risk appetite will undoubtedly drive organisational behaviours and allow us to develop confidence, competence, and resilience on an incremental basis. Risk is unavoidable but the ICB's risk appetite (as described in the table below) has been informed by experience and knowledge.

Risk Appetite	Description
Minimal	Avoidance of any risk or uncertainty. Every decision will be with the aim of terminating the risk.
Cautious	Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
Balanced	Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.
Open	Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.
Hungry	Eager to be innovative and take on risk to achieve strategic objectives. Will chose the option with greater reward and will accept any loss as the price for the reward.

Risk Assessment

The ICB's BAF (as of 31 March 2024) includes 12 principle risks which threaten the achievement of organisational strategic objectives. Of these, 7 are managed 'out of appetite' and 5 are managed within appetite. One risk closed in 2023/24. Please see tables below for full details:

Out of Appetite

Strategic Objective	Domain	Principle Risk	Initial Risk Rating	Current Risk Rating	Risk Appetite
A: Managing Today	Clinical & Quality Safety	Failure to effectively recognise, monitor and have mitigating actions to improve standards of local care will impact on patient safety and positive health outcomes for local people and communities.	20	15	6
	Financial / Value for Money	Failure to operate within the ICB's available resources in **2023/24** will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	25	10	8
	Workforce	Immediate term financial pressure, employment relations challenges and increasing workload lead to reductions in the availability of workforce across the system and in the numbers of people who choose to start training this year for future health and care careers, negatively affecting service user experience and individual outcomes.	20	15	8
	Financial / Value for Money	The estates infrastructure of the ICS hinders our ability as an ICB to deliver consistently high-quality care.	16	12	8
	Transformation Delivery	Failure to deliver the ICB Operating plan for 2023/24, and the associated 31 national objectives, may result in patients not being treated in a timely and appropriate manner.	16	16	12
B: Managing Tomorrow		Failure to deliver or capitalise on priority workforce transformation initiatives lead to static or worsening workforce recruitment and retention challenges system-wide over coming years, which in turn negatively affect population health outcomes and limit impact on health inequalities.	20	10	8
C: Enabling the effective operation of the organisation	Public Involvement/ Patient Experience	Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.	16	12	8

In Appetite

Strategic Objective	Domain	Principle Risk	Initial Risk Rating	Current Risk Rating	Risk Appetite
A: Managing Today		NIL			
B: Managing Tomorrow	Transformation Delivery	Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	20	12	12
	Partnership	Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.	16	12	12
	Transformation Delivery	Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health & wellbeing of our population & local communities.	20	12	12
C: Enabling the effective operation of the organisation	Compliance / Regulatory	Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership.	20	8	8
	Workforce	Failure to recruit and retain staff of the right calibre and with the right values will prevent the ICB organisation delivering its core purposes. Lack of effective succession planning will reduce the leadership capability of the ICB and limit the impact and effectiveness of the organisation in leading the improvement and transformation of the HNY health and care system.	12	8	8

Closed in 2023/24

Strategic Objective	Domain	Principle Risk
A: Managing Today	Financial / Value for Money	Failure to operate within the ICB's available resources in 2022/23 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.

ICB Committee, Collaborative and Place Risk Registers

Individual system risk assessments are an important means through which key threats to the Integrated Care Board's (ICB) achievement of its objectives – and those it shares with its Integrated Care System (ICS) partners – are consistently identified, quantified, mitigated, or eliminated. Since its establishment, the initial focus of the ICB's risk management work had been to monitor and maintain ongoing support to several hundred risks across the six Places, At the same time, success has also been achieved in 2023 through the design and support of a phased transition to a new single and consistent ICB- wide risk management approach. Key facets of which include:

- To maintain a bottom-up approach to risk, with the primary building block for the ICB risk management process being the risks being managed at the appropriate level within the system be it Place, collaboratives, committees, and all other aspects of the ICB.
- The designing of the ICB risk management framework around the principle of variable risk appetite, which balances the ICB's tolerance to risk against the delivery of its vision and ambitions.
- The management and oversight of risks should be carried out as close to the source of the risk as possible, with onward reporting and assurance being undertaken in accordance with the Board defined out of appetite risk thresholds.
- The adoption of a single ICB methodology to enable the consistent recording and appraisal of risk, irrespective of its source.
- The ability to recognise the continued move to a shared responsibility model within the ICS and therefore distinguish in future between those risks that are directly within the control of the ICB and those that are shared and therefore to be managed between system partners.
- Development of ICB risk management software that enables real-time addition and analysis of risk across the ICB at the level of granularity required – including Place, committee, and collaborative level.

NHS England (NHSE) recognises that a new approach is required for a fully embedded ICB specific risk management framework and the ICB is part of a specialist group working with NHSE to develop national advice for this purpose.

As identified earlier, leadership to the risk management process is delivered by the ICB Executive Team which oversees the development of the wider risk management strategy and framework of which the BAF and Committee, Collaborative and Place Risk Registers are important elements. The Place Health and Care Committees of the ICB have oversight of the shared risks within the Place Based Risk Registers and ICB Committees and collaboratives now have their own Risk Registers and Web based Dashboards. The processes we have established ensure there are clear links between the governance responsibilities of the Board, the lines of accountability across the Executive Directors, and the assurance activities of the Board's Committees and collaboratives, specifically the Audit Committee which oversees the development of the wider risk management strategy and framework. Our risk management arrangements have continually evolved rapidly with Phase 3 of our risk register reporting cycle fully operational by January 2024, as demonstrated in the Governance Structure.

The ICB's risk identification involves examining all sources of risk, both internally and externally and through a variety of sources.

During 2023/24, the ICB has maintained sound risk management and internal control systems of its significant risks detailed within the Board Assurance Framework. This is recognised in the outcome of the Internal Audit of the Board Assurance Framework and Risk Management processes with a positive statement from Internal Audit below of which an opinion of High assurance was given.

> "Having reviewed numerous systems across Audit Yorkshire clients, the newly developed in-house web-based Risk Management System is the most in-depth system seen that provides an up to date 'live' position on all risks impacting the ICB, Place and Collaboratives within the region.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the NHS Humber and North Yorkshire Integrated Care Board to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness. The ICB has a number of internal control measures in place monitored by the ICB Board and Audit Committee, these include risk management, scheme of reservation and delegation, operational scheme of delegation, physical controls, management controls, security controls, accounting controls, policies, and mandatory training.

In addition, the Board Assurance Framework is the key document which provides an overview of the controls and assurances in place to ensure that the ICB can achieve its strategic objectives and manage the principal risks identified.

The governance structure within the ICB provides the control mechanism through which the monitoring and mitigation of risks are managed and escalated to the Board. Each Committee produces an annual report which provides the Board with a summary of the work done and in particular how Committees have discharged their responsibilities in supporting the ICB's Annual Governance Statement and Assurance Framework.

Annual audit of conflicts of interest management

The ICB's Conflicts of Interest policy has been developed in accordance with guidance issued by NHS England/Improvement on the principles to support ICBs in managing conflict of interest and as directed under Section 14O of the National Health Service Act 2021.

The managing conflicts of interest in the NHS statutory guidance requires commissioners to undertake an annual internal audit of conflicts of interest management. To support the ICB to undertake this task, NHS England has published a template audit framework. As mentioned earlier in this report, Audit Yorkshire (the ICB's Internal Auditors) has undertaken a review of our arrangements with the aim of ensuring that 'The ICB demonstrates that they are acting fairly and transparently and in the best interests of their patients and local populations through managing conflicts of interest as part of their day- to-day activities'. The audit has offered significant assurance, concluding that the ICB can demonstrate that there are, in the main, effective arrangements in place to manage potential conflicts of interest during the performance of the ICB's business, whilst acknowledging that the ICB is a maturing organisation at the time of the audit, with systems, processes and the staffing structure under development.

There is potential for conflicts of interest in both the public (like the NHS and Local Authority) and private sectors (businesses). While it may not be reasonable or efficient to remove the risk of conflicts of interest entirely, we recognise the risks and have put measures in place to identify and manage conflicts if they arise. The measures outlined in our policy are aimed at ensuring that decisions made by the ICB will be taken, and be seen to be taken, uninfluenced by external or private interests.

The ICB Constitution states that registers of interest should be maintained for Members of the ICB, Members of the board's committees and sub-committees, and its employees. All relevant persons (as per section 6.1 of the Constitution) must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of ICB commissioning functions. The ICB maintains a Conflicts of Interest Register (subject to a thorough refresh in 2023/24) and, in accordance with guidance, has published all declarations of interest for individuals deemed as 'decision makers' on our website. The ICB is also required to formalise arrangements to manage conflicts of interest, which is documented within a Board approved Conflict of Interest Policy.

Conflicts of interest Training

In December 2022 NHS England withdrew the mandatory training module 'Managing Conflicts of Interest' from the ESR platform and since then the Corporate Affairs team has delivered bespoke local bitesize awareness sessions to staff across a range of ICB and Place based meetings. However, NHS England has now released a new 'Managing Conflicts of Interest' training module which was made available to all ICB staff on the ESR platform from 4th March 2024. We have asked staff to dedicate some time to completing this mandatory training at the earliest opportunity; this will need to be undertaken on an annual basis.

The new training module explains how NHS-wide Conflict of Interest rules should be applied within ICBs and guides and supports staff in identifying and managing real and perceived conflicts of interest. In undertaking this training staff will find out:

- What conflicts of interest are and why they need to be managed.
- Roles and responsibilities in relation to identifying and managing conflicts of interest.
- What to do if you have a conflict of interest or suspect someone else may have a conflict of interest.
- How you can manage conflicts of interest.
- How to report concerns.
- The potential implications of a breach of conflicts of interest policy.

This training package has been specially designed for integrated care boards (ICBs) and should be completed by all ICB staff, board members and sub-/committee members. This includes those individuals appointed to sub-/committees who are temporary appointments or deputies.

NHS Humber and North Yorkshire ICB strives to always achieve the highest standards of business conduct and is committed to conducting its business with honesty and impartiality. One of the overriding objectives of the ICB is to ensure that decisions made by the ICB are both taken, and taken to be seen, without any possibility of the influence of external or private interest.

Further details of the ICB's control mechanisms are set out throughout the governance statement.

Data Quality

The Board and its committees receive monthly performance and quality reports which contain a significant range of data which officers ensure is the most up to date available and from reliable sources such contract data sets, nationally published data etc.

The Board, as part of the monthly discussions on all reports, seek assurance on the accuracy and timeliness of the data and have found it acceptable.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently, and effectively.

In terms of formal Information Governance, the ICB's information governance arrangements are a key enabler to delivery of its strategic objectives by ensuring that the information needed to support their implementation is readily available, accurate and understandable. The ICB is also required to comply with data protection legislation and the comprehensive NHS England information governance guidance. The ICB has updated a suite of information governance policies and processes since establishment. These draw upon its predecessor policies which conform to national requirements. Furthermore, ICB governance arrangements include an Operational Information Governance Group with representatives from each of the six Places reporting into an overarching ICB Integrated Governance Steering Group (IGSG). The IGSG was established to ensure there is oversight with the ability to escalate issues to the Board as required by the Data Security and Protection Toolkit and is the ICB primary policy making body for Information Governance.

Throughout 2023/24 the ICB has been undertaking its annual assurance work to support the DSPT submission and staff with responsibility for all elements of Information Governance meet on a regular basis to discuss progress and ensure any issues identified are mitigated prior to the deadline (30 June 2024) for the 2023/24 submission. An audit of the evidence items commenced March 2024.

The ICB has published a Privacy or Fair Processing Notice on its website at **www.humberandnorthyorkshire.icb.nhs.uk/privacy-policy**.

As reported above, Information Governance Policies have been reviewed and where possible standardised across the ICB, with the exception of some IG/IT policies which are dependent on the support from four different IT providers. The ICB has now published an Artificial Intelligence Governance Policy which is new for 2023/24. The majority of Information Governance Policies have now been approved and published; remaining policies will be approved by June 2024.

We ensure staff undertake mandatory annual information governance training, which is monitored regularly and have published a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. The roles of Senior Information Risk Owner (SIRO), Caldicott Guardian (CG) and Data Protection Officer (DPO) have been assigned and appropriately trained to fulfil the responsibilities of their role. Regular IG training sessions and IG updates are provided through staff meetings and staff briefings.

There are processes in place for incident reporting and investigation of serious incidents. The ICB has reported one data security incident to the Information Commissioners Office (ICO) in 2023/24, however, the ICO did not feel this required further investigation beyond the steps already taken by the ICB.

We have information risk assessment and management processes in place to fully embed the information risk culture throughout the organisation against identified risks. Information Governance is also an integral part of the Integrated Impact assessment completed for any changes to ICB policy or services.

The ICB recognises the importance of maintaining data in a safe and secure environment and we place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

Business Critical Models

The ICB recognises the principles reflected in the Macpherson Report as a direction of travel for business modelling in respect of service analysis, planning and delivery. An appropriate framework and environment is evolving to provide quality assurance of business-critical models within the ICB. The ICB has and continues to adopt a range of quality assurance systems to mitigate business risks notwithstanding that organisational and system maturity continues to develop. These include:

- Stakeholder experience including patient complaints and serious untoward incident management arrangements.
- Risk Assessment (including risk registers and a board assurance framework).
- Internal Audit Programme and External Audit review.
- Executive Leads with clear work portfolios.
- Policy control and review processes.
- Public and Patient Engagement, and
- Third Party Assurance mechanisms.

We can confirm that all of these quality assurance processes are used across our business-critical areas as appropriate.

Third party assurances

During 2023/24 the ICB has contracted with a number of external organisations for the provision of back-office services and functions. Assurances on the effectiveness of the controls in place for these are received in part from an annual Service Auditor Report from the relevant service, for 2023/24 these included:

Capita Business Services Ltd Primary Care Support England (PCSE) – this ISAE 3402 Type II Report provided by Forvis Mazars for the period 1 April 2023 to 31 March 2024 offered a qualified opinion. Capita provide a range of payment and pensions administration services under the PCSE contract. Within the scope of their work, External Audit have identified a qualification relating to 1 out of 15 control objectives during the period. The opinion has been formed on the basis of the matters outlined in their report. In their opinion, in all material respects, except for the matters outlined in their report, Forvis Mazars conclude that the controls tested, which were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2023 to 31 March 2024.

CSU Collaborative, led by South Central West CSU (SCW) to manage the national Calculating Quality Reporting Service (CQRS National) – Report on Internal Controls (Type II) - this report, covering the period 1 April 2023 to 31 March 2024, has been prepared by Deloitte in accordance with the International Standards on Assurance Engagements 3000 (revised) and 3402 ("ISAE 3000 and 3402") and the Institute of Chartered Accountants in England and Wales Technical Release AAF 01/20 ("AAF 01/20"). CQRS National is an approval, reporting and payments calculation system for General Practitioner (GP) practices. It helps practices to track, monitor and declare achievement for the Quality and Outcomes Framework (QOF), Direct Enhanced Services (DES) and Vaccination and Immunisation (V&I) programme.

In addition, the data collected by CQRS National is used to help track GP workload, feeds into the National Diabetes Audit and forms part of the GP Collections service.

The report offers an unqualified opinion, confirming that the controls tested were operating with sufficient effectiveness to provide reasonable assurance that the related control objectives stated in the description were achieved throughout the period from 1 April 2023 to 31 March 2024 if the customers effectively operated the complementary user entity controls referred to within the report and the subservice organisations effectively operated the complementary subservice organisation controls referred to within the report.

NHS Business Services Authority provision and maintenance of the Electronic Staff Record system – the ISAE 3000 Type II Controls Report prepared by Grant Thornton UK LLP provided an unqualified opinion. The ESR solution is a single payroll and Human Resources (HR) Management system that has been fully implemented across the whole of the NHS in England and Wales. The basis for this opinion is:

In their opinion, in all material respects, Grant Thornton UK LLP conclude that controls tested, which together with complementary user entity controls referred to in their report, if operating effectively, where those necessary to provide reasonable assurance that controls operated effectively during the period 1 April 2023 to 31 March 2024.

NHS Shared Business Services Limited's Control System for Finance and Accounting Services and on the Suitability of Design and Operating Effectiveness of its Controls – this ISAE 3402 report by PricewaterhouseCoopers LLP for the period 1 April 2023 to 31 March 2024 provided an unqualified opinion, confirming that the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of PWC's assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period 1 April 2023 to 31 March 2024.

NHS Business Services Authority: Prescription Payments Process – this Type II ISAE 3402 Report for the period 1 April 2023 to 31 March 2024 by Grant Thornton UK LLP provided an unqualified opinion, confirming that controls operated effectively to provide reasonable assurance that control objectives were achieved for the period 1 April 2023 to 31 March 2024 if complementary subservice organisations controls and complementary user entity controls assumed in the design of NHS Business Services Authority controls operated effectively throughout the period 1 April 2023 to 31 March 2024.

NHS Business Services Authority: Dental Payments Process – this Type II ISAE 3402 Report for the period 1 April 2023 to 31 March 2024 by Grant Thornton UK LLP provided an unqualified opinion, confirming that controls operated effectively to provide reasonable assurance that control objectives were achieved for the period 1 April 2023 to 31 March 2024 if complementary subservice organisations controls and complementary user entity controls assumed in the design of NHS Business Services Authority controls operated effectively throughout the period 1 April 2023 to 31 March 2024.

Report on NHS England's description of its Control System for Extraction and Processing of General Practitioner Data Services in England – the Type II ISAE 3000 Report for General Practitioners Payment Services and Extraction and Processing of General Practitioner Data services for the period 1 April 2023 to 31 March 2024 prepared by PricewaterhouseCoopers LLP provided a qualified opinion.

For 2023/24, the auditors noted exceptions on 1 out of 4 control objectives, with 2 control objectives being qualified. This is an improvement on the 2022/23 position. The qualified opinion was:

- Controls related to approval of new user access to DPS and revocation of access for leavers from DPS did not operate effectively and a newly introduced quarterly review of access to DPS for the testing period, was not designed effectively. Further, controls related to the approval of new user access to GPDC and revocation of access for leavers from GPDC, and the quarterly review of access to GPDC were not designed effectively. Furthermore, controls were not in place to provide appropriate segregation of duties between the production and the development environments of the GPDC application As a result, controls did not operate effectively and were not suitably designed during the period 1 April 2023 to 31 March 2024.

In their opinion, in all material respects, except for the matters outlined in their report, PricewaterhouseCoopers LLP conclude that the controls tested, which, together with the throughout the period 1 April 2023 to 31 March 2024.

Control Issues

As described elsewhere in this Governance Statement, the ICB has identified a number of 'out of appetite' risks which could threaten the achievement of specific strategic objectives. With the exception of the risks associated with these areas, the ICB overall has a sound internal control framework which includes robust governance and risk management systems that support the achievement of its policies, aims and objectives.

We continue to put in place mitigating actions to address those risks that have been identified. From a 'control' aspect, 2023/24 has been a positive year with no significant control issues identified in year, other than those issues highlighted elsewhere in this statement.

Review of economy, efficiency and effectiveness of the use of resources

As described earlier in this Governance Statement, the ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act. The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. One of these duties includes exercising its functions effectively, efficiently, and economically (section 14Z33 of the 2006 Act).

The Board has overarching responsibility for ensuring that the ICB has appropriate arrangements in place to exercise its functions effectively, efficiently, and economically and in accordance with the organisation's principles of good governance.

The ICB closely monitors budgetary control and expenditure. The annual budget setting process for 2023/24 was approved by the board and was communicated to all budget holders within the ICB. The Board receives a Finance update from the Executive Director of Finance and Investment at every Governing Body meeting which presents the financial position for the ICB and the ICS.

The Audit Committee has the responsibility to scrutinise in detail the ICB's financial statements, together with the report from external audit, before these are presented to Board.

The Audit Committee, which is accountable to the Board, provides the Board with an independent and objective view of the CCG's financial systems, financial information and compliance with the laws, regulations and directions governing NHS bodies. The ICB develops its control framework based on the opinion and recommendation of Internal Audit and External Audit during the year and ensures that controls operate effectively and continuously identify areas for improvement. Audit action plans are monitored, and implementation reviewed by the Directors and reported to the Audit Committee. Internal Audit plans, approved by the Audit Committee at the outset of the year, are linked to the ICB's assurance framework with a particular focus on financial and corporate governance.

The Board receives regular reports from the Audit Committee and Finance, Performance and Delivery Committee and its other Committees. The Governing Body forward plan and agenda provides an opportunity for the Chair of each Committee to report at each meeting and raise any matters of concern.

NHS England has a legal duty (Section 14Z16 of the National Health Service Act 2006 as amended by the Health and Care Act 2022) to annually assess the performance of each ICB in respect of each financial year and publish a summary of its findings.

Delegation of functions

The arrangements made by NHS Humber and North Yorkshire Integrated Care Board for the reservation and delegation of decisions are set out in this scheme of reservation and delegation (SoRD). However, the ICB remains accountable for all its functions, including those that it has delegated.

The SoRD should be read in conjunction with the Operational Scheme of Delegation which supports the SORD and sets out approved financial delegated limits and detailed operational delegations to ICB staff.

The Board monitors this through regular reports from the ICB's Officers and its committees. These reports cover use of resources and responses to risk.

As previously described, processes are in place which includes risk assessment, management, and monitoring in relation to collaborative commissioning. This is part of the overall framework of risk management of the ICB. In addition, where delegated arrangements are in place, these are supported by:

- Board Assurance Framework
- Place / Committee / Collaborative Risk Registers
- Consistent and regular reporting through Committees of the Board
- Consistent and regular reporting through management board arrangements.

In the context of commissioning support services, these are supported by robust service specifications and formal contact management arrangements and there is no evidence of control failures.

Counter fraud arrangements

The ICB has a team of accredited Local Counter Fraud Specialists (LCFSs) that are contracted to undertake counter fraud work proportionate to identified risks. In January 2021, the NHS Counter Fraud Authority (NHSCFA) rolled out new counter fraud requirements for NHS-funded services in relation to the Government Functional Standard GovS 013: Counter Fraud (Functional Standard). From April 2021 all NHS services were required to provide assurance against the Functional Standard. This should be overseen by the organisation's accountable board member and audit committee/governing body and in line with the organisation's existing approach to assurance against counter fraud requirements. The work plan for 2023/24 followed the requirements of the standard and described the tasks and outcomes that informed anti-fraud activity.

There are 12 components within the Functional Standard which are sub divided as:

- Governance which outlines how the organisation supports and directs counter fraud, bribery and corruption work undertaken to create a strategic organisation- wide response when combatting fraud, bribery, and corruption.
- Counter Fraud Bribery and Corruption Practices, which outline the organisations operational counter fraud activities undertaken during the year when detecting and combatting fraud.

The ICB's counter fraud arrangements are underpinned by the appointment of accredited LCFSs, the ICB-wide countering fraud and corruption policy, the nomination of the Executive Director of Finance and Investment as the executive lead for counter fraud and a Counter Fraud Champion at a strategic level, providing access to relevant staff groups, and encouraging staff to engage with fraud awareness initiative.

The ICB's Audit Committee reviews and approves an annual counter fraud work plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud. The counter fraud team also produces an annual report for each organisation and regular progress reports for the review and consideration of the Executive Director of Finance and Investment and the Audit Committee.

The ICB completed an online Counter Fraud Functional Standard Return (CFFSR) to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as a 'Green' rating for 2023/24. This self-assessment (CFFSR) detailing our scoring was approved by the Executive Director of Finance and Investment and Audit Committee Chair prior to submission.

Head of **Internal Audit Opinion (HoIA)**

Following completion of the planned audit work for the period 1 April 2023 to 31 March 2024 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance, and internal control. The provision of the HoIA opinion is a requirement of Public Sector Internal Audit Standards (PSIAS). The HoIA opinion is the rating, conclusion and/or other description of results provided by the HoIA addressing, at a broad level, governance, risk management and/or control processes of the organisation and, for 2023/24 The Head of Internal Audit concluded that:

The overall opinion for the 2023/24 reporting period provides **Significant Assurance**, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Significant Assurance

The **basis** for forming the opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes.
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses; and
- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Unless explicitly detailed within our reports, third party assurances have not been relied upon.

For 2023/24, Internal Audit has focused on ICB development, embedding controls, and promoting the ICB's vision; delivering key NHS Long Term Plan ambitions and effective system working, as outlined in the NHS 2023/24 priorities and operational planning guidance.

The 2023/24 audit plan (approved by the ICB Audit Committee on 26th September 2023) is based on consideration of the whole internal control system and the magnitude and incidence of the risks that the control system is designed to mitigate. This risk assessment approach is built around discussions and assessments with ICB Executives and Board Sub Committees and linked to the Assurance Framework. Internal Audit's professional judgement is also used in allocating necessary resources to each auditable area, making use – where available – of opportunities.

During the period, Internal Audit issued the following audit reports:

Audit Area	Audit Assurance
Governance & Risk Management	
Risk Management	High Assurance
Board Assurance Framework	High Assurance
Governance Framework	Significant Assurance
Standards of Business Conduct – Conflicts of Interest	Significant Assurance
Complaints	Significant Assurance
Recommendation Follow Up Review	Significant Assurance
Quality and Safety	
Patient Safety Incident Response Framework (PSIRF)	Significant Assurance
Performance and Operations	
NHS Oversight Framework	Significant Assurance
Contracting and Commissioning	
Direct Commissioning (devolved)	Significant Assurance
Primary Medical Services Commissioning	High Assurance
Procurement	High Assurance
Contract Management	Significant Assurance
Stakeholders and Partnership	
Health Inequalities Partnering Arrangements	High Assurance
Workforce	
Cultural Engagement – Vision into Reality	Limited Assurance
Financial Governance	
Budgetary Control	Significant Assurance
Information Governance & Technology	
Data Security and Protection Toolkit (DSPT)	Significant Assurance
Benchmarking Audits	
Salary overpayments	Not applicable (advisory)
Quality of care Due to maturity of Projects, Stage Two of the review will occur as part of the 2024/25 audit plan	Not applicable (consulting review)

None of the audit reports has identified governance, risk management and/or control issues which were significant to the organisation, but all individual areas of weakness identified are responded to by ICB Senior Managers and remedial measures are agreed at the close of the audit. The ICB has established a robust process for monitoring and managing audit recommendations and Internal Audit regularly provide implementation updates to the Audit Committee.

The following potential opinion levels are available when determining the overall HoIA opinion. These levels link closely with Audit Yorkshire's standard definitions for report opinions:

Opinion Level	HoIA Opinion Definition
 High Assurance	High assurance can be given that there is a strong system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are being applied consistently in all areas reviewed.
 Significant Assurance	Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
 Limited Assurance	Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.
 Low Assurance	Low assurance can be given as there is a weak system of internal control and/or significant weaknesses in the application of controls that will result in failure to achieve the organisation's objectives.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers, and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

The formal process for maintaining and reviewing the effectiveness of the system of internal control is:

- Since the development of the Board Assurance Framework, the ICB Board has reviewed the BAF at all of its meeting both in public and private. The ICB Board has also reviewed the BAF and its risk appetite at development sessions. Executive Directors have consistently updated BAF risks and the ICB Board has noted its assurance that risks on the BAF are being managed effectively. For 2023/24, Internal Audit gave an opinion of 'high assurance' on the BAF and the continued development of the BAF will continue to be a key focus in 2024/25. The Board keeps under review the systems of internal control not only through reports on risk management and the assurance framework but also via performance, contracting, finance and quality reports.
- At a committee level the Finance, Performance and Delivery, Clinical and Professional Executive and Quality Committees take responsibility for keeping under review the governance arrangements relating to finance, contracting, performance and clinical governance.
- The Audit Committee has oversight of the ICB's financial systems, financial information, risk management, audit and information governance processes.
- Auditors provide further assurance through the delivery of their annual work plans and providing assurance as well as recommendations on different aspects within the system of internal control.
- Self-assessment of the risk management system and committee governance arrangements undertaken on an annual basis.
- Third party assurance. Alongside the Head of Internal Audit opinion and the annual report, the ICB considers the assurance statements received from other service providers.

Conclusion

I am assured, by the detail in this Annual Governance Statement and by the Head of Internal Audit Opinion statement, that for 2023/24 the ICB has operated within a robust system of internal control and no significant internal control issues have been identified.

Remuneration and Staff Report

Remuneration Committee

Membership of the NHS Humber and North Yorkshire ICB Remuneration Committee is comprised of the following (All memberships run from 1 April 2023 to 31 March 2024 unless stated otherwise).

Name	Title
Mark Chamberlain	Independent Non-Executive Director, Chair Remuneration Committee
Sue Symington	Chair, Humber and North Yorkshire ICB
Dr Bushra Ali	Primary Care Partner Member
Angela Schofield	Independent Member
Charles Parker	Independent Member

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:

- Executive Director of People or their nominated deputy
- Executive Director of Finance and Investment or their nominated deputy
- Executive Director of Corporate Affairs or their nominated deputy
- Chief Executive or the Deputy Chief Executive

The ICB Committees Annual Reports (including that of the Remuneration Committee) are published on our website.

Policy on the remuneration of senior managers (not subject to Audit)

The ICB has set pay rates for its Very Senior Managers' taking into account guidance received from NHS England.

The ICB follows appropriate guidance on setting remuneration levels for Very Senior Managers and takes into account the prevailing financial position of the wider NHS and the need for pay restraint. Performance of Very Senior Managers will be monitored in line with the organisation's objective setting and appraisals processes.

Very Senior Managers are employed on substantive and permanent contracts. They are required to give and are entitled to receive three months' notice. Any termination payments will be made in line with the individual's contract of employment and terms and conditions of service.

Very Senior Managers Performance Related Pay (not subject to audit)

No performance related pay was paid to any senior manager of the ICB in the period 1st April 2023 to 31st March 2024.

Very Senior Managers Service Contracts (not subject to audit)

Mr Max Jones, Strategic Digital Transformation Lead/Chief Digital Information Officer, and a participant member of the ICB's Board, is employed through a company called Agilisys Limited. His commitment to the ICB started on the 1 November 2023, through a provision of services contract, is for 2 days per week. For further information please refer to the ICB's statutory accounts, note 16, related party transactions.

Percentage change in remuneration of highest paid director

Year	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	5%	Nil%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	(5.2) %	Nil%

The NHS Agenda for Change pay award for 2023/24 was a 5% consolidated pay award. This was applied to all non-medical posts within the ICB.

However, the negative 5.2% average percentage change from the previous financial year in respect of employees of the entity reflects the changes made in the ICB structure moving from 6 legal entities to a single ICB. This has changed the overall staff mix with fewer more senior roles. In addition, in 2023/24 the ICB transferred, through TUPE arrangements, a number of mainly lower banded staff from NHS England predominantly on the back of the commissioning responsibilities for Pharmacy, Optometry and Dental services.

No comparator figures are provided given the previous financial year was the first year of the ICB.

Fair Pay Disclosure (subject to audit)

Pay Ratio Information

As at the 31 March 2024, remuneration ranged from £282,500 (mid-point in the £5,000 banding) (was £267,500 as at 31 March 2023) to £20,270 (was £18,399 as at 31 March 2023) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Remuneration breakdown is shown in the table below:

Year	25th percentile	Median	75th percentile
2023/24	£68,525	£45,996	£34,581
2022/23	£68,017	£49,975	£35,730

The ratios of staff remuneration against the mid-point of the banded remuneration of the highest paid director, is illustrated in the table below.

Year	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
2023/24	4.10:1	6.11:1	8.13:1
2022/23	3.93:1	5.35:1	7.49:1

In 2023/24 all NHS staff on Agenda for Change terms and conditions received a 5% consolidated pay award. The ICB made the decision to apply the same figure for its 2023/24 pay award to its senior management, which includes the highest paid director. However, this isn't reflected in the tables above as the ICB's staffing base has grown significantly over the last 12 months (arising from TUPE of staff from other NHS entities, reduction in reliance on agency staff, and a recruitment drive to fill vacancies), particularly at lower banded posts. This explains why the 25th percentile movement is minimal, but the median and 75th percentile movements are both widening the pay ratios. It is also worth noting that the larger difference in the median figure movement arises as the median salary moved to the next increment step. For example, in 2023/24 the next salary pay-point after £45,996 per annum is a jump up to £50,952 per annum.

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in NHS Humber and North Yorkshire Integrated Care Board in the reporting period 1 April 2023 to 31 March 2024 was £280,000-£285,000. ICB prior year is for 9 months only (1 July 2022 to 31 March 2023).

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	4.10:1	6.11:1	8.13:1
Salary component of total remuneration (£)	4.10:1	6.11:1	8.13:1
2022/23 (for the period 1 July 2022 to 31 March 2023)			
Total remuneration (£)	3.93:1	5.35:1	7.49:1
Salary component of total remuneration (£)	3.93:1	5.35:1	7.49:1

No employees received remuneration in excess of the highest-paid director/member.

1 April 2023 to 31 March 2024
Very Senior Manager Remuneration (subject to audit)

Salaries and Allowances						
Name and Title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long-term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Mrs S Symington Chair	75-80	-	-	-	-	75-80
Mr S Eames Chief Executive	280-285	2	-	-	-	280-285
Mrs A Bloor Chief Operating Officer	180-185	-	-	-	-	180-185
Mrs J Hazelgrave Exec Director of Finance & Investment	190-195	-	-	-	42.5-45.0	235-240
Mrs T Fenech Exec Director of Nursing & Quality	150-155	-	-	-	-	150-155
Dr N Wells Exec Director of Clinical & Professional	195-200	-	-	-	157.5-60.0	355-360
Mrs J Adamson Exec Director of People	165-170	-	-	-	57.5-60.0	225-230
Mrs K Ellis Exec Director of Corporate Affairs	115-120	-	-	-	57.5-60.0	175-180
Mrs A Hazebroek Exec Director of Communication	120-125	-	-	-	30.0-32.5	115-160
Mr P Thorpe Interim Executive Director of Strategy and Partnership	65-70	-	-	-	15.0-17.5	85-90
Mr M Chamberlain Non-executive Director	5-10	-	-	-	-	5-10
Mr S Watson Non-executive Director	15-20	-	-	-	-	15-20
Mr R Gladman Non-executive Director	0-5	-	-			0-5
Dr B Ali Primary Care Partner Member	15-20	-		-	-	15-20

Further Salaries & Allowances Declaration Notes

a) Mr P Thorpe joined the ICB on the 1 November 2023.
b) Mr M Chamberlain was on a secondment between June 2023 and October 2023. During this period, he did not receive any payment from the ICB.
c) Mr R Gladman joined the ICB on the 1 January 2024.

1st July 2022 to 31st March 2023 Very Senior Manager Remuneration (subject to audit)

Salaries and Allowances						
Name and Title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long-term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Mrs S Symington Chair	55-60	-	-	-	-	55-60
Mr S Eames Chief Executive	200-205	23	-	-	-	200-205
Mrs A Bloor Chief Operating Officer	130-135	-	-	-	137.5-140.0	270-275
Mrs J Hazelgrave Exec Director of Finance & Investment	140-145	-	-	-	-	140-145
Mrs T Fenech Exec Director of Nursing & Quality	110-115	-	-	-	-	110-115
Dr N Wells Exec Director of Clinical & Professional	145-150	-	-	-	-	145-150
Mrs J Adamson Exec Director of People	115-120	-	-	-	142.5-145.0	260-265
Mrs K Ellis Exec Director of Corporate Affairs	85-90	-	-	-	295.0-297.5	380-385
Mrs A Hazebroek Exec Director of Communication	85-90	-	-	-	22.5-25.0	110-115
Mr M Chamberlain Non-executive Director	10-15	-	-	-	-	10-15
Mr S Watson Non-executive Director	10-15	-	-	-	-	10-15
Dr B Ali Primary Care Partner Member Commenced 5th September 2022	5-10	-	-	-	-	5-10

Further Declaration Note

It should be noted that the remuneration figures stated in the above table for 2022/23 cover a 9-month accounting period (1st July 2022 to 31st March 2023). When comparing this information to the current remuneration data in the table for 2023/24 this covers a 12-month accounting period (1st April 2023 to 31st March 2024).

1 April 2023 to 31 March 2024 Pension benefits (subject to Audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2023	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2024	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000		
Mrs J Hazelgrave Executive Director of Finance & Investment	2.5-5.0	-	0-5	-	-	34	59	-
Dr N Wells Exec Director of Clinical & Professional	5.0-7.5	7.5-10.0	20-25	40-45	274	149	469	-
Mrs J Adamson Exec Director of People	0.0-2.5	-	40-45	-	630	75	791	-
Mrs K Ellis Exec Director of Corporate Affairs	0.0-2.5	-	15-20	-	191	54	279	-
Mrs A Hazebroek Exec Director of Communication	0.0-2.5	-	0-5	-	20	19	57	-
Mr P Thorpe Interim Executive Director of Strategy & Partnerships	0.0-2.5	-	0-5	-	-	9	18	-

Further Pension Declaration Notes

a) Mrs J Hazelgrave is in receipt of her earlier pension scheme and is now contributing to the current pension scheme.

b) Certain staff members of the ICB do not receive pensionable remuneration therefore there are no entries in respect of pensions noted above. For our ICB this applies to the posts of Chair, Non-Executive Directors, and Primary Care Partner Member.

c) Certain members of the ICB have opted out of the pension scheme.

1st July 2022 to 31st March 2023 Pensions Benefits (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 20223 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 July 2022	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000		
Mrs A Bloor Chief Operating Officer	2.5-5.0	2.5-5.0	70-75	140-145	1,281	-	1,395	-
Dr N Wells Exec Director of Clinical & Professional	0.0-2.5	-	10-15	30-35	271	-	274	-
Mrs J Adamson Exec Director of People	5.0-7.5	-	35-40	-	503	-	630	-
Mrs K Ellis Exec Director of Corporate Affairs	10.0-12.5	-	15-20	-	-	134	191	-
Mrs A Hazebroek Exec Director of Communication	0.0-2.5	-	0-5	-	-	6	20	-

Further Pension Declaration Notes

a) Mrs A Bloor opted out of the pension scheme on the 1 October 2022.

b) Dr N Wells opted out of the pension scheme on the 30 June 2022. Contributions to the GP SOLO pension scheme started on the 1July 2022 with employer's contributions within the pension bands of £20,000-£25,000.

c) The pensions figures stated above are based on annual 2022/23 pension contribution/movements and then adjusted to cover the reporting period 1 July 2022 to 31 March 2023.

d) Certain staff members of the ICB do not receive pensionable remuneration therefore there are no entries in respect of pensions noted above. For our ICB this applies to the posts of Chair, Non-Executive Directors, and Primary Care Partner Member.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office (subject to audit)

No payments have been made to any senior managers of the ICB for loss of office during 1 April 2023 to 31 March 2024.

Payments to past directors (subject to audit)

No payments have been made to any past Directors of the ICB during 1st April 2023 to 31st March 2024.

Staff Report

Number of senior managers

Please see table below for information on the head count of Senior Managers by band and analysed by 'permanently employed' and 'other' for NHS Humber and North Yorkshire Integrated Care Board between 1 April 2023 and 31 March 2024.

Between 1 April 2023 and 31 March 2024 there were approximately 50 members of staff who transferred into the ICB from other NHS organisations in line with TUPE regulations.

Pay band	Total
Band 8a	111
Band 8b	66
Band 8c	52
Band 8d	43
Band 9	8
VSM (including x6 Executive Board Members)	25
Any other spot salary	37

Staff Composition

Pay band	Female	Male
Band 8a	83	28
Band 8b	52	14
Band 8c	32	20
Band 8d	30	13
Band 9	6	2
VSM	18	7
Any other spot salary	17	20
All other employees (including apprentice if applicable)	411	83

Assignment category	Total
Permanent	778
Fixed term	58
Bank	27
Honorary	14

Sickness Absence Data

The sickness absence data for NHS Humber and North Yorkshire ICB between 1 April 2023 and 31 March 2024 is below:

Average sickness: **2.66%**

Total number of FTE days lost: **6572.88**

The ICB regularly reviews reasons for absence and all sickness is managed in line with the organisation's **Attendance Management Policy**.

Staff turnover percentages

The average staff turnover for NHS Humber and North Yorkshire ICB between 1 April 2023 and 31 March 2024 is below:

10.99%

Staff costs and staff numbers

Staff cost and staff numbers are included in note 4 of the ICB statutory accounts which can be found at the end of this report.

Staff engagement, workforce health and wellbeing

Below are details of activities undertaken to support staff engagement and workforce health and wellbeing.

NHS Humber and North Yorkshire ICB provides support to physical and emotional wellbeing through management and self-referral to Occupational Health services, including the ability to access counselling sessions.

Staff and their immediate family members also have access to an Employee Assistance Programme; a support network that offers expert advice and compassionate guidance 24/7 covering a wide range of issues. Services include legal information, online CBT, and bereavement support. In addition, staff also have access to 'HNY Our People' smartphone app; a wellbeing portal which offers a virtual library of wellbeing information and access to features such as mini health checks and breathing techniques. Furthermore, the HNY Staff Resilience Hub offers free, confidential help and support for colleagues across the system.

The Humber and North Yorkshire ICB Staff Wellbeing Group meet on a monthly basis to develop and support initiatives that create a healthier, happier, and engaged workforce that drives sustainable performance and productivity. This is done through; sharing good practice, promoting wellbeing initiatives, providing a sounding board for new health and wellbeing initiatives or policies, supporting activities that promote the NHS People Promise and providing a voice for staff opinions relating to any issues that are affecting colleagues at work.

Staff have access to a number of free wellbeing sessions running throughout the year such as self-care and relaxation, menopause awareness at work, mental health in the workplace, coaching masterclasses, postural awareness and understanding suicidality and can also talk at any time to a wellbeing champion. Wellbeing champions are staff members within Humber and North Yorkshire ICB who have an active interest in promoting employee health and wellbeing and are a first point of contact for staff looking for additional wellbeing support or information around the four pillars of wellbeing physical, mental, financial, and social. The wellbeing champions signpost colleagues to further information or additional support, actively promote and share information about wellbeing initiatives and activities and promote conversations about wellbeing in the workplace.

Staff Training

The ICB recognises it has a duty to ensure it is resourced, at all times, with people who have the appropriate competence and experience to enable the organisation to achieve its purpose and meet future needs. This is best served through an effective programme of Training and Development and includes any organisational activity aimed at bettering the performance of individuals and groups in organisational settings.

The ICB has a Board approved Learning and Development Policy. The ICB aims to provide the highest possible standard of service within the resources available and recognises that the quality of the service it provides reflects the quality of the knowledge, skills, attitudes, commitment, motivation, and ability of the staff it employs. The ICB therefore, encourages all staff to develop to their full potential, enabling them to meet their own and their organisation's objectives. The ICB also supports a wide and flexible range of qualification and continuing professional development opportunities to facilitate the recruitment, motivation, and retention of staff.

The ICB has established a Board approved Training Needs Analysis (TNA) which focuses predominantly on Statutory, Mandatory, and specific non-mandated training but includes potential wider mandated training and enhanced mandatory training (for Clinical and Non-Clinical Staff and Specialist Practitioners). The ICB has a responsibility for ensuring that there is a robust, consistent, and effective programme of statutory and mandatory training available for all employees to enable them to undertake their roles safely, effectively and in compliance with legislation. Our training requirements remain compliant the Skills for Health 'Core Skills Training Framework', a trusted benchmark for statutory and mandatory training.

Staff Policies

As an employer the ICB recognises and values people as individuals and accommodates differences where possible by making adjustments. Policies in place to support this include:

- Agile Working
- Managing Attendance
- Flexible Working
- Recruitment and Selection

Policies continue to be reviewed as and when there are legislative changes or after a period of four years to ensure that they reflected up to date best practices. All policies are reviewed in partnership and consultation with employees and staff side representatives.

Trade Union Facility Time Reporting Requirements

Trade Union Facility Time	
Number of relevant union officials during 1 April 2023 to 31 March 2024	3
Full Time Equivalent employee number	3
Percentage of time spent on facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£3,000
Total pay bill	£44,525,000
Percentage of total pay bill spent on facility time	0.0001%

Paid Trade Union Activities	
Time spent on trade union activities as a percentage of paid facility time	100%

Other employee matters

Diversity and Inclusion

As an employer NHS Humber and North Yorkshire recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices. Policies and processes in place to support this include:

- Staff Induction
- Dignity and Respect
- Attendance Management
- Recruitment and Selection
- Agile Working
- Menopause
- Flexible Working

The ICB has adopted an Agile Working policy which allows employees greater flexibility in how they manage their work and personal life and offers more choice in when and where employees undertake their role. This will benefit staff with various protected characteristics.

The ICB's Attendance Management policy includes the provision of disability leave to help employees manage their disability.

The ICB have worked in partnership as a system on a number of pieces of work around inclusion, belonging and celebrating diversity. Examples include hearing experiences from colleagues from an ethnic minority background about the everyday racism people face as part of Black History Month celebrations and learning about the everyday ableism disabled colleagues face as part of events to mark UK Disability History Month.

The ICB also have an Inclusion Network. The network is open to colleagues who are.

- From an ethnic minority background or who have moved to the UK
- Disabled or who live with a long-term condition (physical and/or mental health)
- Neurodiverse but don't consider themselves disabled.
- A member of the LGBT+ community
- A working carer

The HNY Inclusion Network provides a confidential and psychologically safe space for sharing stories, learning about and celebrating differences as well as providing feedback and suggesting areas of focus that influence meaningful change.

Expenditure on Consultancy (not subject to audit)

During the period 1 April 2023 to 31 March 2024 the ICB spent £751,000 (£577,000 1 July 2022 to 31 March 2023) on consultancy fees. This was across 8 different consultancy companies.

Expenditure on Agency Staff (not subject to audit)

During the period 1 April 2023 to 31 March 2024 the ICB spent £2m (1.83m 1 July 2022 to 31 March 2023) on agency staff. This was for 75 different staff, from 24 different agencies, covering a total of 841 weeks, at an average weekly cost of £2,378 per person.

Off-payroll engagements

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, NHS organisations must publish information on their highly paid and/or senior off-payroll engagements.

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31st March 2024 for more than £245* per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2024	12
Of which, the number that have existed:	
for less than one year at the time of reporting	-
for between one and two years at the time of reporting	12
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	55
Of which:	
No. not subject to off-payroll legislation[2]	-
No. subject to off-payroll legislation and determined as in-scope of IR35[2]	-
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	55
The number of engagements reassessed for compliance or assurance purposes during the year	-
Of which: no. of engagements that saw a change to IR35 status following review	-

1 The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

2 A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period	-
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the reporting period. This figure should include both on payroll and off-payroll engagements.	21

Exit Packages (subject to audit)

Please refer to the ICB's statutory accounts, note 4, at the end of this report for further information on exit packages.

Going Concern

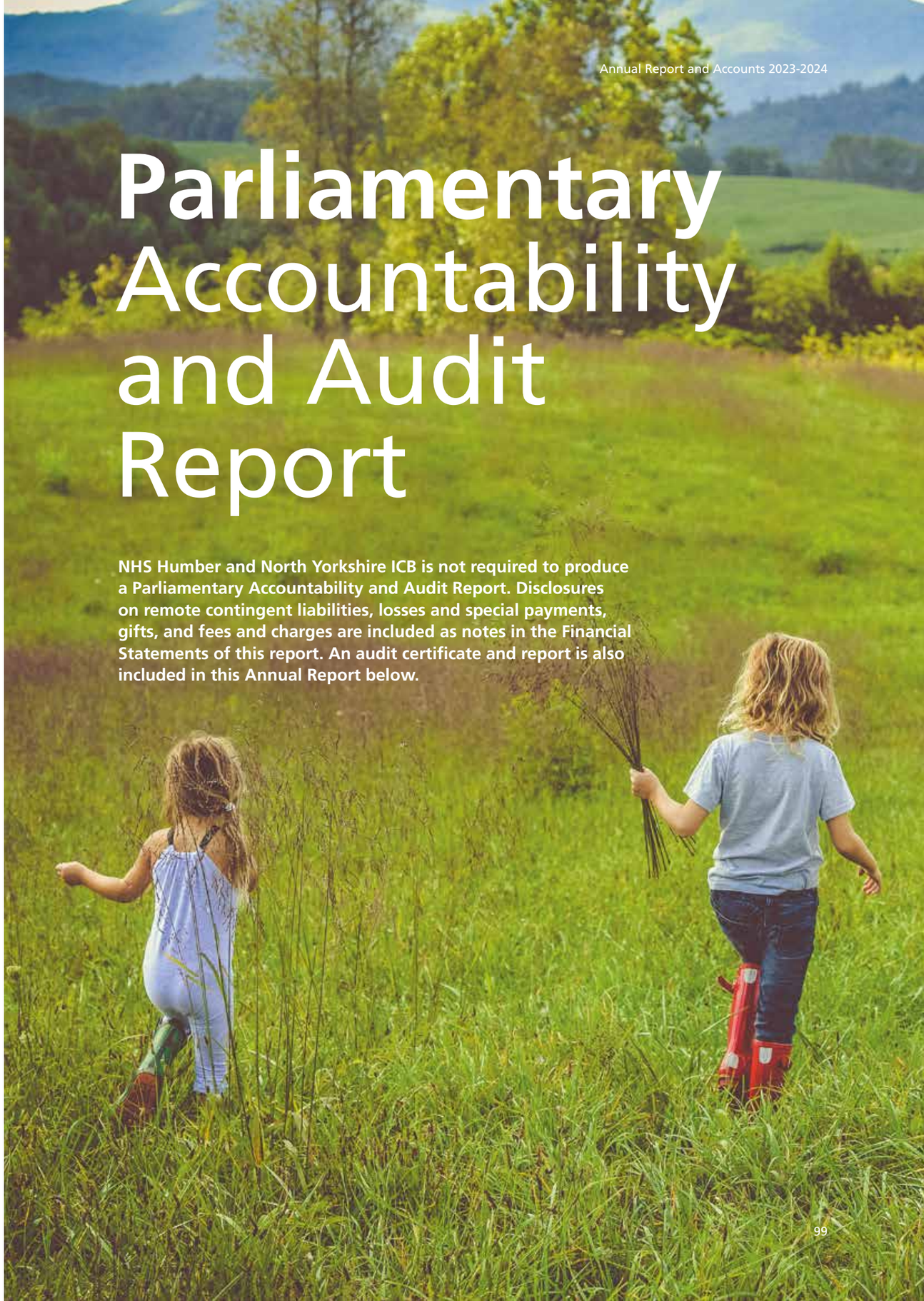
The ICB's accounts, which are attached at the end of this annual report, have been prepared on a going concern basis.

Parliamentary Accountability and Audit Report (subject to audit)

The ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report where relevant. An audit certificate and report are also included in this Annual Report below.

Parliamentary Accountability and Audit Report

NHS Humber and North Yorkshire ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report below.



Independent auditor's report to the Board of NHS Humber and North Yorkshire Integrated Care Board

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Humber and North Yorkshire Integrated Care Board ('the ICB') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to Integrated Care Boards in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on regularity

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the ICB is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the ICB to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act 2014.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the ICB, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health Care Act 2022), and we considered the extent to which non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the ICB is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and

- considering the risk of acts by the ICB which were contrary to applicable laws and regulations, including fraud.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's Responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Care Act 2022; and
- the other information published together with the audited financial statements in the Annual Report for the period for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the ICB under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report

This report is made solely to the members of the Board of NHS Humber and North Yorkshire ICB, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the ICB, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of NHS Humber and North Yorkshire ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Kirkham
Humber and North Yorkshire, Key Audit Partner
For and on behalf of Forvis Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

25/06/2024

Annual Accounts

1st April 2023 to 31st March 2024

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Statement of Comprehensive Net Expenditure for the Year Ended 31st March 2024

	Note	12 months to 31st March 2024 £'000	9 months to 31st March 2023 £'000
Income from sale of goods and services	2	(127,648)	(52,706)
Other operating revenue	2	(3,344)	(633)
Total Operating Revenue		**(130,992)**	(53,339)
Employee benefits	4	52,959	33,458
Purchase of goods and services	5	4,043,619	2,686,707
Depreciation and impairment charges	5	573	446
Provision expense	5	-	(293)
Other operating expenditure	5	3,082	3,992
Total Operating Expenditure		**4,100,233**	2,724,310
Net Operating Expenditure		**3,969,240**	2,670,972
Finance costs		19	16
Other gains & losses		14	-
Net Expenditure for the Financial Period		**3,969,273**	2,670,988
Net (gain)/loss on transfer by absorption	7	-	175,776
Total Net Expenditure for the Financial Period		**3,969,273**	2,846,764
Other Comprehensive Expenditure			
Remeasurements of the defined pension liability/asset		-	6,196
Total Other Comprehensive Net Expenditure		**-**	6,196
Comprehensive Net Expenditure for the Financial Period		**3,969,273**	2,852,960

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

Statement of Financial Position as at 31st March 2024

	Note	31st March 2024 £'000	31st March 2023 £'000
Non-Current Assets:			
Right-of-use assets		1,348	2,095
Total Non-Current Assets		**1,348**	2,095
Current Assets:			
Trade and other receivables	8	20,999	18,322
Cash and cash equivalents	9	1,551	363
Total Current Assets		**22,550**	18,685
Total Assets		**23,898**	20,780
Current Liabilities			
Trade and other payables	10	(281,645)	(258,863)
Lease liabilities		(477)	(516)
Provisions	11	(4,455)	-
Total Current Liabilities		**(286,577)**	(259,379)
Non-Current Assets less Net Current Liabilities		**(262,679)**	(238,599)
Non-Current Liabilities			
Lease liabilities		(883)	(1,589)
Total non-current liabilities		**(883)**	(1,589)
Assets less Liabilities		**(263,562)**	(240,188)
Financed by Taxpayers' Equity			
General fund		(263,562)	(240,188)
Total taxpayers' equity:		**(263,562)**	(240,188)

The notes on pages 110 to 126 form part of this statement.

The financial statements on pages 2 to 6 were approved by the Board on the 20th June 2024 and signed on its behalf by:

Stephen Eames CBE
Chief Executive (Accountable Officer)
25 June 2024

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

Statement of Changes In Taxpayers' Equity for the Year Ended 31st March 2024

Changes in Taxpayers' Equity for the Financial Period to 31st March 2024

	General Fund £'000	Total Reserves £'000
Balance at 1st April 2023	(240,188)	**(240,188)**
Changes in Taxpayers' Equity for the Financial Period		
Net operating expenditure for the financial period	(3,969,273)	**(3,969,273)**
Net Recognised Expenditure for the Financial Period	**(3,969,273)**	**(3,969,273)**
Net funding	3,945,899	**3,945,899**
Balance at 31st March 2024	**(263,562)**	**(263,562)**

Changes in Taxpayers' Equity for the Financial Period to 31st March 2023

	General Fund £'000	Other Reserves £'000	Total Reserves £'000
Transfer between reserves in respect of assets & liabilities transferred from closed NHS entities	(178,993)	3,217	(175,776)
Adjusted balance at 1st July 2022	(178,993)	3,217	(175,776)
Changes in Taxpayers' Equity for the Financial Period			
Net operating costs for the financial period	(2,670,988)		(2,670,988)
Movements in other reserves	(2,979)	(3,217)	(6,196)
Net Recognised Expenditure for the Financial Period	(2,673,967)	(3,217)	(2,677,184)
Net funding	2,612,772	-	2,612,772
Balance at 31 March 2023	(240,188)	**-**	(240,188)

The notes on pages 110 to 126 form part of this statement.

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

Statement of Cash Flows for the Year Ended 31st March 2024

	Note	12 months to 31st March 2024 £'000	9 months to 31st March 2023 £'000
Cash Flows from Operating Activities			
Net expenditure for the financial period		(3,969,273)	(2,670,988)
Depreciation and amortisation	5	573	446
Movement due to transfer by modified absorption		-	(175,471)
Other gains & losses		14	-
(Increase)/decrease in trade & other receivables	8	(2,677)	(24,518)
Increase/(decrease) in trade & other payables	10	22,782	258,863
Provisions utilised		-	(8)
Increase/(decrease) in provisions	11	4,455	(293)
Net Cash Inflow (Outflow) from Operating Activities		**(3,944,126)**	(2,611,969)
Cash Flows from Investing Activities			
Interest received		19	16
Net Cash Inflow (Outflow) from Investing Activities		**19**	16
Net Cash Inflow (Outflow) before Financing		**(3,944,107)**	(2,611,953)
Cash Flows from Financing Activities			
Grant in aid funding received		3,945,899	2,612,772
Repayment of lease liabilities		(604)	(456)
Net Cash Inflow (Outflow) from Financing Activities		**3,945,295**	2,612,316
Net Increase (Decrease) in Cash & Cash Equivalents	9	**1,188**	363
Cash & Cash Equivalents at the Beginning of the Financial Year		**363**	-
Cash & Cash Equivalents at the End of the Financial Year		**1,551**	363

The notes on pages 110 to 126 form part of this statement.

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

1. Notes to the Financial Statements

1.1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.2 Going Concern

These accounts have been prepared on a going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

1.3 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.3.1 Critical Judgements in Applying Accounting Policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

- Arrangements for obtaining the use of property have been assessed and judged to have the operating lease characteristics as outlined under IFRS 16 and, therefore, have been accounted for as such.

1.3.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the ICB's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- The re-imbursement for dispensing drugs prescribed by general practitioners occurs two months in arrears. The NHS Prescription Services (part of NHS Business Services Authority) undertake the monitoring of activity and associated costs on behalf of all ICBs. Based on the information they have provided, NHS Humber and North Yorkshire ICB has made an informed calculation on accounting for a £61.1million (£59.9million at 31st March 2023) accrual in these accounts.

- Dental contracts are paid in year on the assumption that the provider delivers in full the contractual performance targets. Actual performance data, received after the year-end date, is then reconciled and underperformances recovered against the following year's contract payments. An estimate of £15.8m for underperformance is accrued for in these accounts, based on prior year performance delivery and in-year performance delivery to November 2023.

- The re-imbursement for pharmaceutical services delivered by pharmacies occurs two months in arrears. The NHS Business Services Authority undertake the monitoring of activity and associates costs on behalf of all ICBs. Based on the information they have provided, NHS Humber and North Yorkshire ICB has made an informed calculation on accounting for a £8.7million accruals in these accounts.

1.4 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of modified absorption accounting. Modified absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

NHS Humber and North Yorkshire ICB was formed on the 1st July 2022 (prior reporting period) through 100% absorption of the following NHS entities:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS North-East Lincolnshire CCG
- NHS North Lincolnshire CCG
- NHS North Yorkshire CCG
- NHS Vale of York CCG

The resulting impact of transferring in the assets and liabilities of the above entities resulted in a loss of £175.776m which is recognised in the Statement of Comprehensive Net Expenditure comparator figures on page 3. A further breakdown of the assets and liabilities can be found in Note 7.

There were no transfers or business reconfigurations in 2023/24.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.5 Pooled Budgets

The ICB has entered into pooled budget arrangements in accordance with section 75 of the National Health Service Act 2006 and accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

If the ICB is in a "jointly controlled operation", the ICB recognises:

- The assets the ICB controls;
- The liabilities the ICB incurs;
- The expenses the ICB incurs; and,
- The ICB's share of the income from the pooled budget activities.

If the ICB is involved in a "jointly controlled assets" arrangement, in addition to the above, the ICB recognises:

- The ICB's share of the jointly controlled assets (classified according to the nature of the assets);
- The ICB's share of any liabilities incurred jointly; and,
- The ICB's share of the expenses jointly incurred.

1.5.1 Pooled Budgets - Better Care Fund

On the 1st July 2022 the ICB took over responsibility for the Section 75 contractual arrangements with the following Councils who remained the host entity for a pooled budget arrangement as part of the NHS 'Better Care Fund' national policy initiative. These arrangements were initially approved on the 1st April 2015 by the former clinical commissioning group entities. Note 14 provides further information with regards to the other parties to these arrangements.

- East Riding of Yorkshire Council
- North Yorkshire County Council

The ICB also took over responsibility for Section 75 contractual arrangements with the following local Councils, for a pooled budget arrangement as part of the NHS 'Better Care Fund' national policy initiative. For these agreements either the ICB is the overall host or the agreement states that either party is responsible for its own transactions with no overall host. These arrangements were also initially approved on the 1st April 2015 by the former clinical commissioning group entities. Note 14 provides further information with regards to the other parties to these arrangements.

- Hull City Council
- North-East Lincolnshire Council
- North Lincolnshire Council
- City of York Council

Consideration has been given as to whether IFRS 10 - Consolidated Financial Statements applies to this pooled budget arrangement, but has been deemed irrelevant as no individual organisation has sole control over the fund.

Consideration has been given as to whether IFRS 11 - Joint Arrangements applies to this pooled budget arrangement, and as a consequence it has been deemed a 'jointly controlled operation'. The ICB has therefore applied the required disclosure in these accounts.

Consideration has been given as to whether IFRS 12 - Disclosure of Involvement with Other Entities applies to this pooled budget arrangement, and has been deemed relevant. The ICB has therefore applied the required disclosure in these accounts.

1.6 Revenue

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received. Other sources of income include:

- S75 adult social care partnership agreement with North East Lincolnshire Council.
- Prescription fees & charges
- Dental fees & charges

Consideration has been given as to whether IFRS 15 - Revenue from Contracts with Customers and has been deemed relevant to the income noted above. The ICB has therefore followed the five steps of IFRS 15 and applied the required disclosure in these accounts.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the scheme. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7.3 Local Government Pensions

Some employees were members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees was transferred to the ICB on the 1st July 2022 from NHS North-East Lincolnshire CCG but were subsequently transferred to North-East Lincolnshire Council in the previous reporting period. The impact of this transfer is recognised within operating expenses.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Cash

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash, bank and any overdraft facilities are recorded at current values.

1.11 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

1.12 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.13 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 Contingent Liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and the ICB has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.
Financial assets are classified into the following categories:

- Financial assets at amortised cost;

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.15.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.16 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).
For further information please see note 18.

1.19 Accounting Standards That Have Been Issued But Not Yet Adopted

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1st January 2027. IFRS 18 was only issued in April 2024 and as such the impact is not yet known.

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. The Standard will be adopted by the 2025/26 FReM with limited options for early adoption. The ICB has reviewed it's contracts register and does not issue any insurance contracts.. Therefore the impact of this standard is estimated to be immaterial.

IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

2. Other Operating Revenue

	12 months to 31st March 2024 £'000	9 months to 31st March 2023 £'000
Income from Sale of Goods and Services (Contracts)		
Education, training and research	-	36
Non-patient care services to other bodies	3,301	2,906
Prescription fees and charges	22,448	-
Dental fees and charges	26,034	-
Other contract income	75,865	49,262
Recoveries in respect of employee benefits	-	502
Total Income from Sale of Goods and Services	**127,648**	52,706
Other Operating Income		
Rental revenue from operating leases	-	49
Charitable and other contributions to revenue expenditure: non-NHS	10	317
Other non contract revenue	3,334	267
Total Other Operating Income	**3,344**	633
Total Operating Revenue	**130,992**	53,339

3. Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

12 Months to the 31st March 2024

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue						
NHS	-	177	-	-	470	-
Non NHS	-	3,124	22,448	26,034	75,395	-
Total	**-**	**3,301**	**22,448**	**26,034**	**75,865**	**-**

12 Months to the 31st March 2024

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue						
Point in time	-	3,301	22,448	26,034	4,382	-
Over time	-	-	-	-	71,483	-
Total	**-**	**3,301**	**22,448**	**26,034**	**75,865**	**-**

9 Months to the 31st March 2023

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue						
NHS	-	753	-	-	991	74
Non NHS	36	2,153	-	-	48,270	428
Total	36	2,906	-	-	49,261	502

9 Months to the 31st March 2023

	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue						
Point in time	36	2,906	-	-	4,660	502
Over time	-	-	-	-	44,601	-
Total	36	2,906	-	-	49,261	502

NHS Humber and North Yorkshire ICB - Annual Accounts to 31st March 2024

3.2 Fees and Charges

	12 Months to 31st March 2024		
	Income £'000	Full Cost £'000	Surplus/(deficit) £'000
Dental	26,034	(102,330)	(76,296)
Prescription	22,448	(350,034)	(327,586)
Total fees and charges	**48,482**	**(452,364)**	**(403,882)**

	9 Months to 31st March 2023		
	Income £'000	Full Cost £'000	Surplus/(£'000
Dental	-	-	-
Prescription	-	-	-
Total fees and charges	-	-	-

The financial objective of prescription and dental charges is to collect charges only from those patients that are eligible to pay.

Prescription charges are a contribution to the cost of pharmaceutical services including the supply of drugs. In 2023/24, the NHS prescription charge for each medicine or appliance dispensed was £9.65 (was £9.35 in 2022/23). However, a significant number of prescription items are dispensed free each year where patients are exempt from charges. In addition, patients who were eligible to pay charges could purchase pre-payment certificates at £31.25 (was £30.25 in 2022/23) for 3 months or £111.60 (was £108.10 in 2022/23) for a year.

Those who are not eligible for exemption are required to pay NHS dental charges which fall into 3 bands depending on the level and complexity of care provided. From 24 April 2023 the charge for Band 1 treatments was £25.80 (was £23.80 previously) , for Band 2 was £70.70 (was £65.20 previously) and for Band 3 was £306.80 (was £282.80 previously).

4. Employee Benefits and Staff Numbers

4.1 Employee Benefits

	12 Months to 31st March 2024		
	Permanent £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	35,197	2,460	**37,657**
Social security costs	3,907	12	**3,918**
Employer contributions to NHS pension scheme	6,517	15	**6,532**
Other pension costs	12	-	**12**
Apprenticeship levy	168	-	**168**
Termination benefits	4,672	-	**4,672**
Gross Employee Benefits	**50,473**	**2,487**	**52,959**
Less recoveries in respect of employee benefits	-	-	-
Total - Net Employee Benefits	**50,473**	**2,487**	**52,959**

	9 Months to 31st March 2023		
	Permanent £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	24,502	1,921	26,423
Social security costs	2,640	2	2,642
Employer contributions to NHS pension scheme	4,116	2	4,118
Other pension costs	8	-	8
Apprenticeship levy	107	-	107
Termination benefits	160	-	160
Gross Employee Benefits	31,533	1,925	33,458
Less recoveries in respect of employee benefits	(502)	-	(502)
Total - Net Employee Benefits	31,031	1,925	32,956

4.2 Average Number of People Employed

	12 Months to 31st March 2024		
	Permanent Number	Other Number	Total Number
Total	**667**	**32**	**700**

	9 Months to 31st March 2023		
	Permanent Number	Other Number	Total Number
Total	604	39	643

4.3 Exit Packages Agreed in the Financial Period

12 Months to 31st March 2024

	Compulsory Redundancies		Other Agreed Departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	1	57,104	-	-	1	57,104
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	160,000	-	-	1	160,000
Over £200,001	-	-	-	-	-	-
Total	**2**	**217,104**	**-**	**-**	**2**	**217,104**

9 Months to 31st March 2023

	Compulsory Redundancies		Other Agreed Departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	160,000	-	-	1	160,000
Over £200,001	-	-	-	-	-	-
Total	**1**	**160,000**	**-**	**-**	**1**	**160,000**

These tables report the number and value of exit packages agreed in the financial periods. Agreement means that the package has been approved at the appropriate level within NHS England and the recipient of the redundancy informed. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the standard NHS redundancy rules and regulations.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration report includes the disclosure of exit payments payable to individuals named in that report.

In addition to the actual redundancies noted above, NHS Humber and North Yorkshire ICB is undertaking a voluntary redundancy scheme open to all staff groups subject to certain criteria. The assessment of the cost of this scheme is £4.455m and a provision for this cost has been included in these annual accounts.

4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period. The employer contribution for the next reporting period is expected to be 23.7% (estimated annual cost of £8,377,000).

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

4.4.1 Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full Actuarial (Funding) Valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% (was 20.6% to 31 March 2024) of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

4.5 Ill-Health Retirements

NHS bodies are required to disclosure the number of early retirements agreed on the grounds of ill-health during the financial period, together with the estimated resulting additional pension liabilities borne by the relevant pension scheme.

31st March 2024
Number of ill-health retirements: 2
Estimated additional pension liabilities: £243,357

31st March 2023
Number of ill-health retirements: nil
Estimated additional pension liabilities: nil

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5. Operating Expenses

	12 months to 31st March 2024 £'000	9 months to 31st March 2023 £'000
Purchase of goods and services		
Services from other ICBs and NHS England	9,301	5,667
Services from foundation trusts	1,669,549	1,139,950
Services from other NHS trusts	662,903	466,660
Purchase of healthcare from non-NHS bodies	635,004	437,825
Purchase of social care	82,089	55,724
General dental services and personal dental services*	102,330	-
Prescribing costs	350,034	257,016
Pharmaceutical services*	65,827	214
General ophthalmic services*	17,744	559
GPMS/APMS and PCTMS	361,366	253,643
Supplies and services – clinical	2,326	1,337
Supplies and services – general	62,360	50,920
Consultancy services	751	629
Establishment	7,585	4,806
Transport	791	2,818
Premises	8,101	5,374
Audit fees**	302	294
Other non statutory audit expenditure		
· Internal audit services****	-	-
· Other services***	32	35
Other professional fees****	4,249	2,873
Legal fees	231	222
Education, training and conferences	742	141
Total Purchase of Goods and Services	**4,043,619**	2,686,707
Depreciation and Impairment Charges		
Depreciation	573	446
Total Depreciation and Impairment Charges	**573**	446
Provision Expense		
Provisions	-	(293)
Total Provision Expense	**-**	(293)
Other Operating Expenditure		
Chair and non executive members	115	94
Grants to other bodies	360	3,105
Clinical negligence	-	2
Research and development (excluding staff costs)	198	-
Expected credit loss on receivables	605	378
Other expenditure	1,804	413
Total Other Operating Expenditure	**3,082**	3,992
Total Operating Expenditure	**4,047,274**	**2,690,852**

* From the 1st April 2023 NHS Humber and North Yorkshire ICB was responsible for the commissioning of Pharmacy, Ophthalmic and Dental services across it's geographical area. Previously, these services were commissioned by NHS England.

** Forvis Mazars are NHS Humber and North Yorkshire ICB's external auditors. The fee includes non-recoverable VAT.

*** Other non-statutory audit expenditure is in respect to the reasonable assurance audit work undertaken by Forvis Mazars with regard to NHS Humber and North Yorkshire ICB's achievement of the Mental Health Investment Standard (MHIS). This is a requirement by the regulating authority, NHS England, which stipulates that ICBs must obtain reasonable assurance from an independent reporting accountant, that their investment in mental health expenditure rises at a faster rate than their overall published programme funding. Within the accounts to 31st March 2024 there is an accrual of £32,000 towards the 2023/24 assessment (£35,000 in the accounts to 31st March 2023 for the 2022/23 assessment). Costs are inclusive of non-recoverable VAT.

**** Internal audit service costs, provided by Audit Yorkshire, are included within 'other professional fees' and amounted to £229,000 for the year ended 31st March 2024 (£168,000 for July 2022 to March 2023). Audit Yorkshire is a trading name only and the actual contract is with NHS York & Scarborough NHS Foundation Trust.

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6. Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of Compliance	12 months to 31st March 2024 Number	12 months to 31st March 2024 £'000	9 months to 31st March 2023 Number	9 months to 31st March 2023 £'000
Non-NHS Payables				
Total non-NHS trade invoices paid in the period	73,721	1,181,233	49,362	758,785
Total non-NHS trade invoices paid within target	72,062	1,126,667	48,494	740,825
Percentage of Non-NHS Trade Invoices Paid Within Target	**97.75%**	**95.38%**	**98.24%**	**97.63%**
NHS Payables				
Total NHS trade invoices paid in the period	2,088	2,331,835	3,392	1,652,329
Total NHS trade invoices paid within target	2,057	2,331,337	3,371	1,651,125
Percentage of NHS Trade Invoices Paid Within Target	**98.52%**	**99.98%**	**99.38%**	**99.93%**

The better payment practice code target is to pay invoices within 30 days.
Complaince is achieved when 95% of invoices are paid within 30 days.

7. Net Gain/(Loss) on Transfer by Absorption

That note to the accounts relates to the prior accounting period (9 months to 31st March 2023) and is included for completeness.

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

On the 1st July 2022 the following entities ceased to exist, and their assets, liabilities and responsibilities transferred to NHS Humber and North Yorkshire ICB:

- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- NHS North-East Lincolnshire Clinical Commissioning Group
- NHS North Lincolnshire Clinical Commissioning Group
- NHS North Yorkshire Clinical Commissioning Group
- NHS Vale of York Clinical Commissioning Group

	£'000
Transfer of Right of Use assets	2,542
Transfer of cash and cash equivalents	1,576
Transfer of receivables	30,241
Transfer of payables	(207,038)
Transfer of provisions	(302)
Transfer of Right Of Use liabilities	(2,545)
Transfer of Previously Unassessed Periods of Care (PUPoC) provision	(250)
Net Loss on Transfers by Absorption	(175,776)

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8. Trade & Other Receivables

8.1 Trade & Other Receivables

	31st March 2024 Current £'000	31st March 2023 Current £'000
NHS receivables: revenue	948	4,472
NHS prepayments	-	72
NHS accrued income	3,931	1,652
Non-NHS and Other WGA receivables: revenue	5,252	5,245
Non-NHS and Other WGA prepayments	3,492	2,874
Non-NHS and Other WGA accrued income	3,205	2,818
Non-NHS and Other WGA contract receivable not yet invoiced	1,246	646
Expected credit loss allowance-receivables	(2,594)	(2,211)
VAT	1,323	582
Other receivables and accruals	4,195	2,172
Total Trade & Other Receivables	**20,999**	**18,322**

8.2 Receivables Past Their Due Date But Not Impaired

	31st March 2024		31st March 2023	
	DHSC Group Bodies	Non DHSC Group Bodies	DHSC Group Bodies	Non DHSC Group Bodies
	£'000	£'000	£'000	£'000
By up to three months	440	667	410	546
By three to six months	105	296	57	1,058
By more than six months	-	451	63	347
Total	**545**	**1,414**	530	1,951

8.3 Loss Allowance on Asset Classes

	31st March 2024		31st March 2023	
	Trade and other receivables - Non DHSC Group Bodies	Total	Trade and other receivables - Non DHSC Group Bodies	Total
	£'000	£'000	£'000	£'000
Balance as at 1st April 2023	**(2,211)**	**(2,211)**	(2,065)	(2,065)
Lifetime expected credit losses on trade and other receivables-Stage 2	(605)	(605)	(378)	(378)
Amounts written off	222	222	232	232
Total	**(2,594)**	**(2,594)**	(2,211)	(2,211)

9. Cash

	31st March 2024 £'000	31st March 2023 £'000
Balance as at 1st April 2023	363	-
Net change in year	1,188	363
Balance as at 31st March 2024	**1,551**	363
Made up of:		
Cash with the Government Banking Service	1,551	363
Balance at 31 March 2024	**1,551**	363

10. Trade & Other Payables

	31st March 2024 Current £'000	31st March 2023 Current £'000
NHS payables: revenue	671	4,798
NHS accruals	25,844	6,399
Non-NHS and Other WGA payables: revenue	49,734	49,603
Non-NHS and Other WGA accruals	198,199	187,564
Non-NHS and Other WGA deferred income	609	1,190
Social security costs	548	484
Tax	530	509
Other payables and accruals	5,509	8,316
Total Trade & Other Payables	**281,645**	**258,863**

NHS Humber and North Yorkshire ICB does not have any future years liabilities under arrangements to buy out the liability for early retirement.

Other payables include £2,892,525 outstanding pension contributions at 31 March 2024 (£2,747,000 at 31st March 2023)

11. Provisions

	31st March 2024 Current £'000	31st March 2023 Current £'000
Redundancy	4,455	-
Total	**4,455**	0

	31st March 2024	
	Redundancy £'000	Total £'000
Balance as at 1st April 2023	**-**	**-**
Arising during the year	4,455	**4,455**
Balance as at 31st March 2024	**4,455**	**4,455**
Expected timing of cash flows:		
Within one year	4,455	**4,455**
Balance as at 31st March 2024	**4,455**	**4,455**

In March 2024 the ICB had offered all of its employees, subject to certain terms and conditions, the opportunity to apply for voluntary redundancy. The scheme was in it's very early stages as at the 31st March 2024 which resulted in a provision of £4.455m.

12. Contingencies

NHS Humber and North Yorkshire ICB does not have any contingent assets or liabilities.

13. Financial instruments

13.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Humber and North Yorkshire ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Humber and North Yorkshire ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Humber and North Yorkshire ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Humber and North Yorkshire ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Humber and North Yorkshire ICB and internal auditors.

13.1.1 Currency Risk

The NHS Humber and North Yorkshire ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Humber and North Yorkshire ICB has no overseas operations and therefore has low exposure to currency rate fluctuations.

13.1.2 Interest Rate Risk

The NHS Humber and North Yorkshire ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS Humber and North Yorkshire ICB therefore has low exposure to interest rate fluctuations.

13.1.3 Credit Risk

Because the majority of the NHS Humber and North Yorkshire ICB revenue comes parliamentary funding, NHS Humber and North Yorkshire ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

13.1.4 Liquidity Risk

NHS Humber and North Yorkshire ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Humber and North Yorkshire ICB draws down cash to cover expenditure, as the need arises. The NHS Humber and North Yorkshire ICB is not, therefore, exposed to significant liquidity risks.

13.1.5 Financial Instruments

As the cash requirements of NHS Humber and North Yorkshire ICB are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS Humber and North Yorkshire ICB's expected purchase and usage requirements and NHS Humber and North Yorkshire ICB is therefore exposed to little credit, liquidity or market risk.

13.2 Financial Assets

	31st March 2024 Financial Assets Measured at Amortised Costs £'000	31st March 2023 Financial Assets Measured at Amortised Costs £'000
Trade and other receivables with NHSE bodies	4,559	5,157
Trade and other receivables with other DHSC group bodies	341	1,104
Trade and other receivables with external bodies	13,878	10,745
Cash and cash equivalents	1,551	363
Total at 31st March 2024	**20,328**	**17,369**

13.3 Financial liabilities

	31st March 2024 Financial Liabilities Measured at Amortised Costs £'000	31st March 2023 Financial Liabilities Measured at Amortised Costs £'000
Trade and other payables with NHSE bodies	937	1,578
Trade and other payables with other DHSC group bodies	25,578	9,620
Trade and other payables with external bodies	251,910	244,840
Total at 31st March 2024	**278,425**	**256,038**

14. Joint Arrangements

14.1 Interests in Joint Operations

Name of Arrangement, Parties to the Arrangement & Description of Principal Activities	**12 months to 31st March 2024 Income £'000**	**12 months to 31st March 2024 Expenditure £'000**	9 months to 31st March 2023 Income £'000	9 months to 31st March 2023 Expenditure £'000
Adult Social Care Partnership - North East Lincolnshire NHS Humber and North Yorkshire ICB, North-East Lincolnshire Council. A formal pooled budget arrangement for the delivery of integrated health and social care services within the North-East Lincolnshire Council footprint.	-	73,212	-	49,743
Better Care Fund - Hull NHS Humber and North Yorkshire ICB, Hull City Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	31,578	-	23,134
Better Care Fund - East Riding of Yorkshire NHS Humber and North Yorkshire ICB, East Riding of Yorkshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	29,263	-	20,151
North East Lincolnshire Better Care Fund (BCF) NHS Humber and North Yorkshire ICB, North-East Lincolnshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	15,863	-	11,738
Better Care Fund - North Lincolnshire NHS Humber and North Yorkshire ICB, North Lincolnshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	15,874	-	12,797
Better Care Fund - North Yorkshire NHS Humber and North Yorkshire ICB, NHS Lancashire & South Cumbria ICB, NHS West Yorkshire ICB, North Yorkshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	47,603	-	31,457
Better Care Fund - City of York NHS Humber and North Yorkshire ICB, City of York Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	15,894	(135)	10,699
Integrated Community Care NHS Humber and North Yorkshire ICB, Harrogate & District NHS Foundation Trust, North Yorkshire Council, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint commissioning and service delivery of integrated health and social care community teams.	-	5,700	-	4,121
Mental Health Commissioning in North Yorkshire NHS Humber and North Yorkshire ICB, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint arrangement for the commissioning of Mental Health Services in North Yorkshire which ceased on the 31st March 2023.			-	62,261

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15. Operating Segments

NHS Humber and North Yorkshire ICB only has one operating segment, namely the commissioning of national health services.

16. Related Party Transactions

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent. The main entities are NHS England, Harrogate & District NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust, Humber Teaching NHS Foundation Trust, North of England CSU, Northern Lincolnshire & Goole NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, Tees Esk Wear Valleys NHS Foundation Trust, York & Scarborough Teaching Hospitals NHS Foundation Trust and Yorkshire Ambulance Service NHS Trust.

In addition, the ICB has had a number of transactions with other government departments and other central and local government bodies. Most of these transactions have been with City of York Council, East Riding of Yorkshire Council, Hull City Council, North-East Lincolnshire Council, North Lincolnshire Council and North Yorkshire Council.

Furthermore, related party declarations made by Ministers, senior managers and non-executive directors with the Department of Health & Social Care highlighted a link to Accurx Ltd, NHS Confederation & NHS England. The ICB made payments within this accounting period to these organisations.

Details of related party transactions with individuals are as follows:

	12 Months to 31st March 2024			
	Payments to Related Party	**Receipts from Related Party**	**Amounts owed to Related Party**	**Amounts due from Related Party**
	£'000	**£'000**	**£'000**	**£'000**
The following people are the NHS Humber and North Yorkshire ICB's board members				
Bushra Ali (Primary Care Lead)				
A General Practice Partner at Modality Partnership Hull group of GP Practices	8,701	-	-	-
Karina Ellis (Director of Corporate Affairs)				
Spouse is employed by North East Lincolnshire Council	3,240	(534)	153	(43)
Richard Gladman (Non-Executive Director)				
Director of Verbena Digital Ltd	154	-	14	-
Max Jones (Chief Digital Information Officer)				
Executive Manager of Agilisys Ltd	100	-	33	-
Nigel Wells (Chief Medical Officer)				
GP Partner at Beech Tree Surgery, Selby	2,617	-	-	-
Director of Beech Tree Eyecare Ltd	33	-	3	-

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16. Related Party Transactions Continued

	9 Months to 31st March 2023			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
The following people are the NHS Humber and North Yorkshire ICB's board members				
Jayne Adamson (Director of People)				
A close relative is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)
Bushra Ali (Primary Care Lead)				
A General Practice Partner at Modality Partnership Hull group of GP Practices	6,695	(276)	1,109	-
Spouse is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)
Karina Ellis (Director of Corporate Affairs)				
Spouse is employed by North East Lincolnshire Council	4,977	(212)	529	(60)
Teresa Fenech (Chief Nurse)				
Spouse is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)
Nigel Wells (Chief Medical Officer)				
GP Partner at Beech Tree Surgery, Selby	2,182	-	119	-

17. Events After the End of the Reporting Period

NHS Humber and North Yorkshire ICB does not have any events to report that have occurred since the end of the reporting period and the 20th June 2024, the date the accounts were authorised for issue by the Chief Executive.

18. Losses

The total number of losses, and their total value, was as follows:

	12 months to 31st March 2024		9 months to 31st March 2023	
	Total Number of Cases Number	**Total Value of Cases £'000**	Total Number of Cases Number	Total Value of Cases £'000
Administrative write-offs	135	222	68	232
Book Keeping Losses	10	11	2	5
Total	**145**	**233**	**70**	**236**

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18. Financial Performance Targets

NHS Humber and North Yorkshire ICB have a number of financial duties under the NHS Act 2006 (as amended). The ICB's performance against those duties was as follows:

	12 Months to 31st March 2024		
	Target £000s	**Performance £000s**	**Achieved?**
Expenditure not to exceed income	4,100,466	4,100,233	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	n/a
Revenue resource use does not exceed the amount specified in Directions	3,969,473	3,969,240	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	n/a
Revenue administration resource use does not exceed the amount specified in Directions	37,748	29,710	Yes

	9 months to 31st March 2023		
	Target £000s	Performance £000s	Achieved?
Expenditure not to exceed income	2,724,546	2,724,310	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	n/a
Revenue resource use does not exceed the amount specified in Directions	2,671,207	2,670,972	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	n/a
Revenue administration resource use does not exceed the amount specified in Directions	28,093	25,123	Yes

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