Thursday 28 September 2023
09:00am-12:00pm
40/20 Lounge, Halliwell Jones Stadium, Warrington, WA2 7NE

NHS Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

held in PUBLIC

Agenda

Chair: Raj Jain

Meetings of the Board of NHS Cheshire and Merseyside are business meetings which, for transparency, are held in public. They are not 'public meetings' for consulting with the public, which means that those people who attend the meeting cannot take part in the formal meetings proceedings. The Board meeting is live streamed and recorded.

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
09:00am	**Preliminary Business**			
ICB/09/23/01	Welcome, Introductions and Apologies • confirmation of quoracy • apologies received	Chair	Verbal	-
ICB/09/23/02	Declarations of Interest *(Board members are asked to notify the Chair if there are any declarations in relation to the agenda items or if there are any changes to those published in the Board Member Register of Interests). Register of Interest available at: https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/*	Chair		-
ICB/09/23/03	Minutes of the previous meeting: • July 2023	Chair	Paper **For Approval**	4
ICB/09/23/04	Board Action Log	Chair	Paper For note	22
ICB/09/23/05	Board Decision Log	Chair	Paper For note	24
09:10am	**Standing Items**			
ICB/09/23/06	Chairs Announcements	Chair	Verbal	-
ICB/09/23/07 **09:15am**	Report of the Chief Executive	GPU	Paper For note	30
ICB/09/23/08 **09:35am**	Resident / Staff Story	-	Presentation For note	-
09:45am	**ICB Key Update Reports**			
ICB/09/23/09	Executive Director of Nursing & Care Update Report (Sept 2023)	CDO	Paper For noting	43
ICB/09/23/10 **09:55am**	Cheshire & Merseyside ICB Quality and Performance Update Report (Sept 2023)	AMI	Paper For noting	51
ICB/09/23/11 **10:05am**	Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee (Aug and Sept 2023)	TFO	Paper For noting	103

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
ICB/09/23/12 **10:15am**	Cheshire & Merseyside System Month 5 Finance Report	CWI	Paper For noting	110
ICB/09/23/13 **10:25am**	Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Resources Committee (August 2023)	EMO	Paper For noting	119
10:35am	**Sub-Committee Reports**			
ICB/09/23/14	Report of the Chair of the Cheshire and Merseyside ICB Audit Committee (September 2023)	NLA	Paper **For Approval**	127
ICB/09/23/15 **10:40am**	Report of the Chair of the Cheshire and Merseyside ICB Remuneration Committee (August & September 2023)	TFO	Paper **For Approval**	157
ICB/09/23/16 **10:45am**	Report of the Chair of the Cheshire & Merseyside ICB System Primary Care Committee (add 2023)	CWA	Paper For Noting	185
ICB/09/23/17 **10:50am**	Report of the Chair of the Cheshire and Merseyside ICB Women's Services Committee (August 2023)	RJA	Paper For Noting	191
ICB/09/23/18 **10:55am**	Report of the Deputy Chair of the Cheshire and Merseyside Health and Care Partnership (September 2023)	RJA	Paper For noting	197
ICB/09/23/19 **11:00am**	Report of the Chair of the Cheshire and Merseyside Transformation Committee (September 2023)	CWA	Paper For noting	204
11:05am	**ICB Business Items**			
ICB/09/23/20	Cheshire and Merseyside Clinical and Care Constitution	RPJ	Paper & Presentation **For endorsement**	255
ICB/09/23/21 **11:15am**	Cheshire and Merseyside Winter Plan	AMI	Paper **For note**	265
ICB/09/23/22 **1:30am**	Cheshire and Merseyside ICS Digital and Data Strategy Update	JLL	Paper & Presentation **For endorsement**	274
ICB/09/23/23 **11:45am**	Amendments to the Cheshire and Merseyside ICB Operational Scheme of Reservation and Delegation	CWI	Paper **For approval**	289
11:55am	**Any Other Business**			
ICB/09/23/24	Closing remarks, review of the meeting and communications from it	Chair	Verbal	-
12.00pm	**CLOSE OF MEETING**			

Date and time of next meeting:
30 November 2023, 09:00am – 12:00 noon, Whiston Town Hall, Old Colliery Road, Whiston, Merseyside, L35 3QX

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
A full schedule of meetings, locations, and further details on the work of the ICB can be found here: www.cheshireandmerseyside.nhs.uk				

Please note that due to the limited time we have we cannot respond to public questions within the Board meeting. We will acknowledge all the questions we get and will respond to them formally within 20 days. The questions and answers will also be published on our website.

Meeting Quoracy arrangements:
Quorum for meetings of the Board will be a majority of members (eight), including:

- the Chair and Chief Executive *(or their nominated Deputies)*
- at least one Executive Director *(in addition to the Chief Executive)*
- at least one Non-Executive Director
- at least one Partner Member; and
- at least one member who has a clinical qualification or background.

Speakers

AMI	Anthony Middleton, Director of Performance and Planning, C&M ICB
CDO	Christine Douglas MBE, Director of Nursing and Care, C&M ICB
CWA	Clare Watson, Assistant Chief Executive, C&M ICB
CWI	Claire Wilson, Executive Director of Finance, C&M ICB
EMO	Erica Morriss, Non-Executive Director, C&M ICB
GPU	Graham Urwin, Chief Executive, C&M ICB
JLL	John Llewellyn, Chief Digital Officer, C&M ICB
NLA	Neil Large MBE, Non-Executive Director, C&M ICB
RJA	Raj Jain, Chair, C&M ICB
TFO	Tony Foy, Non-Executive Director, C&M ICB

NHS
Cheshire and Merseyside

Board Meeting of NHS Cheshire and Merseyside

Meeting held in Public

Boardroom, The Department, Lewis's Building,
2 Renshaw Street, Liverpool, L1 2SA
Thursday 27 July 2023
9.00am to 12.00pm

UNCONFIRMED Draft Minutes

MEMBERSHIP		
Name	**Initials**	**Role**
Raj Jain	RJA	Chair, Cheshire & Merseyside ICB (voting member)
Neil Large MBE	NLA	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Professor Hilary Garratt CBE	HGA	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Tony Foy	TFO	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Graham Urwin	GPU	Chief Executive, Cheshire & Merseyside ICB (voting member)
Claire Wilson	CWI	Executive Director of Finance, Cheshire & Merseyside ICB (voting member)
Christine Douglas MBE	CDO	Executive Director of Nursing and Care, Cheshire & Merseyside ICB (voting member)
Prof. Rowan Pritchard-Jones	RPJ	Medical Director, Cheshire & Merseyside ICB (voting member)
Prof. Steven Broomhead MBE	SBR	Partner Member, Chief Executive, Warrington Borough Council (voting member)
Adam Irvine	AIR	Partner Member, Chief Executive Office, Community Pharmacy Cheshire, and Wirral (CPCW) (voting member)
Dr Naomi Rankin	NRA	Partner Member, Primary Care (GP) Partner Member (voting member)
Councillor Paul Cummins	PCU	Partner Member, Cabinet Member for Adult Social Care, Sefton Council (voting member)
Ann Marr OBE	AMA	Partner Member, Chief Executive, St Helens & Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital Trust (voting member)
IN ATTENDANCE		
Dr Fiona Lemmens	FLE	Associate Medical Director, Cheshire & Merseyside ICB (Regular Participant)
Anthony Middleton	AMI	Director of Performance and Improvement, Cheshire & Merseyside ICB (Regular Participant)
Christine Samosa	CSA	Director of People, Cheshire & Merseyside ICB (Regular Participant)

Clare Watson	CWA	Assistant Chief Executive, Cheshire & Merseyside ICB (Regular Participant)
John Llewellyn	JLL	Chief Digital Information Officer, Cheshire & Merseyside ICB
Prof. Ian Ashworth	IAS	Director of Public Health representative (Regular Participant)
Sara Thwaites	STH	Healthwatch Liverpool
Matthew Cunningham	MCU	Associate Director of Corporate Affairs and Governance
Mark Bakewell	MBA	Interim Place Director Halton
Louise Murtagh	LMU	(Minutes) Business Support Manager (Wirral), Cheshire & Merseyside ICB

APOLOGIES NOTED		
Erica Morriss	EMO	Non-Executive Director, Cheshire & Merseyside ICB (voting member)
Prof. Joe Rafferty CBE	JRA	Partner Member, Chief Executive Office, Mersey Care NHS Trust, (voting member)
Warren Escadale	WES	Chief Executive, Voluntary Sector North West (Regular Participant)

Item	Discussion, Outcomes and Action Points	Action by
9.00am	Preliminary Business	
ICB/23/07/01	Welcome, Introductions and Apologies	
	Prior to the start of the meeting the Chair of the Patient Participation Group at Park View Medical Centre (Jimmy Woods) was permitted to speak to the room about the closure of the practice. He thanked those who had campaigned to keep the practice open. This included the patients and local politicians. He referred to the area having lost a bank, a chemist and police centre, all of which had been part of the community that sat in a deprived ward of the city. In recent times there had been a big increase in migrants and Houses of Multiple Occupation. It was a very difficult time and now there would be 3000 patients dispersed to other local practices. Thanks were extended to officers who had helped with this dispersal, but acknowledgement was needed on how difficult it was to book an appointment without the loss off Park View. RJA gave a heartfelt thank you to Jimmy for speaking in such a dignified way about his community. The Chair received a petition on behalf of the ICB from the PPG and started the meeting proper. All present were welcomed to the meeting and advised that this was a meeting held in public.	

Item	Discussion, Outcomes and Action Points	Action by
	Thanks were extended to staff based at the Lewis's Building for their warm welcome. Apologies for absence were received from Professor Joe Rafferty, Erica Morriss and Warren Escadale.	
ICB/23/07/02	Declarations of Interest	
	There were no declarations of interest made by Members that would materially or adversely impact on matters requiring discussion and decision on the items being considered at today's private Board meeting. Members were reminded to review their conflict of interest entries.	
ICB/23/07/03	Minutes of the last meeting – 29th June 2023	
	Members reviewed the minutes of the meeting held on 29th June 2023 and agreed that they were a true reflection of the discussions and decisions made. **The Integrated Care Board approved the minutes of ICB Board meeting of 29th June 2023.**	
ICB/23/07/04	Action Log	
	The Board acknowledged the completed actions and updates provided in the document. Members were advised of the closure of actions 22, 28, 36, 30, 37, 42, 43 and 49. CDO updated action 46 confirming that this quarterly report would be presented in October 2023. **The Integrated Care Board noted the Action Log.**	
ICB/23/07/05	Decision Log	
	Members reviewed the decision log and confirmed that the information presented was an accurate record of substantive decisions made by the Board up to 11th July 2023. It was further noted that there were no emergent actions arising from those decisions that were due for review at this meeting. **The Integrated Care Board noted the Decision Log**.	
9.10am	Standing Items	
ICB/23/07/06	Chairs Announcements	

Item	Discussion, Outcomes and Action Points	Action by
	RJA updated attendees on the following items - At its last meeting members had discussed the importance of giving the Board the appropriate time to consider in-depth complicated issues leaving Public Board meetings with items of interest to the public. It was agreed that meetings held in public would move to bi-monthly, starting in September 2023. These arrangements would be reviewed regularly. The recruitment of an additional Non-Executive Director had started, and it was planned to fill this position by October 2023. Plans were underway for the ICB AGM in September and the event would take place at the Halliwell Jones Stadium in Warrington. All were welcome to attend. **The Integrated Care Board noted the update.**	
ICB/23/07/07	Report of the Chief Executive	
	The report presented by GPU provided a summary of issues not otherwise covered in detail on the Board meeting agenda and included - **Operational System Pressures Industrial action.** GPU thanked all involved in running services and keep us safe. It had a massive impact, and the resilience of staff should be noted. Pay arrangements with doctors and radiographers were still outstanding and further strikes announced. This would have an effect on elective recovery. **Community & Mental Health pressures –** demand for these services was putting pressure on the system and community. Right Care Right Person will add to these pressures. Attendees asked for an item at the next Board meeting on what the plans were to address this. Simon Banks, Wirral Place Director was leading on this and attending multi agency strategy meetings. These meetings included attendance from the police, local authority, Mersey Care and other agencies. GPU would provide an update at the next Board meeting. **Action: Update on Plans for Right Care, Right Place to come to the Board.** Members also discussed the high occupancy rates for mental health beds. GPU advised of the upcoming Health and Housing Summit with the Health Care Partnership. Work was ongoing with providers and the Board would be kept up to date with progress.	GPU

Item	Discussion, Outcomes and Action Points	Action by
	All-Age Autism Pathways – this sets out standards for assessment and treatment. Post pandemic, these services had been overwhelmed by demand and targets were being missed. The pathway was not right, and a major focus was needed so that capacity matched demand. **Dental Services Update** – the ICB took responsibility for this in July 2023 knowing that there were significant problems with residents accessing a dentist. A dental recovery plan was expected from the government similar to that seen in primary care. As part of the due diligence work undertaken, colleagues had already forecast a significant underspend. Primary Care Commissioning Committee approved 8 projects to improve access and there was more work to be done. STH confirmed that the stories received through Healthwatch across the system are mainly regarding dentistry. They were keen to share this intelligence and were a member of the Primary Care Committee, the forum where this would be discussed. Discussions moved on to dentistry unmet need, budgets and inequalities. CWA referred to the 2023-25 Dental Plan, the 6 monthly reviews undertaken and the aim to spend the full allocated budget this year. **Give digital a go campaign** – Healthwatch offered assistance to the Board to help with those at risk of exclusion. JLL confirmed that new technologies were a huge part of many agendas, but it was acknowledged that it was not a solution for all, and an alternative offer would be required. **ACTION: JLL to consider what specific actions the ICC were taking for those digitally excluded.** Other entries in the report covered - • Cheshire and Merseyside Joint Forward Plan 2023-2028 • COVID-19 Update • Clinical Policy Harmonisation Programme Update • EPR Go-Live at Liverpool Women's Hospital • Mental Health Research for Innovation Centre launch • NHS@75 and ICB@1 Year • ICB Annual General Meeting and ICB Board meetings from September 2023 **The Integrated Care Board noted the report.**	JLL
ICB/23/06/08	Report of the Place Director	

Item	Discussion, Outcomes and Action Points	Action by
	The Liverpool Place Director's Report was presented by MBA for consideration by the Board. It provided an overview of Liverpool Place, including its geography, the history of the area, its successes, partnership working and challenges. In summary - • Liverpool was one of England's 7 core cities. • Almost 63% of the population live within communities ranked within the 20% most deprived in England. • Only 1.3% of residents live in communities ranked as the 20% least deprived in England. • 24,300 (29.9%) children live in poverty – 1 in 3. • Liverpool has a diverse population. Life outcomes varied greatly between ethnic groups. 1 in 4 residents identified as being part of an ethnic minority group. • 15 year gap in life expectancy between Liverpool wards. • 2 in 5 residents died under the age of 75 with over 1,000 premature deaths being preventable. • That One Liverpool Partnership worked well together to address health inequalities and reference to the Liverpool Local Plan 2013-2033, One Liverpool Strategy 2019-2024 and Liverpool Health and Care Integrated Business Plan 2023-2024 were referred to. • The four Place objectives of Stay Well, Safe and Independent, Timely Access to High Quality Elective and Emergency Care, Make Best Use of Resources, and Inequalities and Population Health were shared. Further examples of the work undertaken to address these objectives were provided in the presentation. The remaining slides referred to the Complex Lives Programme and its priorities and this was the subject of the patient story under the following agenda item. Ensuing discussions covered the successful working relationships evolving in Liverpool and how silo working was becoming a thing of the past. There had also been a focus shift from trying to deal with all issues to concentrating on identified priorities. This might result in some difficult decision having to be made given limited resources, which is why public engagement, involvement and co-design of services was so important. Members noted the importance of involving all partners and the benefits from the intelligence that they provided. This helped to focus resources on those most in need. **The Integrated Care Board thanked MBA for hosting the meeting and for the updates on Liverpool Place.**	

Item	Discussion, Outcomes and Action Points	Action by
ICB/23/07/09	Resident / Staff Story	
	Attendees were shown a video providing stories from residents about their complex lives. There were a number of definitions for this term, but it loosely covered those living with multiple health and social issue, in families where others could also be experiencing the same problems. **The Integrated Care Board thanked residents for their frank contributions.**	
12.40pm	Business Items	
ICB/23/07/11	Health Inequalities and Population Health Programme Update (Claire Watson)	
	The report presented to the Board by CWA advised that the Population Health Programme played an integral role in helping the ICB and HCP to achieve its core strategic objectives by providing the shift towards prevention and health equity. The ICB and its partners were addressing the significant healthcare inequalities that existed in Cheshire and Merseyside (C&M) and adopting approaches and priorities described within the CORE20PLUS frameworks for both children and adults. There was a strong Health and Care Partnership focus and commitment to the delivery of the ground-breaking 'All Together Fairer' report. Building on successful delivery to date, the Population Health programme was entering a new phase. The ICB has invested within the sub-region's first Director of Population Health, supported by an integrated NHS and public health Population Health Team working together with nine Local Authorities and CHAMPS, the sub regions public health collaborative, which is celebrating its 20th year since inception. The All Together Fairer Programme (with bespoke Beacon Indicators to monitor progress) and the NHS Prevention Pledge programme continued to deliver a second year of support for local area implementation and within NHS settings to help address the social determinants of health. IAS and attendees further updated - • That C&M ICS was one of the largest in England with a third of its population living in the lowest 20% • That he would be part of the Public Health Collaborative with the nine Directors of Public Health across C&M	

Item	Discussion, Outcomes and Action Points	Action by
	• That a recording of the Health Care Partnership was available online and urged attendees to view • Successes to date included the joint electronic vaping statement and how this received national interest • The All Together Further project was explained. • In September there would be a dedicated workshop on Health and Housing. This required multi-agency involvement and could not be managed by one organisation alone • The Michael Marmot review and Beacon Indicators – these needed to be measured to track improvements. Reference to 2023's Fuel Poverty work was made. A good evidence base was key to tackling heath inequalities • The contribution that ICB and ICS staff could make through the creation of local 'Champions' or 'Ambassadors' roles. Most of the workforce both lived and worked in Cheshire. Many would have health and social challenges of their own or have family members who did **The Integrated Care Board noted the report.**	
ICB/23/07/10	Northwest BAME Assembly Anti-Racism Framework	
	The Northwest BAME Assembly Anti Racism Framework (Appendix One) was a tool designed to support NHS organisations to become intentionally anti racist by tackling structural racism and discrimination through collaboration, reflective practice, and accountability. To demonstrate commitment to becoming anti-racist the Board was asked to publish an anti-racism statement detailing its commitment to race equality in the Cheshire and Merseyside ICS. In addition to this, the Board should identify a champion / sponsor for the antiracism agenda. CSA further added that racism was still very real across the NHS and had been proven to be a major factor in health inequalities. The framework provided anti-racist principles for consideration with the first being approval of a statement of intent by the Board at this meeting. Following this, a steering group would be established to offer 'check and challenge' to the organisation. However, it was recognised that all partners would need to contribute. Members agreed to the statements contained in the report and further added - • That moving forward there was a need to build lived experiences to reports. CSA and CWA advised that this was	

Item	Discussion, Outcomes and Action Points	Action by
	a duty that they shared and would be built into the 2024-25 Planning Round • That there was a need for the framework to be a success as without it there would be no workforce • There had been a number of attempts over the years to address racism and there were a number of small steps that the ICB could adopt immediately for example no interviewers could be involved in recruitment if they had not completed equality and diversity training. • Further consideration was needed on areas such as unconscious bias RJA concluded the discussion by advising that he was a member of the North West BAME Assembly. The framework had been launched 14 months earlier and there had been little movement to date. As previously discussed there had been many unsuccessful attempts to address racism over the years and it was easy to be sceptical due to this. Difficult conversations would be needed to make all staff comfortable with the words Anti-Racist. Racism led to poor health outcomes and divided neighbourhoods and needed to be tackled. **The Integrated Care Board -** • **Approved the adoption of the Northwest BAME Assembly Anti-racism Framework by the ICB and the proposed approach for implementation**. • **Acknowledged that the framework would be used during the development of the 2024-25 (commissioning) Planning Round** • **Noted that the involvement of our clinical leaders, around accountability, was key to success**	
ICB/23/07/12	Cheshire and Merseyside ICB Board Assurance Framework Q1	
	CWA advised that the Risk Management Strategy incorporated the board assurance arrangements and set out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) was a key component of this. The 2023-24 BAF and principal risks were approved by the Board in May 2023 and there were currently 10 principal risks, including 4 extreme risks and 6 high risks. The most significant risks (P4, P6, P7 and P3) were highlighted in the executive summary. There had been no movement in current risk scores since the May	

Item	Discussion, Outcomes and Action Points	Action by
	report, but progress had been made in completing actions to improve both controls and assurances. Mitigation strategies were having an impact in relation to a number of the risks, with some reductions from the inherent (uncontrolled) risk scores but further action was still required to achieve an acceptable level. The report set out the controls in place, an assessment of their effectiveness and further control actions planned in relation to all of the principal risks. Planned assurances had been identified and would be considered in depth in committees. Areas of concern would be brought via Board reports over the course of the year. **The Integrated Care Board noted the current risk profile, progress in completing mitigating actions, assurances provided and priority actions for the next quarter; and did not consider any further action was required by the Board other than that listed in the report.**	
ICB/23/07/13	Operational Planning 2023/24 Close Down	
	AMI's paper set out a summary of feedback received from NHS England on NHS Cheshire & Merseyside ICB's final system operating plan for 2023/24. It included issues which the ICB was asked to keep under review, as well as a number of specific actions which NHS England has requested that the ICB take forward. The key themes are as follows - • Emergency care and system resilience • Elective and cancer care • Mental health and Learning Disability and Autism • Workforce • Finance CWI advised that the finance requirements as detailed in the report and appended letter had also been sent to partner organisations. GPU had written to these partners asking for assurances to be provided in each of the areas listed. In addition to this, a new Expenditure Control Group was being established. **The Integrated Care Board noted the feedback received from NHS England and the priority areas identified in the paper.**	
ICB/23/07/14	NHS Long Term Workforce Plan	
	CSA presented the NHS Long Term Workforce Plan to the Board for noting. The plan set out the strategic direction over the long term, as well as short to medium term actions to be undertaken locally, regionally and nationally. Those actions fell into three priority areas:	

Item	Discussion, Outcomes and Action Points	Action by
	• **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff. This is underpinned by a £2.4 billion funding commitment. • **Retain**: A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer. • **Reform**: Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements. It was acknowledged that traditional routes into working for the NHS needed to change and the plan reflected this. The example of joint posts across ICBs and ICPs was given. Clinical roles were to be increased and apprenticeship schemes expanded. The latter provided an alternative route and evidence showed a lower attrition rate from schemes. The plan was detailed and challenging. Work had commenced in the preceding few weeks around a data collection exercise and there was a further meeting planned for 6th September to review this data. None of this would be carried out in isolation and the ICB would be working with the two provider collaboratives on the plan. CDO added that international recruitment had been crucial over the past 10 years and consideration needed to be given as to how organisations would continue to support those who wanted to 'earn, learn and return'. There was also a need to ensure that those currently working in the system or being recruited, felt valued and welcomed. Training methods were different than previously with a higher reliance on digital technologies and whilst this provided greater flexibility for the learning, it came at an expense to the provider. There was also the added issue on keeping current staff up to date with these new technologies. It was good to see flexibility in working in the report. Although it was highlighted that this can be difficult when you are operating an emergency 24/7 service with limited resources. AMA confirmed that she had asked the five best DGH's for information on their operating methods and would share this information.	

Item	Discussion, Outcomes and Action Points	Action by
	CSA confirmed that workforce groups, including one looking at primary care, have been set up to support the plan and would be working with social care and provider collaboratives to look at evolving and developing opportunities for learning and recruitment. Additional meetings with Health Education England, Trust Medical Directors and higher education institutions were also discussed, with the latter giving the example of looking to actively recruit local students who had not gained the required three A's needed for courses. RJA asked for the Board to receive quarterly update reports on the NHS Long Term Workforce Plan to enable members to fully its role and responsibilities. **Action: CSA to provide quarterly update reports to the Board on the NHS LTP** **The Integrated Board noted the publication of the NHS Long Term Workforce plan and the implications for the future supply and training of staff.**	CSA
ICB/23/07/15	Executive Director of Nursing & Care Update Report (July 2023)	
	The report presented by CDO provided an overview of the current risks, issues and highlights that impacted on quality and safety within the Cheshire and Merseyside ICS footprint. The report featured updates on - • The Re-opening of Maternity Services at East Cheshire Trust – the trust resumed services on 26th June 2023 and there are planned visits on 25th September 2023 • Children & Young People's Mental Health • Paediatric Audiology Services - This related to specialist hearing tests and the report highlighted that Halton and Warrington were providers of this specialism. Services had ceased there, and a group had been set-up to review services. All families affected had been written to and there was low harm to one child reported that was being followed. Work continued with partners and further updates would be provided to the Board • Named GP Support & Development - named safeguarding GPs had been recruited to across C&M **The Integrated Care Board noted the content of the report and did not request additional information/assurance.**	

Item	Discussion, Outcomes and Action Points	Action by
11.05am	ICB Key Update Reports	
ICB/23/07/17	Cheshire & Merseyside ICB Quality and Performance Update Report (July 2023)	
	AMI's report provided on overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health and Primary Care, as well as a summary of key issues, impact and mitigations. Urgent and emergency care were highlighted as the biggest risk to the ICB and AMI focussed on this section of the report. The C&M Category 2 mean ambulance response time and delivery against the A&E 4-hour standard were still being missed. As was the 12-hour time in Emergency Department measure. AMI advised that for the latter consideration needed to be given to doing the right thing for the patient and releasing ambulances to respond to calls, and more often the delay related to high hospital bed occupancy rates. Work was underway to address the high levels of no criteria to reside and although the system was ahead of trajectory it was still causing issues for hospitals. NHS Winter Planning Guidance expected later today and the ICB was already looking to mobilisation. With respect to planned care and the impact of industrial action, C&M was affected by this more than other areas and the result of this was that in excess of 65,000 operations and appointments had been cancelled or re-arranged. This accounted for approximately 10% of all cancellations across the country, which was in addition to those pro-actively not booked due to strike action. Irrespective of the above, performance against recovery of elective activity was still good. Credit needed to be given to the provider collaboratives for management of this. Comments received included - • That it was good to see improvements to targets covering annual health checks completed • Dementia diagnosis and that this was not included in the report. It was one of the biggest challenges that organisations faced. It was provided at a local level. AMI advised that he would take this as an action. FLE advised for assurance purposes that dementia diagnoses rates were a key workstream in the mental health programme with dedicated clinical leads appointed.	

Item	Discussion, Outcomes and Action Points	Action by
	The Integrated Care Board noted the content of the report. **ACTION: AMI to consider how to represent dementia diagnosis in the performance report.**	AMI
ICB/23/07/18	Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee (June 2023)	
	The purpose of the report was to provide assurance to the Board on key issues, considerations, approvals and matters of escalation considered by the Quality & Performance Committee at its meeting held in May 2023. From the report TFO highlighted - • The Maternity Report with specific mention of assurance on the monitoring of triage and risk assessment was taking place across the seven maternity providers in C&M and how greater standardisation of monitoring performance was aiding oversight. • Specific assurance had been sought and provided on End of Life Care was being provided and how the ICB met its commissioning responsibilities. This was agreed as an action for update at a future meeting. • Mortality Reporting at East Cheshire Trust - further data had been received from the Trust and the committee would continue to review. **The Board noted:** • **Section 2 of the report** • **Section 4 noted and considered the content of issues agreed as requiring escalation to the Board**	
ICB/23/07/19	Cheshire & Merseyside System Month 3 Finance Report	
	The report updated the Board on the financial performance of C&M ICS for 2023/24, in terms of relative position against its financial plan as submitted to NHS England in June 2023, alongside other measures of financial performance and utilisation of available 'Capital' resources for the financial year. As at 30th June 2023 (Month 3), the ICS 'System' is reporting a deficit of £75.4m against a planned deficit of £54.9m resulting in an adverse year to date variance of £20.5m. The system is forecasting a position in line with its plan by year end of £51.2m deficit. Key pressures were listed as inflation, impact of industrial action, prescribing and continuing care variances, and slippage across	

Item	Discussion, Outcomes and Action Points	Action by
	provider CIP's. The plan profile was also loaded towards the end of the year. With respect to CIP, work was underway across the system to gather all programmes with the aim of supporting each other to achieve individual and collective targets. Once the full data had been received from partners the ICB would be in a better position to provide a level of confidence in hitting the planned deficit. An area of celebration was that agency costs had reduced from £155m last year to a forecast spend of £112m this year. RJA commented that the ICB was in a similar position to non-recurrent CIP's as the previous year, and asked what confidence did the organisation have around the recurrent position for future years? CWI would be able to answer this once the full analysis of CIP data, previously referred to had been received. AMA added that these conversations were had by directors of finance across C&M but perhaps chief officer level discussion were needed to determine how the best performing organisations reached their CIP targets. GPU would arrange this meeting. **The Integrated Care Board noted the contents of the report in respect of the Month 3 ICB/ICS financial position for both revenue and capital allocations within the 2023/24 financial year.** **ACTION: GPU to arrange a meeting with Chief Officers across C&M to discuss best practice in reaching CIP targets.**	GPU
ICB/23/07/20	Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Resources Committee (June 2023)	

	CWI advised that the committee met both in public and private in June and on 25th July 2023 and the main items considered at the earlier meetings were:
	
	• Briefing on Knowsley Autism assessments
	• Decisions on procurement of -
	  • CICC Wirral Place
	  • MSK – Wirral Place
	  • BPAS – Halton Place
	  • Intermediate Care Beds – Sefton Place
	  • Status of Hospice of Good Shepherd
	  • Detailed information relating to the month 2 financial position
	  • Endorsed recommendation of the s75 agreement for St Helens Place
	  • Approval of the 2023/24 distribution of capital allocations	

Item	Discussion, Outcomes and Action Points	Action by
	• Approval of the Area Prescribing Group recommendations, including 2 new medicines **The Integrated Care Board -** • **Noted the items covered by the Committee** • **Noted that the committee considered the final 22/23 financial position of the ICB/ ICS in respect of both revenue and capital allocations** • **Noted that updates were received in respect of 2023/24 planning and financial recovery, with approval given to the 23/24 ICB budget book.**	
11.45am	Sub-Committee Reports	
ICB/23/07/21	Report of the Audit Committee Chair (June 2023)	
	NLA asked attendees to take the comprehensive report as read. **The Integrated Care Board noted the items covered by the Audit Committee at its meeting on the 16th May 2023.**	
ICB/23/07/22	**Primary Care Commissioning Committee**	
	CWA presented the System Primary Care Committee summary following its meeting on the 26th June 2023. The Committee discussed the following business as listed: In **Part A,** the meeting held in private: • Committee Risk Register (draft) • Outcome of Extraordinary Meeting held in May 2023 • Harmonisation of minor ailments schemes • Contracting Issue agreement in respect of a dental contractor • Escalation from Place Primary Care Forums • An application for incorporation (General Practice contractor) • Protected Learning Time (PLT) agreement from September onward; members were advised that this had been discussed with NWAS and that there would be no PLTs in December and January 2024 due to expected winter pressures • Finance and Capital • Minutes from the Pharmaceutical Committee. In **Part B**, the meeting held in public: • System Pressures • Contracting and Commissioning Update • Primary Care Access Recovery • Dental Improvement Plan • Primary Care Workforce Steering Group. **The Integrated Care Board noted the items covered by the Primary Care Commissioning Committee at its meeting on the**	

Item	Discussion, Outcomes and Action Points	Action by
	26 June 2023.	
ICB/23/07/22	**Transformation Committee**	
	CWA advised the Board that the Transformation Committee met in June 2023 and considered the following items – • the update on the progress of each of the Cheshire and Merseyside Transformation Programme delivery vehicles and key achievements to date. • an update on the progress of Maternity Treating Tobacco Dependency implementation across C&M • an update on the progress of the Transformation Programme Funding application process, including the timeline, and the current position regarding Quarter 1 transformation funding for the current transformation programmes. • development of enhanced processes to provide assurance that the milestones and outcomes from the transformation plans were discussed with revised reporting to commence by October 2023. • a report providing an update on development of the workplan for the C&M Transformation Subgroup; and • a paper relating to the timeline to sign off and submit the Specialised Services PDAF (Pre-Delegation Assurance Framework). **The Integrated Care Board:** • **noted the contents of this report** • **approve delegated authority to the Transformation Committee to formally approve the Specialised Services PDAF submission being made in September.**	
	Report of the Chair of the Cheshire & Merseyside Health and Care Partnership (HCP) (Raj Jain)	
	RJA presented the report on behalf of the chair with members taking it as read. Items considered at the HCP meeting on 13th June included - • Agreement by the chair to consider holding hybrid meetings going forward. • All Together Fairer - Healthy Work and Fair Employment • Governance and refresh of the Term of Reference • Cheshire and Merseyside HCP Draft Interim Strategy • Cheshire and Merseyside ICB Financial Strategy • HCP Forward Plan RJA confirmed that it had been a good meeting with strong conversations around the terms of reference and how local authorities would engage in the partnership.	

Item	Discussion, Outcomes and Action Points	Action by
	The Integrated Care Board noted the content of the report and the agreed next steps.	
11.55am	**Other Formal Business**	
	Closing remarks, review of the meeting and communications from it (Raj Jain)	
	There had been some good items on the agenda today that had led to great conversations. It felt that the Board was maturing and getting into the work that was required.	
	CLOSE OF MEETING	

Date, time, and location of Next Meeting:

28 September 2023, 09:00am – 12:00 noon, Platinum Suite, Halliwell Jones Stadium, Warrington, WA2 7NE.

The Annual General Meeting would also be taking place on the same day in the same venue.

End of Meeting

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

Action Log 2023 - 2024

Updated: **20.09.2023**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-11	28/11/2022	**Cheshire & Merseyside System Month 7 Finance Report**	In the absence of a comprehensice provider organisational integrated performance report, members would be sent dashboards that provided the wider financial position and workforce information.	Claire Wilson	Jan 2023		ONGOING
ICB-AC-22-13	28/11/2022	**ICB Equality, Diversity and Inclusion Update Report**	Members discussed how data collected via WRES, WDES, CORE20, EDS2 and other system would be used and shared with the Board. IAS agreed to bring a further report on Core20Plus to a future Board meeting in relation to this.	Ian Ashworth	TBC	Date to be confirmed when Director of Population Health starts with ICB	ONGOING
ICB-AC-22-29	23/02/2023	**Update on NHSE Primary Care Delegation to Cheshire & Merseyside ICB Update**	A further update report on delegated services would be presented to the Board in six months	Clare Watson	September 2023	Update to be provided at November 2023 meeting	ONGOING
ICB-AC-22-32	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	With regard to the Core20plus5 there were a range of 22 indicators that would be reported through the HCP but could also be presented to this Board.	Andy Thomas	date tbc		ONGOING
ICB-AC-22-33	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	The ICB relative performance compared to other ICBs in the Northwest had not improved as much as they have, yet we continue to invest and put a lot of time and attention. Deep dive into this to be undertaken in April, place-based response to the information presented today in the private meeting. Further report to be brought back to the Board at a future meeting.	Andy Thomas	date tbc		ONGOING
ICB-AC-22-40	27/04/2023	**Resident/Staff Story**	CWA to report to be Board on the findings and actions leading from the GP review of unpaid carers/patients	Clare Watson	TBC		ONGOING
ICB-AC-22-41	27/04/2023	**Cheshire & Merseyside System Month 12 Finance Report**	CWI and SBR to work together on the production of a position paper covering social care provision and funding	Claire & Steven Broomhead	TBC		ONGOING
ICB-AC-22-44	25/05/2023	**Report of the Chief Executive**	to bring the Primary Care Strategic Framework to the June 2023 Board meeting	Clare Watson	June 2023	Due to be pressented at the November 2023 Board	ONGOING
ICB-AC-22-45	25/05/2023	**Resident/Staff Story - Learning Disabilities Health Checks**	IAS to work with colleagues to determine if it was possible to develop a standardised way of displaying life course statistics across Cheshire and Merseyside	Ian Ashworth	TBC		ONGOING
ICB-AC-22-47	25/05/2023	**Cheshire & Merseyside ICB Quality and Performance Report**	Most indicators listed in the report related to symptoms not the cause of the symptoms. These were discussed at committee level and would be incorporated into future Board reports	Anthony Middleton	June 2023		ONGOING
ICB-AC-22-48	25/05/2023	**ICS Financial Plan for 2023/24 and Proposed Budgets for the ICB**	To assign one of the board development days to provide training on a general overview of system finance.	Claire Wilson	June 2023		ONGOING

Action Log 2023 - 2024

Updated: **20.09.2023**

Action Log No.	Original Meeting Date	Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
ICB-AC-22-50	25/05/2023	**Reports of the Chairs of the Cheshire & Merseyside ICB Committees**	RJA requested that when items were escalated to Board that the risk template was used. This would highlight where and how risks were being mitigated.	All committee chairs	June 2023		ONGOING
ICB-AC-22-51	23/06/2023	**Cheshire and Merseyside Mental Health, Community and Learning Disability Provider Collaborative - Annual Work Plan 2023-2024**	JRA to present the delivery plan to the board in autumn 2023	Joe Rafferty	Autumn 2023	date tbc	ONGOING
ICB-AC-22-54	27/07/2023	**Report of the Chief Executive - Give digital a go' campaign**	JLL to consider what specific actions the ICC were taking for those digitally excluded	John Llewellyn	September 2023		NEW
ICB-AC-22-55	27/07/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report**	AMI to consider how to represent dementia diagnosis in the performance report.	Anthony Middleton	September 2023		NEW
ICB-AC-22-56	27/07/2023	**Cheshire & Merseyside System Month 3 Finance Report**	GPU to arrange a meeting with chief officers across C&M to discuss best practice in reaching CIP targets	Graham Urwin	September 2023		NEW
ICB-AC-22-57	27/07/2023	**NHS Long Term Workforce Plan**	CSA to provide a quarterly update to Board on the progress against the NHS LTP	Chris Samosa	November 2023		NEW

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-01	01-Jul-2022	**ICB Appointments (Executive Board Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Executive Members of the Integrated Care Board:- 1) Claire Wilson, Director of Finance; 2) Professor Rowan Pritchard Jones, Medical Director 3) Christine Douglas MBE, Director of Nursing and Care.. They also agreed that Marie Boles, Interim Director of Nursing and Care, will fulfil this position until the substantive postholder commences.	
ICB-DE-22-02	01-Jul-2022	**ICB Appointments (Non-Executive Board Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Non-Executive Members of the Integrated Care Board:- Neil Large MBE, Tony Foy and Erica Morriss.	
ICB-DE-22-03	01-Jul-2022	**ICB Appointments (Partner Members)**		The Chair of the ICB, the CEO of the ICB and the Chair of the ICB Audit Committee agreed the following appointments as Partner Members of the Integrated Care Board:- Ann Marr OBE and Dr Joe Rafferty CBE.	
ICB-DE-22-04	01-Jul-2022	**ICB Constitution**		The Integrated Care Board approved:- 1) The NHS Cheshire and Merseyside Constitution subject to some agreed updates (see action plan ref: ICB-AC-22-01 for details). 2) The Standards of Business Conduct of NHS Cheshire and Merseyside. 3) The Draft Public Engagement/Empowerment Framework of NHS Cheshire and Merseyside. 4) The Draft Policy for Public Involvement of NHS Cheshire and Merseyside.	
ICB-DE-22-05	01-Jul-2022	**Scheme of Reservation and Delegation**		The Integrated Care Board approved:- 1) The Scheme of Reservation and Delegation of NHS Cheshire and Merseyside. 2) The Functions and Decisions Map of NHS Cheshire and Merseyside. 3) The Standing Financial Instructions of NHS Cheshire and Merseyside. 4) The Operational Limits of NHS Cheshire and Merseyside.	
ICB-DE-22-06	01-Jul-2022	**ICB Committees**		The Integrated Care Board approved:- 1) The core governance structure for NHS Cheshire and Merseyside. 2) The terms of reference of the ICB's committees. It also noted the following:- i) The proposed approach to the development of Place Primary Care Committee structures which will be subject to further reporting to the Board. ii) The receipt of Place based s75 agreements which govern defined relationships with and between specified local authorities and the ICB in each of the 9 Places.	
ICB-DE-22-07	01-Jul-2022	**ICB Roles**		The Integrated Care Board agreed the lead NHS Cheshire and Merseyside roles and portfolios for named individuals, noting that the Medical Director will be the SIRO and the Executive Director of Nursing and Care will be the Caldicott Guardian.	
ICB-DE-22-08	01-Jul-2022	**ICB Policies Approach and Governance**		The Integrated Care Board:- 1) Noted the contractual HR policies that will transfer to the ICB alongside the transferring staff from former organisations. 2) Endorsed the decision to adopt NHS Cheshire CCG's suit of policies as the ICB policy suite from 1st July 2022. 3) Agreed to establish a task and finish group to set out a proposed policy review process, using the committee structure for policy approval. 4) Noted the intention to develop a single suite of commissioning policies to support an equitable and consistent approach across Cheshire and Merseyside.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

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ICB-DE-22-09	01-Jul-2022	**Shadow ICB Finance Committee Minutes Approval**		The Board agreed that the minutes of the Cheshire and Merseyside Shadow ICB Finance Committee held on 30th June 2022 can be submitted to the first meeting of the ICB's established Finance, Investment and Our Resources Committee.	
ICB-DE-22-10	04-Aug-2022	**Cheshire & Merseyside ICB Financial Plan/Budget**		1) The Board supported the financial plan submission made on 20th June 2022 in relation to the 2022/2023 financial year. 2) The Board approved the initial split for budgetary control purposes between 'central ICB' and 'Place' budgets for 2022/23 resulting in a headline 20%/80% split respectively.	
ICB-DE-22-11	04-Aug-2022	**Cheshire & Merseyside System Month 3 (Quarter One) Finance Report**		The Board noted the Month 3 Financial Report.	
ICB-DE-22-12	04-Aug-2022	**Cheshire & Merseyside Month 3 (Quarter One) Performance Report**		The Board noted the Month 3 Performance Report and requested that the next report includes data around mental health indicators and the wider primary care service.	
ICB-DE-22-13	04-Aug-2022	**Establishment of a North Mersey comprehensive stroke centre for hyper-acute services for the population of North Mersey and West Lancashire**		The Board approved the clinical case for the establishment of a North Mersey comprehensive stroke centre for hyper-acute services for the population of North Mersey and West Lancashire subject to an ongoing financial review.	
ICB-DE-22-14	04-Aug-2022	**Virtual Wards – update on their expansion across Cheshire and Merseyside**		The Board noted the Virtual Wards update.	
ICB-DE-22-15	04-Aug-2022	**Responses to questions raised by Members of the Public in relation to items on the agenda**		The Board agreed to respond to all public questions raised prior to the August meeting.	
ICB-DE-22-16	29-Sep-2022	**Chief Executive Report**		1) The Board approved entering into the Sefton Partnership Board Collaboration Agreement 2) The Board approved the recommendation to delegate authority to the Chief Executive and the Assistant Chief Executive to sign off collaboration agreements or memorandum of understanding from other places noting that any arrangements requiring S75 or pooled budget agreements would be submitted to the ICB Board for approval.	
ICB-DE-22-17	29-Sep-2022	**Liverpool University Hospitals NHS Foundation Trust Clinical Service Reconfiguration Proposal**		1) The Board approved the proposals for the five LUHFT major service changes, which are contained in a business case (and outlined in Section 4 of this paper) and informed by a formal public consultation 2) The Board noted the decisions of NHS England against the proposals for the four of the five service areas (vascular, general surgery, nephrology and urology) that are in the scope of NHS England commissioning responsibilities.	
ICB-DE-22-18	29-Sep-2022	**Developing the Cheshire and Merseyside Integrated Care Partnership (ICP)**		1) The Board approved the appointment of Louise Gittins as the designate Chair of the ICP 2) The Board approved the process for the appointment of a vice chair	
ICB-DE-22-19	29-Sep-2022	**Report of the Audit Committee Chair**		1) The Board approved the Committee recommendation to agree the proposed amendments to the Terms of Reference of the ICB Audit Committee 2) The Board approved the Committee recommendation to appoint an ICB Counter Fraud Champion and the stated named post to undertake this role 3) The Board approved ICB Information Governance Policies and statements / Privacy notices and their subsequent publication	
ICB-DE-22-20	29-Sep-2022	**Report of the Chair of the ICB Quality and Performance Committee**		The Board approved the proposed amendments to the revised Terms of Reference for the ICB Quality & Performance Committee	
ICB-DE-22-21	29-Sep-2022	**Report of the Chair of the ICB System Primary Care Committee**		The Board approved the proposed amendments to the Committees Terms of Reference subject to membership from LPS being included.	
ICB-DE-22-22	27-Oct-2022	**Chief Executive Report**		1) The Board noted the contents of the report. 2) The Board approved the recommendation change in the ICB's named Freedom to Speak Up Guardian.	
ICB-DE-22-23	27-Oct-2022	**Welcome to Cheshire East**		The Board noted the contents of the report and presentation.	
ICB-DE-22-24	27-Oct-2022	**Residents Story Update - Social prescribing**		The Board noted the presentation.	
ICB-DE-22-25	27-Oct-2022	**Cheshire & Merseyside System Month 6 Finance Report**		1) The Board noted the contents of this report in respect of the Month 6 year to date ICB / ICS financial position for both revenue and capital allocations within the 2022/23 financial year. 2) The Board requested CWA and CDO provide a Workforce Update at the next Board Meeting.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-26	27-Oct-2022	**Cheshire & Merseyside ICB Quality and Performance Report**		The Board noted the contents of the report and take assurance on the actions contained.	
ICB-DE-22-27	27-Oct-2022	**Executive Director of Nursing and Care Report**		1) Noted the content of the report. 2) Noted that CDO would be taking the Kirkup recommendations to the ICB Quality and Performance Committee for consideration. 3) Noted that a Workforce update will be provided within the next Director of Nursing and Care report to the Board Meeting.	
ICB-DE-22-28	27-Oct-2022	**Continuous Glucose Monitoring**		1) The Board approved the retirement of the current Cheshire & Merseyside Continuous Glucose Monitoring (CGM) policy, and 2) The Board approved the recommendations for CGM and flash glucose monitoring within NICE NG17, NG18 and NG28. 3) Requested that in 12 months' time the Board be provided with a progress update.	
ICB-DE-22-29	27-Oct-2022	**Provider Collaborative update**		1) Noted the content of the report. 2) Agreed that a strategic outline business case for the Collaborative to receive greater delegated responsibilities from the ICB be brought to a future meeting of the Board for consideration.	
ICB-DE-22-30	27-Oct-2022	**System Finance Assurance Report**		The Board noted the contents of the report and the development of the financial accountability framework.	
ICB-DE-22-31	27-Oct-2022	**Winter Planning 2022-23**		1) The Board noted the contents of this report for information. 2) The Board agreed that an updated position on winder resilience plans is reported to the Board at a future meeting	
ICB-DE-22-32	27-Oct-2022	**Report of the Chair of the Cheshire & Merseyside ICB Remuneration Committee**		1) The Board noted the items covered by the Remuneration Committee. 2) The Board approved the recommendation to agree the proposed amendments to the Terms of Reference of the ICB Remuneration Committee (Appendix A).	
ICB-DE-22-33	27-Oct-2022	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**		The Board noted the contents of the report.	
ICB-DE-22-34	27-Oct-2022	**Report of the Cheshire & Merseyside Chair of the ICB Transformation Committee**		1) The Board noted the report 2) Approved the revised terms of reference attached to the paper.	
ICB-DE-22-35	28-Nov-2022	**Cheshire and Merseyside ICS Digital Strategy**		Endorsed the ICS Digital and Data Strategy with a view to formal approval at a subsequent ICB Board meeting.	
ICB-DE-22-36	28-Nov-2022	**Consensus on the Primary Secondary Care Interface**		Endorsed the consensus Agreed on the proposed actions for implementation: ongoing promotion to Secondary Care via the Trust Medical Directors recommendation for the formation of Primary Secondary Care Interface Groups based around Acute Trusts across Cheshire and Merseyside	
ICB-DE-22-37	28-Nov-2022	**Report of the Chair of the Finance, Investment and Resources Committee**		Approved the revised terms of reference attached to the paper	
ICB-DE-22-38	23-Jan-2023	**Report of the Chief Executive - Harmonising Clinical Commissioning Policies Update**		Approved the revised Legal statement as detailed within Appendix Two, as reviewed by Hill Dickinson	
ICB-DE-22-39	23-Jan-2023	**Review of Liverpool Clinical Services**		Noted the content of the report Agreed all the recommendations within the report; however with regards those recommendations to be overseen by CMAST the Board removed from the recommendations the sentence 'the starting point for realising the opportunities identified in this review should be the 6 organisations within Liverpool.' Only once tangible progress is made within this scope should it be broadened to a wider geography Agreed the implementation plan and associated timescales	
ICB-DE-22-40	23-Jan-2023	**Cheshire & Merseyside Integrated Care Partnership Interim Draft Strategy 2023-24**		Noted the contents of the draft interim strategy Endorsed the next steps agreed by the Health and Care Partnership at the meeting of 17 January 2023; including the ICB using the priorities within the draft interim strategy to inform development of the ICB Five Year Joint Forward Plan	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

Cheshire and Merseyside

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ICB-DE-22-41	23-Jan-2023	**NHS 2023/24 Priorities and Operational Planning Guidance**		Noted: The content of the 2023-24 NHS planning guidance, including the need to develop both 2-year operational plans and an ICB Joint Forward Plan The approach to developing our Cheshire and Merseyside plans including the role of providers in developing and approving plans as well as the need to engage with the HCP partners and HWB in developing the content of the plans. That the submission date for the draft operational plan prevented it from being approved by the Board before submission on 23 February 2023. The need for review by the ICB Executive Team and Provider Collaboratives before submission and review, and ratification at the February Board meeting which takes place on the day of submission. That the final submissions would be presented to the Board for approval in March 2023	
ICB-DE-22-42	23-Jan-2023	**Report of the Chair of the Cheshire & Merseyside ICB Audit Committee, including amendments to the ICB SORD & SFIs**		Noted the items covered during the Audit Committee of 13 December 2022 report. Approved the Operational Scheme of Delegation Update, December 2022	
ICB-DE-22-43	23-Feb-2023	**Cheshire & Merseyside ICB Equality Diversity and Inclusion Annual Report 2022 – 2023**		Approved the annual ICB proposed Equality Objectives 2023 to 2024 (Appendix One, section six) subject to the amendment the fourth Equality objective (Empower and engage our leadership and workforce) explicitly showing 'to address overall inequalities'.	
ICB-DE-22-44	23-Feb-2023	**Cheshire & Merseyside ICB Risk Management**		Approved the Risk Management Strategy attached at Appendix One Approved the proposed Board Assurance Framework report format Approved the core statement and risk appetite definitions included in the draft Risk Appetite Statement	
ICB-DE-22-45	23-Feb-2023	**Update on NHSE Primary Care Delegation to Cheshire & Merseyside ICB**		Noted and supported the work undertaken to date in relation to the delegation of Ophthalmic and Dental Services on 1 April 2023	
ICB-DE-22-46	23-Feb-2023	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**		Approved the legacy policies as described at Section 5 of the report	
ICB-DE-22-47	23-Feb-2023	**Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Our Resources Committee**		Approved the updated Committee Terms of Reference	
ICB-DE-22-48	30-Mar-2023	**Northwest Specialised Commissioning Joint Working Agreement (Clare Watson)**		• noted the contents of the report • approve the ICB entering into a Joint Working Agreement and progressing the work to establish statutory joint committee arrangements with NHSE and NHS Greater Manchester and NHS Lancashire and South Cumbria ICBs for the 2023/24 period • approve delegating authority to the Assistant Chief Executive to sign the Joint Working Agreement on behalf of NHS Cheshire and Merseyside to enable these commissioning arrangements to 'go live' from April 2023 • note that further engagement will be undertaken with members of the three ICB Boards in developing and agreeing the Joint Committee Terms of Reference.	
ICB-DE-22-49	30-Mar-2023	**Cheshire and Merseyside Cancer Alliance Update**		•ñoted the contents of this report and ongoing efforts to improve operational performance and outcomes. •āpproved ongoing constructive conversations with colleagues at place and at corporate ICB around sustaining and embedding some of the improvements discussed. •ñoted that the alliance is keen to explore how it may support the ICB with its new commissioning duties for specialised cancer services which are to be delegated to the ICB from NHS England.	
ICB-DE-22-50	27-Apr-2023	**Intelligence Into Action: Continued provision of ICS digital and data platforms**		The Integrated Care Board •āpproved the allocation of funds to support option 2, which will allow for: othe continued provision of the existing population health and data platform and associated shared care record over a transition period of two years. othe continued provision of the integrated (within CIPHA) C2Ai PTL tool across the 10 acute Trusts to support risk-adjusted triage and prioritisation of the Patient Treatment List (PTL).	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

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ICB-DE-22-51	27-Apr-2023	**NHS Cheshire and Merseyside ICS NHS Staff Survey 2022-23: Results and Actions**		The Integrated Care Board •noted the staff survey results and •endorsed the actions taken to review and respond to the Staff Survey results 2022.	
ICB-DE-22-52	27-Apr-2023	**Briefing on the national maternity and neonatal services delivery plan**		The Integrated Care Board noted the report and endorsed the terms of reference for the Women's Committee.	
ICB-DE-22-53	25-May-2023	**Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative - Annual Work Plan 2023-2024**		•noted the approach and progress made by CMAST •endorsed the commitments made in the workplan as part of C&M's wider delivery undertakings.	
ICB-DE-22-54	25-May-2023	**Cheshire & Merseyside ICB Board Assurance Framework (BAF)**		•approved the adoption of the principal risks proposed at appendix A for inclusion in the Board Assurance Framework and consider whether any further risks should be included. •noted the current risk profile, proposed mitigation strategies and priority actions for the next quarter and consider any further action required by the Board to improve the level of assurance provided. •noted the establishment of the ICB Risk Committee.	
ICB-DE-22-55	25-May-2023	**Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year**		•noted the content of the report, acknowledging that it represented work in progress •supported related communications and staff engagement activity in line with plans outlined, particularly through key internal meetings and meetings in public, as well as a series of informal gatherings across the ICS estate	
ICB-DE-22-56	29-Jun-2023	**Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24**		The Integrated Care Board •Approved the publication of the 2023-28 Joint Forward Plan on 30 June, including the 2023-24 delivery plan subject to any changes of non-material nature being delegated to GPU •Endorsed developing the Joint Forward Plan for 2024-2028 to be a document more aligned as a delivery plan for the final Cheshire and Merseyside HCP Strategy with the use of an annual NHS Cheshire and Merseyside ICB delivery plan to reflect any additional NHS specific content which sits outside of the shared priorities within the HCP Strategy	
ICB-DE-22-57	29-Jun-2023	**NHS Cheshire and Merseyside ICB Annual Report and Accounts 2022-23 & Cheshire and Merseyside CCG 3 Month Reports 2022-23**		The Integrated Care Board •approved the nine CCG Annual Reports and Accounts for submission to NHS England by 30 June 2023. •approved the ICB Annual Report and Accounts for submission to NHS England by 30 June 2023.	
ICB-DE-22-58	29-Jun-2023	**Primary Care Strategic framework and update on the Cheshire and Merseyside delivery plan for recovering access to primary care**		The Integrated Care Board: •noted the paper and draft Primary Care Strategic Framework and comment on the content •noted the engagement that has taken place and comment on this, describing any potential gaps •approved the first two chapters of the Framework subject to minor changes. CWA would report on these at Primary Care Committee •approved ongoing work to develop the final two chapters •approved the development of a workplan based on the Framework to inform ongoing plans •noted that the final Framework with all chapters be brought to Board within the next 6 months. •noted the presentation on the Primary Care Access recovery Plan	
ICB-DE-22-59	29-Jun-2023	**Winter Debrief and Urgent Emergency Care Improvement Programme**		The Integrated Care Board noted the contents of this report, in particular the establishment of the Urgent Care Improvement Programme and associated governance.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2024

NHS Cheshire and Merseyside

Updated: 11 July 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
ICB-DE-22-60	29-Jun-2023	**Northwest Specialised Commissioning Joint Committee Terms of Reference**		The Integrated Care Board •n̄oted the update provided on the first meeting of the shadow North West Specialised Services Joint Committee •ā̄pproved the Terms of Reference for the North West Specialised Services Joint Committee •ā̄pproved the recommendation regarding delegating authority to the Assistant Chief Executive to approve any minor amendments to the Terms of Reference that may be required following consideration by the other two North West ICB Boards.	
ICB-DE-22-61	27-Jul-2023	**Northwest BAME Assembly Anti-Racism Framework**		The Integrated Care Board •ā̄pproved the adoption of the Northwest BAME Assembly Anti-racism Framework by the ICB and the proposed approach for implementation. •ā̄cknowledged that the framework would be used during the development of the 2024-25 (commissioning) Planning Round •n̄oted that the involvement of our clinical leaders, around accountability, was key to success	
ICB-DE-22-62		**Transformation Committee**		The Integrated Care Board: •n̄oted the contents of this report •ā̄pprove delegated authority to the Transformation Committee to formally approve the Specialised Services PDAF submission being made in September.	
ICB-DE-22-63					

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside
28 September 2023

Chief Executive's Report

Agenda Item No	**ICB/09/23/07**
Report author & contact details	Graham Urwin, Chief Executive
Report approved by (sponsoring Director)	-
Responsible Officer to take actions forward	Graham Urwin, Chief Executive

Chief Executive's Report (September 2023)

<table>
<tr><td>Executive Summary</td><td colspan="5">This report provides a summary of issues not otherwise covered in detail on the Board meeting agenda. This includes updates on:
• Lucy Letby trial conclusion
• Operational System Pressures and Industrial Action
• Reinforced Aerated Autoclaved Concrete
• Changes to Cancer Waiting Times standards from 1 October 2023
• Right Care, Right Person
• COVID-19 and Flu Vaccination Update
• Sexual safety in healthcare – organisational charter
• Guidance on The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023
• Non-Emergency Transport Services Procurement
• Health referral into Treatment Services
• Use of ICB Seal
• Decisions undertaken by the Executive Team.</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td>X</td><td></td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• note the contents of the report
• support the proposal for the ICB to be a signatory of the NHS Sexual Safety Chart</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td colspan="2"></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td></td><td>X</td><td>X</td><td colspan="2"></td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">None</td></tr>
<tr><td>Appendices</td><td colspan="5">None</td></tr>
</table>

Chief Executives Report (September 2023)

1. Introduction

1.1 This report covers some of the work which takes place by the Integrated Care Board which is not reported elsewhere in detail on this meeting agenda.

1.2 Our role and responsibilities as a statutory organisation and system leader are considerable. Through this paper we have an opportunity to recognise the enormity of work that the organisation is accountable for or is a key partner in the delivery of.

2. Lucy Letby Trial Conclusion

2.1 Former neonatal nurse Lucy Letby was last month ordered to serve a whole life sentence for the murder of seven babies in her care and attempted murder of six others.

2.2 The thoughts of everyone at NHS Cheshire and Merseyside are with the children at the heart of this case and their families and loved ones.

2.3 We are grateful to Cheshire Police for both helping to bring this complex and emotive case to trial and providing ongoing support to affected families.

2.4 NHS Cheshire and Merseyside will continue to work closely with colleagues at the Countess of Chester Hospital NHS Foundation Trust to support the day-to-day delivery of safe and effective care and ensure any learning is shared across both Cheshire and Merseyside and the wider NHS.

2.5 We also welcome the announcement of a statutory independent inquiry (known as the 'Thirwall inquiry') into the NHS response and decision-making at the time. The Inquiry is in its establishment phase, and work is underway to enable investigation of the Terms of Reference to progress. In advance of calls for evidence being made, the ICB has been written to, as the successor body for NHS West Cheshire CCG and NHS Cheshire CCG, by the Inquiry Chair requesting that as an organisation we are properly prepared to fulfil its obligations when the formal calls begin. We will, of course, co-operate openly and fully with the inquiry as required.

3. Operational System Pressures and Industrial Action

3.1 Hospital consultants and junior doctors will be taking a further round of strike action in September and October, some of which will fall on the same days.

3.2 By the time of the Board meeting, Consultants and Junior Doctors will have completed their strike action for the 48 hour period between Tuesday 19 September to Wednesday 20. Consultant and Junior Doctors will also strike again for 72 hours from Monday 2 October to Thursday 5 October.

3.3 Additionally, the Society of Radiographers will also strike for 24 hours from Tuesday 3 October to Wednesday 4 October.

3.4 NHS Trusts across Cheshire and Merseyside are set to be severely impacted - with significant service disruption highly likely. I will be able to provide any further update on the impact of the strikes at the Board meeting itself.

4. Reinforced Aerated Autoclaved Concrete (RAAC)

4.1 NHS organisations have received the following letter[1] in light of the recent findings and news regarding Reinforced Aerated Autoclaved Concrete (RAAC) in many public sector buildings.

4.2 It should be noted that following an alert issued by The Standing Committee on Structural Safety (SCOSS) in 2019, the NHS in England put in place a now well established programme to identify RAAC, support providers to put appropriate mitigations in place, and plan for eradication. The national RAAC programme team are collating information from further assessment of NHS estates assessments, including where appropriate mitigation plans and the steps necessary to remove this material from use.

4.3 Work is underway within the ICB and across the system with regards identifying any RAAC and its management. Further details regarding RAAC, and its impact will be discussed within the Winter Plan Update to Board at its September meeting. Additionally, the Board will receive a briefing in November 2023 on the development of the Mid Cheshire Hospitals business case which, as the Board is aware, identified early on issues with RAAC at its Leighton Hospital site in Crewe and which has been named as one of the priority hospitals as part of the national New Hospital Programme.[2]

5. Changes to Cancer Waiting Times standards from 1 October 2023

5.1 NHS England and the Department of Health and Social care have agreed changes to cancer waiting times standards which will come into effect from 1 October 2023.

5.2 Changes that have been announced include the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of those standards into three core measures for the NHS:

- the 28-day Faster Diagnosis Standard (current standard is 75% but set to rise to 80% in 2025/26.)
- one headline 62-day referral to treatment standard (85%). There used to be separate 62 day standards for different referral routes (urgent GP referral, referral from a screening programme, or a consultant upgrade). These are now combined into one.

[1] https://www.england.nhs.uk/wp-content/uploads/2023/09/PRN00777-reinforced-aerated-autoclaved-concrete-letter-05092023.pdf
[2] https://www.mcht.nhs.uk/news-and-events/news/green-light-new-leighton-hospital

- one headline 31-day decision to treat to treatment standard (96%). There used to be separate 31 day standards for different treatment scenarios (first treatments, subsequent surgical treatments, subsequent radiotherapy treatments, subsequent SACT treatments e.g., chemotherapy). These are now combined into one.

5.3 It is important to note that these changes do not change the referral pathways for patients with suspected cancer symptoms and these patients will continue to be investigated and treated with the highest priority.

5.4 The impact on reported performance of moving to a single combined 31 day standard and a single combined 62 day standard will be minimal. Headline performance is likely to remain the same for the 31 day standard, with potentially a slight improvement on 62 day performance.

5.5 It should also be noted that it was announced that where services have reduced their backlogs to manageable levels, focus should now be shifted back onto improving performance against the headline 62-day standard. Nationally it is expected that the NHS achieve 70% by March 2024, although the impact ongoing industrial action could have on this is recognised. NHS England will confirm further levels of improvement towards pre-pandemic levels in the 2024/25 Planning Guidance. Individual provider trajectories for 2024/25 will be agreed as part of this process, and systems and providers with outlying performance levels within 2023/24 will be supported and overseen via the existing NHS England tiering system.

5.6 Across Cheshire and Merseyside:

- 28 day FDS has improved from 67% in April to 70.3% in July.
- 62 day has improved from 63.9% in April to 68% in July.
- 31 day was 94.2% in April and 94.5% in June, but has slipped back to 92.5% in July
- the over 62 day ‘backlog’ has reduced steadily since the beginning of the year and we are on track against our planning trajectory to meet the target position by the end of the year.

5.7 Most of the performance standards are pledges in the handbook to the NHS constitution, which DHSC has confirmed will be updated and published prior to the 1 October implementation date. The two-week wait standard is also included in the NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, which the Government has agreed it will formally amend in due course. Amendments will also be made to the NHS Standard Contract at the earliest opportunity to reflect the changes.

6. Right Care, Right Person

6.1 Right Care, Right Person (RCRP) is a national programme aimed at ending the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs. It has the support of the Home Office,

Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England.

6.2 Police forces are the lead organisations for the implementation of RCRP. Detailed guidance will support the implementation of RCRP by strong partnerships between police forces, health bodies and local authorities in a way that best meets the needs of the local population and the shared aims of the agencies involved.

6.3 The RCRP approach creates a threshold to assist police in making decisions about when it is appropriate for them to respond to incidents, including those which relate to people with mental health needs. The threshold for a police response to a mental health-related incident is:

- to investigate a crime that has occurred or is occurring by or towards the person; or
- to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.

6.4 The threshold should be used in a way that is responsive to dynamic and changeable situations and may be used in conjunction with appropriate joint-working models that are set up between the police and health agencies locally.

6.5 When the police have responded to an incident, but the threshold is no longer reached, there should be a timely transfer of support to mental health or other suitable services. Under RCRP local areas will be working towards handovers taking place within one hour, which will require a coordinated approach with NHS acute trusts, mental health providers and the police.

6.6 Cheshire Police and Merseyside Police have established strategic and operational groups to support a phased implementation of RCRP. They are both committed to work collaboratively with partners across the Integrated Care System (ICS). NHS Cheshire and Merseyside has also engaged with British Transport Police.

6.7 There is a significant amount of activity underway through the Cheshire and Merseyside Mental Health Programme, specifically through the Crisis Care work stream, which complements RCRP implementation. This includes developments such as crisis cafés, the development of Mental Health Urgent Response Centres, crisis line improvements and expansion including First Response Incident Support Service (FRISS) and access to specialist ambulances. There are also specific actions being taken to improve s136 processes and responses. This is supported by a national capital allocation of £6,706,178 over three years (2022/23 to 2024/25).

6.8 Many of the acute hospitals in Cheshire and Merseyside have used independent sector providers to supply additional staff for observational support of people in their EDs who have been conveyed under s136 by the police. The main provider of this support has been Prometheus Complex Care Limited, with whom NHS Cheshire and Merseyside has a contract until 31st October 2023. Between 21st February 2022 and 17th July 2023, Prometheus have completed 938 jobs and provided 8,737 hours of observational support at cost of £2,253,909. NHS providers in Cheshire and Merseyside are working together to develop and deliver

alternative solutions for observational support in acute hospital places of safety to mitigate the need for externally provided staffing. This will need to focus on Emergency Departments with high levels of utilisation – Aintree, Arrowe Park, Countess of Chester, Royal Liverpool, and Macclesfield.

6.9 NHS Cheshire and Merseyside has created a time limited Task and Finish Group to support these activities and gain assurance on their progress. NHS Cheshire and Merseyside will also be engaged in the strategic and tactical responses to RCRP across both police forces and in each Place.

7. NHS flu and COVID-19 vaccine programmes

7.1 Arrangements have now been put in place so that eligible people in Cheshire and Merseyside will now have the opportunity to receive a COVID vaccine, in line with the latest expert guidance on the new COVID variant.

7.2 This change follows an announcement by the Government on the risks presented by the new BA.2.86 variant and pre-emptive measures the NHS has been asked to take.

7.3 Residents of older adult care homes and those most at risk including those who are immunosuppressed started to receive their covid vaccine first, week commencing 11 September 2023. Across Cheshire and Merseyside there are 651 eligible older and non-older care homes across the system. It is expected that all care homes will have a first visit by the 22 October 2023, at which point the incentive payments will cease. There will be opportunity to revisit all care homes until the programme ends on the 15 December 2023. There will be then an opportunity for mop up and continue to provide outreach vaccinations until the 31 January 2024.

7.4 Carers, pregnant women, and health and social care staff will all be among the groups to be offered a covid jab this winter, as well as adults aged 65 and over (with a minimum gap of 91 days from a previous dose).

7.5 Plans for delivery across Cheshire and Merseyside comprise of 39 Primary Care Networks, 14 hospital hubs and 3 vaccination centres (previously known as hospital hub plus). The latest position on community pharmacies sees an unprecedented number of sites opting in to the programme with 215 Community Pharmacists across the system.

7.6 Following the JCVI's recommendation that adults over the age of 65 and those with underlying health conditions would be eligible for a flu and COVID-19 vaccination this year, the offer was due to start from early October to maximise protection for patients right across the winter months.

7.7 Now with the increased risks presented by the COVID-19 variant BA.2.86, vaccine sites can vaccinate those eligible for both flu and covid. Wherever possible, vaccinations for flu and COVID-19 are to be offered at the same time, making it

easier and more convenient for people to get vital protection from both viruses ahead of winter

7.8 As in previous years, the NHS will let eligible people know when bookings open. Adult flu and COVID-19 appointments will be available through the NHS App and website, or by calling 119 for those who cannot get online. Flu vaccines will also be available through local GP practices and pharmacies.

7.9 There will be no change to flu vaccinations for children which will be offered in schools from early September, to prevent children from getting seriously ill from flu and ending up hospital, and to break the chain of transmission of the virus to the wider population.

7.10 Health and social care workers will be invited for their vaccines through their employer. You can find out more as to who is eligible for the flu and COVID jabs this winter on the ICB website at https://www.cheshireandmerseyside.nhs.uk/posts/nhs-flu-and-covid-vaccine-programmes-brought-forward-due-to-risk-of-new-covid-variant/

8. Sexual safety in healthcare – organisational charter

8.1 On 4 September 2023, NHS England launched its first ever sexual safety charter[3] in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, as those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

8.2 The Charter outlines 10 core principles/commitments which will apply to everyone in an organisation equally. These are:

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour

[3] https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/

6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours
9. We will take all reports seriously and appropriate and timely action will be taken in all cases
10. We will capture and share data on prevalence and staff experience transparently.

8.3 Where organisation sign up to the Charter, and where any of the above Commitments are not already in Place, then the organisation will need to commit to work towards ensuring all 10 Commitments within the Charter is in place by July 2024.

8.4 As the NHS system leader across Cheshire and Merseyside I believe it is essential we lead by example and be a signatory to the Charter and encourage all NHS organisations within Cheshire and Merseyside to all sign up to the Charter. I seek the support of the Board to progress this.

9. Guidance on The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023

9.1 The Department of Health and Social Care (DHSC) has introduced regulatory changes in response to increased temporary closures of pharmacies in England and the related pressures. The changes and all details are contained within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023 (legislation.gov.uk), however in summary the changes outline:

- a procedure for introducing or changing rest breaks, by changing core opening hours. DHSC has introduced an option for contractors to notify ICBs of new or revised rest breaks, but the core opening hours for each day must be maintained.
- business continuity plan for dealing with temporary closures. From 31st July 2023, it is a requirement for Contractors to have a business continuity plan for their premises to deal with temporary suspensions of pharmaceutical services because reason beyond the control of the contractor. This must include the process for notifying the ICB and other healthcare providers.
- provision for local hours plans to be agreed at the discretion of the ICB with temporarily reduced opening hours for participating pharmacies within the area of the plan, if satisfied that people in a particular area are experiencing, or are likely to experience, significant difficulty in accessing NHS pharmacy services. LPCs must be consulted as part of the planning process.
- a 'notification' procedure for 100-hour pharmacies to reduce their total weekly hours to no less than 72 hours, subject to various requirements. These changes are designed to help to relieve current pressures on 100-hour pharmacies ensure patient access to NHS pharmacy services over their extended opening

hours. Contractors may only reduce their core opening hours if the notification complies with the regulatory requirements.

- other regulatory amendments include changes to fitness to practice information and the procedures for applying to change core opening hours and notifying changes of supplementary opening hours.

9.2 All these amendments will be managed by the Pharmaceutical Services Regulations Committee (PSRC). As part of the delegation agreement, PSRC exists to receive and determine, on behalf of the ICB, applications submitted under the NHS (Pharmaceutical Services) Regulations 2013. This ensures NHS England's compliance with its statutory duties in respect of those delegated functions. This committee meets monthly, and the minutes and a summary of decisions are reported into the System Primary Care Committee.

9.3 At the time of the August PSRC, a total of 37 applications had been received from 100 – hour contractors to reduce their opening hours. Due to the regulatory requirement to maintain hours during much of the out of hours period, the potential risk to the delivery of pharmaceutical services is likely to be minimal.

10. Non-Emergency Patient Transport Services

10.1 A re-procurement exercise is under way for provision of Non-Emergency Patient Transport Services (NEPTS) across the North West.

10.2 The work is being led by the North West Ambulance Commissioning Team and a Procurement Working Group comprising ICB leads from Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester and North East and North Cumbria.

10.3 Changes to the specification designed to support better patient experience include:

- an enhanced and better-quality service offer for patients to include:
  - increased operating days from Monday to Sunday (7 days a week) – unplanned/planned specifications
  - between the hours of 08:00 – 22:00 (unplanned specification)
  - between the hours of 08:00 – 20:00 (planned specification)
- significant additional support for discharges to support flow of patients away from hospitals
- the service offer embeds the NHSE new national framework for NEPTS to create greater consistency in the patient transport service offer nationally and helps to develop a more responsive, fair, and sustainable service. This new national framework includes:
  - Updated national guidance on eligibility for transport support
  - Support for wider transport planning and journeys for all patients
  - Increased transparency
  - A clear path to a net zero NHS patient transport sector
  - Better procurement and contract management

10.4 A stakeholder briefing has bene produced which contains background information, current position, and next steps, including a timetable for re-procurement. This can be found at: https://mcusercontent.com/212281fc8c65196e32f7aabc7/files/3a787d29-ace2-3fd4-3f09-fb091ab732b3/20230831_ICB_NEPTS_FINAL_Stakeholder_briefing.pdf

11. Health Referrals into Treatment Services

11.1 The Office for Health Improvement and Disparities (OHID) has thanked Integrated Care Boards and Local Authorities for their work so far to implement the drug strategy commitments which are a central part of the government's work to level up communities, increase life expectancy and make our streets safer.

11.2 A letter was received from DHSCs Minister O'Brien to ICBs and Directors of Public Health around referrals into substance misuse treatment. It highlighted the launch of a new unmet need toolkit on the National Drug Treatment Monitoring System to help ICBs and Local Authorities to understand the pathways that are currently in place and resolve any causes of individuals not making it into treatment and to help increase the number of health referrals into local specialist services.

11.3 The ICB works together with all nine Local Authority Directors of Public Health in helping to promote and support residents into accessing their local substance misuse treatment services, especially through the local Combating Drugs Partnerships that have been recently established.

11.4 A positive local example of increasing the awareness and referrals from our health services is the Wirral Ways (Wirral's Community Drug and Alcohol Treatment and Recovery service) which has established working bases within 12 GP practice settings around Wirral. This is supporting a higher level of knowledge of the service among GPs and a more effective relationship between Primary Care and the specialist service.

11.5 Through the ICB's population health programme, we also have a priority around reducing the harms from alcohol. We have been delivering preventative work to help support residents to take control of their drinking, and have promoted access to local treatment services through our dedicated 'Lower my Drinking' app. We have just commenced a new public awareness campaign and website around the 'Lower my drinking' app on 18 September 2023.

11.6 The ICB has also achieved a positive milestone of 1000 Community Liver Health Checks in partnership with the Hepatitis Operational Delivery Network and Cancer Alliance. Whilst the focus is on early detection of liver disease, for referral into hepatology, the identification of alcohol dependence and enabling access into community treatment is also promoted to help reduce the incidence of patients requiring hospital care.

12. Use of ICB SEAL

12.1 The ICB has a seal for executing documents. As outlined within the Constitution, the ICB Chair, Chief Executive and Executive Director of Finance are authorised to authenticate use of the Seal. The ICB is required to keep a register of every sealing and to report use of the Seal to the Board at least bi-annually. The Associate Director of Corporate Affairs and Governance is responsible for keeping a register of every sealing made. Since 01 July 2023, the Seal has been used on five occasions as outlined in Table One. The Board are asked to note the use of the Seal.

Table One

Date Used	Description of documents sealed	Persons Certifying
23.02.23	Lease documents with Liverpool City Council for Cunard Building, Liverpool	Graham Urwin, Claire Wilson
30.03.23	Lease documents for Cheshire Lines Building, Wirral	Claire Wilson
03.07.23	Section 75 Agreement with Wirral Council	Claire Wilson
03.07.23 & 31.08.23	Section 256 Funding Transfer Agreement for Statutory Advocacy Service in Cheshire, with Cheshire East Council and Cheshire West and Chester Council	Graham Urwin Claire Wilson
27.07.23	Novation Agreement – Edge Hill Health Centre	Graham Urwin Claire Wilson

13. Decisions taken at the Executive Committee

13.1 Since the last Chief Executive report to the Board in July 2023, the following items have been considered by the Executive Team for assurance or for discussion:

- **Winter Planning Submission to NHSE.** The Executive Team reviewed and approved the winter planning submission that was due to be submitted to NHSE on the 08 September 2023
- **All Age Autism Pathway National Framework and Operational Guidance implementation.** The Executive Team reviewed a paper that provided an update on the systems response to the National Framework and Operational Guidance for all age autism, published in April 2023. The paper set out the system position against the recommended actions in the National Framework and Operational Guidance and provided assurance that work is underway to meet the National Guidance and highlight the service delivery challenges. The Executive Team supported all the recommendations within the paper, which included the development with Local Authority colleagues of a JSNA for our neurodiverse population, stratified by Place, development of recovery plans in each Place where services are not performing against waiting times, development of a consistent dashboard for Transforming Care including autism metrics and potentially considering including Attention Deficit Hyperactivity Disorder (ADHD) as a neurodiverse condition, ensure that autism-relevant

training is available for professionals working across services in the ICS. This would include the roll out Oliver McGowan training and the development of action plan that supports the implementation of the requirements of the National Framework and Operational Guidance, supporting standardisation of policies and processes.

- **Sexual Safety in Healthcare Charter.** The Executive Team was updated on the launch of the charter and supported the recommendation that the ICB sign up to the Charter. The Charter was to go to the September 2023 Board for its approval to be a signatory.
- **Flu Vaccinations for staff.** Th eExecutive Team reviewed a paper that outlined options for the organisation to make flu vaccinations available to employees ahead of winter 2023/2024. The Executive Team agreed the option of up to £12 reimbursement via expenses for those staff it identifies as eligible to claim a flu vaccine.
- **Mental Health Flow.** The Executive Team reviewed a briefing paper on supporting flow in mental health services for Winter 2023/24. This paper provided a snapshot of a set of complex and interdependent issues and set out some next steps to address the issue of flow in mental health services. The Executive Team supported the recommendations that the Place Director (Wirral) and Mental Health Programme Director undertake a review of the admission avoidance offer by Place, the DASS team leads improvement work on housing and people with complex needs, that the ICB work with CWP to further understand the operational dataset and reporting they are using and identify opportunities for standardisation with Mersey Care, that the Adult Mental Health Escalation Framework is adopted in each Place in Cheshire and Merseyside, that the Mental health system performance data is received by the Executive Committee alongside the existing Urgent and Emergency Care system dashboard and that the Place Director (Wirral) convenes a one-off meeting of system partners to understand whether a “Task Force” is required.

13.2 Additional items were also presented to the Executive Team for assurance or discussion have included: Cheshire and Merseyside Joint

- All Age Continuing Healthcare Update
- Update on ICB Discretionary spend
- National NHS Staff Survey
- Prescribing Team target Operating Model
- ICB Ways of Working
- Delivering Patient Choice Across the ICB.

13.3 At each meeting of the Executive Team, there are standing items on quality, finance, and non-criteria to reside performance where members are briefed on any current issues and actions to undertake. At each meeting of the Executive Team any conflicts of interest stated are noted and recorded within the minutes.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

The Director of Nursing and Care's Report

Agenda Item No	**ICB/23/09/09**
Report author & contact details	Chris Douglas - Kerry Lloyd – Deputy Director of Nursing & Care
Report approved by (sponsoring Director)	Chris Douglas – Executive Director of Nursing & Care
Responsible Officer to take actions forward	Chris Douglas - Director of Nursing & Care

The Director of Nursing and Care's Report

<table>
<tr><td>Executive Summary</td><td>The purpose of the paper is to provide the Integrated Care Board (ICB) for Cheshire & Merseyside (C&M) with an overview of the current risks, issues and highlights that have an impact on quality and safety within the Cheshire and Merseyside ICS footprint.

The report will feature updates that include:

• Rapid Quality Reviews
• SEND
• All Age Continuing Health Care.

The paper provides the details on a number of Rapid Quality Reviews that have taken place since the Board last met. The paper describes the East Cheshire NHS Trust first RQR relating to SHMI Data and the establishment of an improvement plan.

A system wide RQR was held to consider the serious incidents relating to choking and aspiration that have featured in LeDeR reviews.
The final RQR of CWP took place and describes the next steps to be taken.

The paper provides an update on SEND and information regarding the inspection framework and oversight arrangements within the ICB.
There is an update on the All Age Continuing Health Care review and progress.</td></tr>
<tr><td>Purpose (x)</td><td><table>
<tr><th>For information / note</th><th>For decision / approval</th><th>For assurance</th><th>For ratification</th><th>For endorsement</th></tr>
<tr><td>X</td><td></td><td>X</td><td></td><td>X</td></tr>
</table></td></tr>
<tr><td>Recommendation</td><td>The Board is asked to:
• Note the content of the report and request additional information/assurance as appropriate</td></tr>
<tr><td>Key issues</td><td>• RQR for East Cheshire NHS Trust relating to SHMI Mortality data
• SEND Inspection Framework
• All Age Continuing Health Care review process</td></tr>
<tr><td>Key risks</td><td>• Performance of AACHC</td></tr>
<tr><td>Impact (x)
(further detail to be provided in body of paper)</td><td><table>
<tr><th>Financial</th><th>IM &T</th><th>Workforce</th><th>Estate</th></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td></tr>
<tr><th>Legal</th><th>Health Inequalities</th><th>EDI</th><th>Sustainability</th></tr>
<tr><td>X</td><td>X</td><td>X</td><td>X</td></tr>
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<tr><td>Route to this meeting</td><td>Not Applicable</td></tr>
</table>

Management of Conflicts of Interest	No conflict of interest identified
Patient and Public Engagement	Not Applicable
Equality, Diversity, and Inclusion	The nature and content of the paper does not require an Equalities Health Impact assessment (EHIA) to be undertaken.
Health inequalities	Not Applicable
Next Steps	Reporting will continue via the established governance routes.
Appendices	n/a

The Director of Nursing and Care Report

1. Executive Summary

1.1 The purpose of the paper is to provide the Integrated Care Board (ICB) for Cheshire & Merseyside (C&M) with an overview of the current risks and issues impacting on quality and safety within the Cheshire and Merseyside ICS footprint.

1.2 The report will feature updates that include:

- Rapid Quality Reviews
- SEND
- All Age Continuing Health Care.

2. Rapid Quality Review - East Cheshire NHS Trust

2.1 In July 2023 it was agreed that due to a lack of progress and improvement at pace, an RQR would be established in line with the National Quality Board Guidance on Quality Oversight and Assurance Processes for ICBs.

2.2 The RQR took place 31st August 2023, and an overview of the current Standard Hospital Mortality Index (SHMI) performance was presented and a discussion of work to date.

2.3 Following discussion and peer challenge from system partners, it was agreed that further work was required by the Trust around prevention of deterioration in patients, early identification of deterioration and prompt response and support as required. A key factor in patients deteriorating in hospital was thought likely to be related to hydration and it was agreed that a hydration improvement plan would be developed and incorporated into a strengthened SHMI Improvement Plan.

2.4 This work will be informed by the data provided by C2Ai (data intelligence company) and support from the ICB Business Intelligence Team. It was also agreed that further assistance was required around the impact of out of hospital pathways and services.

2.5 A sub group will be established to progress the improvement work. This will report into a follow up RQR meeting by the end of September 23. Further progress and development will continue to be reported through the C&M ICB Quality & Performance Committee.

3. Choking/Aspiration Serious Incidents RQR

3.1 A system wide RQR meeting was held to focus on choking and aspiration serious incidents in August 2023.

3.2 The ICB is responsible for ensuring that Learning Disability Mortality Reviews (LeDeR) are completed for their local area and importantly that actions are implemented to improve the quality of services for people with a learning disability and autistic people, to reduce health inequalities and premature mortality. The review is achieved by considering information about the health and social care support people received.

3.3 The C&M ICB LeDeR programme delivery commenced from September 23 and currently have three reviews that detail cause of death by choking.

3.4 To ensure system learning and to prevent further SIs relating to choking or aspiration the RQR was set up. Forty five attended the review from a variety of agencies and positive feedback was received.

3.5 A number of presentations and case studies were discussed. The next steps are to consider how data is shared and looking at how we capture and triangulate information we have access to. An over arching action plan is to be developed following the RQR and will be presented to a future C&M ICB Quality & Performance Committee.

4. Cheshire & Wirral Partnership Trust

4.1 A further RQR for CWP was held during the month of August and the Trust demonstrated that they had made considerable improvements in the identified key lines of enquiries along with system partners. They will continue to work with system partners on the KLOES to ensure continued improvements. The decision was taken to return to a business as usual oversight through the Place based governance arrangements and reporting through to C&M ICB Q&PC in the key issues reports.

5. SEND

5.1 Special Educational Needs and Disabilities (SEND) is ‘everyone’s business’ and is a cross-cutting element of all ICB responsibilities. Quarterly reports provide information and assurance for a range of SEND areas over the course of a year; consisting of four focused reports, following scrutiny into specific SEND areas and monthly flash reports providing exceptions reporting in between. This is presented to the C&M System Oversight Board and reported through to the C&M Quality & Performance Committee.

5.2 Current risks across Cheshire and Merseyside are focused around the Area SEND Inspection process, partially due to the legacy of the original inspection framework resulting in Written Statements of Action for two Places currently, and imminent inspections under a new inspection framework. The learning from experiences of this being in their infancy.

5.3 Children and young people with SEND are a vulnerable population. Although typically presenting with underpinning health conditions, individuals may largely go

unnoticed as children and young people, thereby increasing vulnerabilities. However, their poorer outcomes, especially as they become adults with Learning Disabilities, are well evidenced. In terms of the general population, Children and young people with SEND are more likely to be eligible for free school meals, with 41.1% of children with Education Health and Care Plans and 37.5% of children at an SEN Support level being eligible, compared to 20.8% of children and young people without SEND (DfE, 2023). Children and young people with SEND are at an increased risk of experiencing abuse compared to the non-SEND population (NSPCC, 2022). People with a Learning Disability (LD) have a shorter life expectancy; males having a life expectancy of 14 years and females 17 years shorter than the non-LD population. Compared with the general population, people with a learning disability are 3 to 4 times as likely to die from an avoidable medical cause of death, with most avoidable deaths in people resulting from timely and effective treatment not being given (NICE, 2021).

5.3 The new SEND inspection framework places increased focus on the impact that local area partnerships have on the experiences and outcomes of children and young people with SEND. The new on-going cycle of inspections aims to strengthen accountability and support continuous improvement across the SEND system. Inspections also evaluate how local authorities commission and oversee alternative provision. The framework sets out the purpose and principles of inspection and the statutory basis, along with the inspection approach, model, frequency, and timing.

5.4 Joint Area SEND Inspections focus on 5 main areas:

- Children and young people's needs are identified accurately and assessed in a timely and effective way.
- Children, young people, and their families participate in decision-making about their individual plans and support.
- Children and young people receive the right help at the right time.
- Children and young people are well prepared for their next steps and achieve strong outcomes.
- Children and young people are valued, visible and included in their communities.

5.5 Warrington is the only Cheshire and Merseyside local area to be inspected under the new framework to date, with an 'inconsistent experiences' outcome, resulting in SEND inspection within the next 3 years.

5.6 Inspection themes arising nationally this quarter, include that there continues to be a geographical spread of inspections across the country and an increasing number of 'typically positive experiences' across the country. The theme of long waits for neurodevelopmental pathway (NDP), Children and Adolescent Mental Health Services (CAMHS) and therapy services, especially Speech and Language Therapy (SLT) continues. Although long waits for health services are typically reported in all inspection letter to date, the overall inspection outcome appears to be consistently impacted by the quality of communication and services put in place to support children and young people and their families whilst they are waiting.

Further updates will be provided as the inspections are announced and undertaken within the C&M system.

6. All Age Continuing Health Care

6.1 The ICB has been undertaking an internal review of All Age Continuing Care. The review commenced in January 2023, the initial phases of discovery and design have concluded with insight derived and the subsequent recommendation being worked up with service leads into implementation and mobilisation plans. The Executive Group including Place Directors has received two update reports one in March 2023 and the other in July 2023, providing gateway controls and touch points for the process of design and development.

6.2 Ensuring a person-centred equitable offer for the assessment of patient needs has remained at the heart of the review and the subsequent recommendations. ICBs are accountable for the discharge of the standing orders issued by the secretary of state for NHS funding of care needs, accountability which is discharged in accordance with a national framework. Variability in how this has been delivered exists across Cheshire and Merseyside leading to variation in the performance between places against national standards, costs of packages procured and eligibility for the various payment methods available.

6.3 The most recent performance sees only 3 of our Sub ICB locations (Places) achieving the 80% threshold for decision within 28 days checklists. Performance at this level is drawing attention from national and regional colleagues with sustained low levels of achievement in Liverpool (61%), St Helens (57%) and Cheshire (45%). Action plans and explanatory reports have not provided confidence or assurance during recent assurance calls. As a result, the recently established Performance, Issues and Risk group will focus on these areas by supporting peer review visits to sense-check action plans, identify opportunities with fresh eyes and share best practices. Regional colleagues have agreed to provide specific expertise and support to this process. Revised action plans and performance will be reported through the existing structures in accordance with the ICB risk management processes.

6.4 Financial pressure against the AACC budget has continued to mount over the year seeing growth in eligibility and package cost. Specific drivers in each place are a different balance of these two factors. Full-year outturn from Month 4 data is forecast to be £489m which is £52m (10%) over budget. Cheshire West, Wirral, and Sefton drive the largest variances by percentages and absolute value. Specific work to targeting these variances will be given focus over the remaining months. By purchasing appropriate packages and support which offer quality, that meets the individual needs without overspecification or wasteful expenditure. Detailed achievement will be reported through existing structures and established working groups.

6.5 Challenges remain in establishing the new model identified in the review which relates to our ability to recruit to vacant assessment posts, support for the transitional effort, the pace of decision-making about in-housing outsourced

services and market forces restricting the availability of cost-effective quality packages. In the longer term there is a need to move to standardised information and consistent reporting. These are less critical risks with work streams attached, but no less important for the effective and efficient operation of All Age Continuing Care assessments.

6. Recommendations

6.1 The Board is asked to:

- Note the content of the report and request additional information/assurance as appropriate.

7. Officer contact details for more information:

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Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Quality & Performance Report

Agenda Item No	**ICB/09/23/10**
Report author & contact details	Andy Thomas (contact details in body of report)
Report approved by (sponsoring Director)	Anthony Middleton, Director of Performance and Planning
Responsible Officer to take actions forward	Andy Thomas, Associate Director of Planning

Quality & Performance Report

Executive Summary	The attached performance report for September 2023 provides on overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health and Primary and Community Care, as well as a summary of key issues, impact and mitigations.				
Purpose (X)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Board is asked to:** • Note the contents of the report and take assurance on the actions contained.				
Key issues	• the urgent and emergency care system continues to experience significant and sometimes severe pressure across the whole of NHS Cheshire & Merseyside. • significant reduction in backlogs for both elective and cancer care are to be welcomed.				
Key risks	• impact on ambulance response times, ambulance handover times, long waits in ED resulting in poor patient outcomes and poor patient experience. • long waits for cancer and elective treatment could result in poor outcomes. • workforce, encompassing recruitment, retention, skill mix/shortages, across health and social care.				

Impact (X) (further detail to be provided in body of paper)	**Financial**	**IM&T**	**Workforce**	**Estates**
			X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
		X		

Quality & Performance Report

1. Urgent and Emergency Care

1.1 The urgent and emergency care (UEC) system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside (C&M). All acute hospitals across the system report daily against a nationally defined set of Operational Pressures Escalation Levels (OPEL). The majority of Trusts across C&M have been consistently reporting at OPEL 3 for an extended period: OPEL 3 is defined as 'the local health and social care system is experiencing major pressures compromising patient flow'.

1.2 A national tiering system for urgent and emergency care delivery was announced in May in which all Trusts and ICBs were placed within a Tier based on UEC performance. Cheshire & Merseyside has been identified as a Tier 1 system alongside six other ICS areas and one ambulance provider, and therefore will be the recipient of national improvement resources.

Sentinel Metrics

1.3 The 4 key metrics that determine the UEC Tier are: attainment of the 30-minute Category 2 ambulance response time standard, 76% delivery against the A&E 4-hour standard, alongside the 12-hour time in Emergency Department measure and the proportion of general and acute beds occupied by patients over a 14-day length of stay. In addition, "no criteria to reside" (NCTR) is a key metric monitored by NHS England (NHSE) for 2023/24.

1.4 The July 2023 Category 2 mean ambulance response time was 31 minutes and 56 seconds. The national recovery target is for the response time to be within 30 minutes in 2023/24, however NWAS has set a plan to achieve 33 minutes across the year, reflecting performance based on the operational pressures in 2022/23. July performance for NWAS at a regional level was significantly better than in C&M, at 25 minutes 22 seconds.

1.5 C&M has shown improvement for patients admitted, transferred, or discharged within 4 hours, with August performance at 73.4% against a 2023/24 year-end national recovery target of 76%. Current performance is significantly better than anticipated at the time of setting 2023/24 plans and better than the performance for the North West (72.0%) and England at 73.0%.

1.6 The percentage of patients spending over 12 hours in A&E from arrival has deteriorated slightly to 14.6% in August and is higher than both the NW average of 12.2% and the national position of 8.8%. There is no defined national target, however for the purposes of tiering a RAG rating based on relative performance is given, and C&M is one of 4 ICB areas nationally rated as Red.

1.7 The percentage of beds occupied by patients with a length of stay over 14 days was 33.1% at the end of August 2023, whilst length of stay over 21 days continues to account for around a quarter of occupied beds against the 2023/24 Operational Plan of 17%. For the purposes of tiering a RAG rating is given, and again C&M is one of 4 ICB areas nationally rated as Red.

1.8 Long length of stay is a significant factor in the persistently high levels of adult bed occupancy, and there also continues to be a significant number of patients no longer meeting the "no criteria to reside" (NCTR) in hospital. Data indicates that the NCTR position deteriorated slightly in August to 17.8% due to a closure of G&A beds and data reporting changes at Liverpool University Foundation Trust. It is worth noting that within this there is also significant variation across Trusts and the proportion of NCTR is higher than the England average.

1.9 In addition, a wider range of metrics are scrutinised across Cheshire & Merseyside as key indicators of UEC system flow or as part of 2023/24 operational plans as follows.

1.10 The Urgent Community Response (UCR) service capacity and activity continued to grow consistently throughout 2022/23 increasing further still in the first two months of 2023/24. In July there were 1,780 referrals, while the 2-hour performance was 87.4%, performing significantly higher the national target of 70%.

1.11 Ambulance handover delays between 30 and 60 minutes remained high at 1,841 in August. Delays over 60 minutes in Cheshire and Merseyside improved slightly in August, with 1,029 patients waiting over an hour compared to 1,169 in July.

1.12 Overall adult G&A bed occupancy for August 2023 was 95.0%. Operational plans for Cheshire and Merseyside in 2023/24 assume that occupancy will remain a challenge and that occupancy will be 93.4% by year end, against the national ambition to reduce occupancy to 92%.

1.13 Bed occupancy in adult mental health (MH) remains high, running at or close to 100%, impacting on the ability of mental health trusts to accommodate patients who require a bed and are delayed either in an emergency department or within the community.

1.14 The Wirral Adult MH Escalation Pilot has provided a series of learning outcomes through testing at Place and engagement with key stakeholders, ensuring an informed approach is taken for C&M. A presentation was provided to the MH Programme Board on 20th July and Transformation Committee on 15th August. Discussions on the next steps with Pilot stakeholders, Place and System partners is in progress, with the view to agree a launch date for proposed changes to the existing escalation processes via the SCC by the end of November 2023.

1.15 The System Control Centre (SCC) continues to operate 7 days a week, 8am to 8pm. The operating model is being reviewed both locally and nationally with a new ‘minimum viable product’ due to be released in August 2023 for implementation by October 2023, alongside a national requirement for the SCC to move to real time reporting enabling the SCC and wider system to have real time oversight of pressures which will allow the system to become more proactive in its support offer.

1.16 On the 27th July 2023 NHS England (NHSE) wrote to ICBs, health trusts and local authorities regarding winter and surge planning for 2023/24, headed “Delivering operational resilience across the NHS this winter”, this letter sets out the national approach to winter planning, and the key steps across all parts of the system to meet the challenges ahead, with four areas of focus:

1. Continue to deliver on the UEC Recovery Plan by ensuring the 10 high-impact interventions are in place.
2. Complete operational and surge planning to prepare for different winter scenarios.
3. Ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the voluntary community and social Enterprise (VCSE) sector.
4. Supporting our workforce to deliver over winter, including Flu and Covid vaccination plans

1.17 NHSE issued further guidance on Friday 4th August 2023, as well as data and narrative templates to capture ICBs' 2023/24 overall winter and surge plans. Submission of the C&M ICB plans were made on time to the 11th September deadline. A C&M ICB Winter Planning Group is in place with weekly meetings in order to facilitate the processes outlined within the guidance, completion of the templates and any further requirements relating to planning for the forthcoming winter.

1.18 In response to learning from national visits, along with self-assessment using national UEC maturity indices, Cheshire and Merseyside have selected four priorities from the 10 high impact areas for 2023/24 and have agreed these with NHSE. These are Same Day Emergency Care (SDEC), Frailty, Inpatient Flow and Care Transfer Hubs. In addition, development of a system wide Single Point of Access for UEC has been identified as a key enabler.

2. Elective Care

2.1 The key metrics for Elective Care are the elimination of waits of over 65 weeks by March 2024, and to deliver a system specific elective recovery activity target.

Sentinel Metrics

2.2 In July 2023 there were 4,332 patients waiting over 65 weeks to start consultant led treatment against the C&M trajectory of 5,372, meaning the ICB are continuing to perform ahead of plan.

2.3 In terms of elective care activity, performance is calculated as value-weighted activity compared to 2019/2020. The national target set for C&M was 105%, however it has been revised by the national team to 103% to account for the impact of industrial action. During the operational planning rounds, C&M set an ambition of 108.5% across the year. There has been no data published nationally for 2023/24 as yet, however provisional data indicates performance as of 27th August for C&M was 102.8%, a slight drop on 104.3% the previous week.

2.4 As of 10th September, there were 70,090 patients that could potentially breach 65 weeks if they are not seen and/or treated before the end of March 2024. This is a reduction of 4,127 compared to the previous week, with a six-week clearance rate of 4,311, therefore hospitals in C&M remain on track to treat all these patients before the end of 2023/24.

2.5 In terms of reducing and eliminating the number of patients waiting longer than 78 weeks, which remains a key national ambition, C&M have a residual cohort still to clear. The majority of these are patient choice or classed as clinically complex, however there were 22 capacity breaches at the end of August, a reduction of 5 from July. Assurance from trusts has been sought on all remaining 78-week waiters with the expectation that all patients waiting over 78 weeks will be cleared by the end of October 2023.

2.6 System wide focus on long waits continues with Trusts through the mutual aid hub. Weekly meetings are held with each Trust to review their waiting list and support to access all possible capacity to maintain clearance rates (including diagnostics, independent sector, and sourcing capacity out of area), while training of local teams in theatre improvement techniques is progressing at pace.

3. Diagnostics

3.1 Within the NHS priorities for elective care there is a focus on increasing diagnostic activity, ensuring that Community Diagnostic Centres (CDC) and acute diagnostic capacity is used to best effect to reduce long waits for elective care and reduce cancer backlogs.

Sentinel Metrics

3.2 In line with this, the system has set activity and associated productivity plans to increase utilisation of diagnostic capacity to ensure that no more than 10% of patients wait for longer than six weeks for their diagnostic by March 2024. For July 2023, this figure was 21.8% compared to 21.2% in June, however this is better than the North West Region (26.3%) and England (25.5%).

3.3 In July 2023 Cheshire & Merseyside hospitals completed 99,759 diagnostic tests, with activity being 109% over plan year to date. The overall number of patients waiting increased slightly to 77,046 in July compared to 76,047 in June.

3.4 In addition to the above, focus has been placed on ensuring those that have very long waits are being prioritised to be seen. Some patients were previously waiting in excess of 104 weeks for a diagnostic test; however, C&M can report that no patient is waiting in excess of 79 weeks for the third month in a row, and as of the end of June there were circa 300 patients waiting over 40 weeks with plans in place for all of them to be cleared.

3.5 C&M has ensured that our population has access to a comparatively high number of CDCs, providing the highest levels of CDC activity in the Northwest and the 3rd highest activity levels in England.

3.6 System capacity is reviewed on a weekly basis with neighbouring trusts and are asked to support each other where waiting times vary, mutual aid has been used to good effect for many modalities. As set out in the previous report, multiple initiatives are in place to improve productivity, reduce demand and increase activity to further support a reduction waiting times.

4. Cancer

4.1 On the 17th of August, following rigorous consultation and engagement, the government agreed cancer targets will be consolidated into three key standards, these are now reflected in the performance report:

- 28-Day Faster Diagnosis Standard (FDS): patients with suspected cancer who are referred for urgent cancer checks from a GP; screening programme or other route should be diagnosed or have cancer ruled out within 28 days.
- 62-day ‘referral to treatment’ standard: patients who have been referred for suspected cancer from any source and go on to receive a diagnosis should start treatment within 62 days of their referral.
- 31-day ‘decision to treat to treatment’ standard: patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days.

4.2 These changes are reflected in the key national priorities for cancer services in 2023/24, which are to further reduce the number of patients waiting longer than 62 days for treatment and achievement of the 28 day Faster Diagnosis Standard (FDS) of 75%. Trajectories for the reduction of the over 62-day backlog and 75% Faster Diagnosis Standard (FDS) target have been built into the C&M 2023/24 operational plans.

Sentinel Metrics

4.3 As of 13th August 2023, there were 1,355 patients still being investigated or waiting for treatment beyond 62 days from referral at C&M provider level, which is 188 ahead of the planning trajectory and will support the ICB to meet the target of 1,095 by the end of year.

4.4 At ICB level performance against the 62-day cancer target of 85% remains below the operating standard in June 2023 at 62.8%, compared with 64.0% in May. However, C&M continues to perform better than the North West (59.2%) and England (59.2%) averages.

4.5 The 28-day faster diagnosis standard (FDS) performance remains challenged due to high referral volumes. Performance in June 2023 was slightly higher than the previous month, moving from 67.7% to 70.0% and is ahead of the planning trajectory. However, performance is lower than the national average of 73.5%

4.6 Cancer services are busier than ever, with referrals in June circa 30.5% higher when compared to June 2019. Conversion rates have not significantly changed, and the number of new cancers diagnosed has increased. This suggests that, in most cases, the increase in demand (i.e., GP cancer referrals) is genuine and appropriate.

4.7 Greater number of patients have been seen and treated within target times, however high volumes have meant that significant numbers of patients have experienced delays, as reflected in the 62-day performance, the impact of this will continue to be monitored through patient experience surveys and clinical harm reviews.

4.8 Capital investments, training & education (in both primary and secondary care) and a pipeline of innovation are all building resilience and supporting recovery. However, significant further investment in the cancer workforce is required to meet demand.

5. Mental Health

5.1 As previously reported, data quality issues continue to impact adversely on national reporting against MH access targets for 2023/24 in a number of service areas.

5.2 Operational plans for 2023/24 have focused on maintaining contact with people with severe mental illness (SMI), the reduction of out of area (OOA) placement bed days, improving access to NHS Talking Therapies (IAPT), community perinatal mental health (PNMH) and dementia diagnosis.

Sentinel Metrics

5.3 Physical health checks for people with severe mental illness during the first quarter of 2023/24, at Place level achieved 70.0%, compared to the North West level of 61.8%.

5.4 The number of out of area bed days increased again in May to 3,660 compared to 2,850 in April due to continued high demand. All OOA activity relates to Cheshire and Wirral Partnership (CWP) due to staffing levels and delayed discharges impacting flow, the main reasons for delayed discharges are the lack of supported housing, nursing home places and

suitable community placements. The Health and Care Partnership has arranged a workshop focusing on housing to be held in September 2023.

5.5 For NHS Talking Therapies (IAPT) access in May 23 remained below target levels in terms of the numbers of people entering treatment at 4,510, however this is higher than 4,395 in April. The planned national communications campaign is now not expected until quarter 3 of 2023/24, however, a local population-based campaign is imminent to prompt self-referral.

5.6 The waiting time target of 75% of people having access to NHS Talking Therapies (IAPT) within 6 weeks continues to be exceeded at ICB level, achieving 92% in May. However, the target is not being met for Sefton and Warrington.

5.7 NHS Talking Therapies recovery rates have been achieved overall at a Cheshire and Merseyside level for the fifth consecutive month.

5.8 Specialist community perinatal services (PNMH) exceeded the agreed recovery target in 2022/2023, with local data evidencing increased access across all areas. The nationally reported position of 2,420 for May 2023 continues to demonstrate month on month increases in access for 2023/24 as part of the agreed recovery plan for this service.

5.9 The early intervention in psychosis (EIP) target of 60% of people being seen within 2 weeks has exceeded for the second consecutive month with performance increasing from 66% in April to 71.0% in May. This is broadly comparable with the average performance across England (71.8%).

5.10 The new NW Region Escalation Framework for adult mental health has been piloted in Wirral and a number of improvement opportunities have been identified. Wider system support is now being sought to facilitate roll out with robust oversight via the System Coordination Centre.

6. Learning Disabilities and Autism

6.1 The key national priorities for Learning Disabilities (LD) and autism spectrum disorder (ASD) are Annual Health Checks (AHC) for people aged 14+ with a Learning Disability, reducing the number of inpatients for both Adults and Children and Young People (CYP) and patients in placements that are out of area (OOA).

Sentinel Metrics

6.2 In terms of Learning Disabilities (LD) Annual Health Checks (AHC) local data indicates that Cheshire and Merseyside surpassed the national target of 75% in 2022/23, accomplishing 80.4% by year end. The national target remains 75% in 2023/24, however, C&M has set a local plan of 80.4% to be achieved by the end of March 2023/24.

6.3 For monitoring progress, the measure restarts at 0 on the 1st April each year, June 2023 data shows C&M attaining 11.3% against the 2023/24 planning trajectory of 9.4%. The Learning Disability Health Facilitators focus on supporting practices with the review of the LD waiting lists and identification of new diagnoses in the first part of the year so the number of health checks per month tends to increase as the year goes on.

6.4 The national target for adult inpatients at the end of 2023/24 is 17.76 per million population. The main challenge in this area is delayed discharge caused by difficulty identifying suitable housing, making essential adaptations, and workforce to support patients in the community.

6.5 Similarly, for Children and Young People (CYP), there is a target to reduce reliance on inpatient care to 13.99 per million by quarter 4 (Q4) of 2023/24. For C&M the Q1 target is that there should be no more than 8 CYP in a tier 4 bed, as of 13th June 2023 there were 4. This has been achieved with strong performance regarding discharges, which has brought the ICB within trajectory for all cohorts for the first time.

6.6 The Dynamic Support Register enables early identification of CYP at risk of admission to ensure admissions are appropriate, with key workers utilising the escalation process to avoid inappropriate admissions or reduce Length of Stay.

7. Primary and Community Care

7.1 Operational plans for 2023/24 focus on the C&M trajectory to support the national ambition to deliver 50 million more appointments in general practice by the end of March 2024, making it easier for people to contact their GP practice, and to continue recruiting additional staff using the Additional Roles Reimbursement Scheme.

Sentinel Metrics

7.2 In Cheshire and Merseyside patients continue to benefit from continued and increased access to GP appointments with activity remaining higher than the same pre-pandemic period. In May activity was reported as being 129.1% against the pre covid baseline. This is an increase of 13% when compared to the previous month.

7.3 Face to Face appointments stand at 104.8% in June 2023 compared to 2019/20, an improvement on 94.7% in May. Telephone consultations delivered against the pre-covid baseline stand at 255.1% in June, Compared to 226.7% in May.

7.4 At Place level, Practices and Primary Care Networks continue to use appointment data to support 'outlier' practices to improve access. While maintenance of appointments and full restoration against the overall trajectory is positive, there was a slight dip in face-to-face appointments in April, which could be due to Easter holidays.

7.5 Overall Primary Care access and appointment related performance, actions, and recruitment via the Additional Roles Reimbursement Scheme are managed via the Primary Care Access Recovery Plan (PCARP) workstream, which reports into the System Primary Care Committee – this includes qualitative, quantitative, place and system level performance and actions combined.

7.6 For Community Services the overall number of patients awaiting a community appointment in May 2023 was 59,121, compared to 65,057 in May 2022. Further work is being taken forward through the mental health and community service provider collaborative with all provider organisations working together to share best practice and provide mutual aid.

8. Recommendations

8.1 The Board is asked to note the contents of the report and take assurance on the actions contained.

NHS
Cheshire and Merseyside

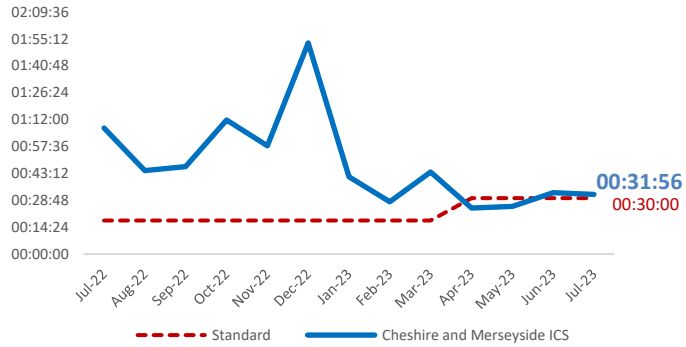
Performance Report

Section I: Urgent Care

NHS Cheshire and Merseyside

Average Category 2 ambulance response time

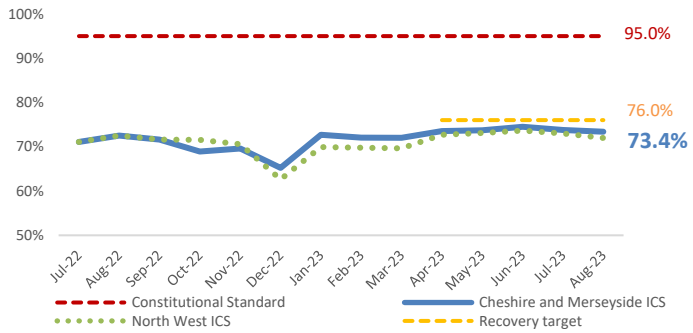
UEC National Tiering System Metric



Organisation	May-23	Jun-23	Jul-23
Cheshire & Merseyside	00:25:30	00:32:55	00:31:56
North West	00:22:02	00:26:30	00:25:22
England	00:32:24	00:36:49	00:31:50

A&E 4 Hour Standard

UEC National Tiering System Metric

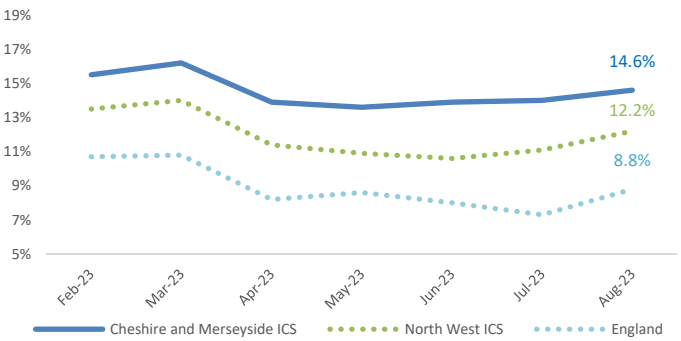


Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	74.5%	73.8%	73.4%
North West	73.6%	73.0%	72.0%
England	73.3%	74.0%	73.0%

Note: National target 76% by March 2024, however the 95% standard remains.

A&E 12 hours in A&E from arrival

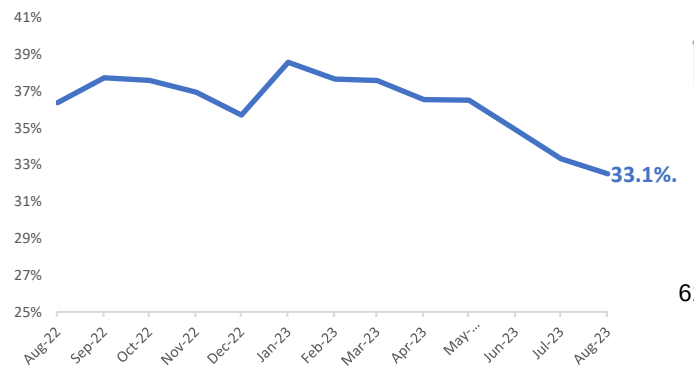
UEC National Tiering System Metric



Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	13.9%	14.0%	14.6%
North West	10.6%	11.1%	12.2%
England	8.0%	7.3%	8.8%

Bed Occupancy General & Acute 14+ day LOS

UEC National Tiering System Metric

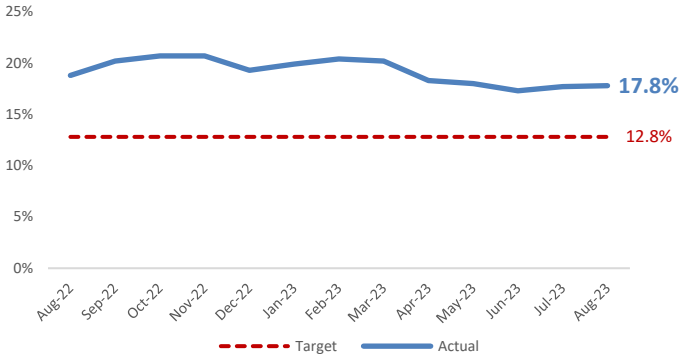


Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	34.9%	33.3%	33.1%

Section I: Urgent Care

NHS Cheshire and Merseyside

Beds occupied by patients no longer meeting the criteria to reside for adult general & acute beds

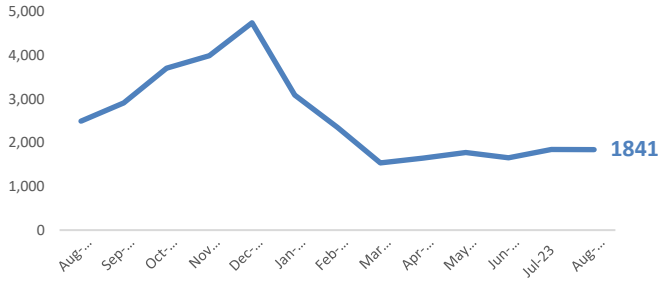


Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	17.3%	17.7%	17.8%

Note: Aug 2023 – Part Month

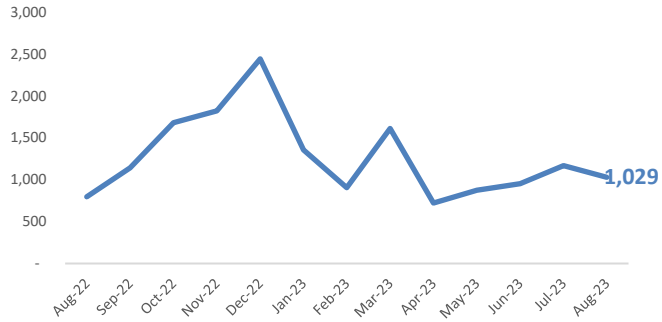
No Criteria to reside - Trust	09/07/23	14/08/23	Change
Countess of Chester Hospital	17.5%	15.1%	▼
East Cheshire Hospitals	9.1%	13.2%	▲
Liverpool University Hospitals	19.9%	18.9%	▼
Mersey & West Lancashire Trust	16.7%	18.80%	▲
Mid Cheshire Hospitals	16.9%	16.4%	▼
Warrington & Halton Hospital	20.4%	21.9%	▲
Wirral University Teaching Hospital	18.9%	15.6%	▼

Ambulance Arrival to handover 30 to 60 minutes



Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	1,656	1,847	1,841
North West	4,563	4,849	5,050

Ambulance Arrival to handover >60 minutes



Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	952	1,169	1,029
North West	1,775	1,914	2,207

Note: England data not yet published for 2023/24

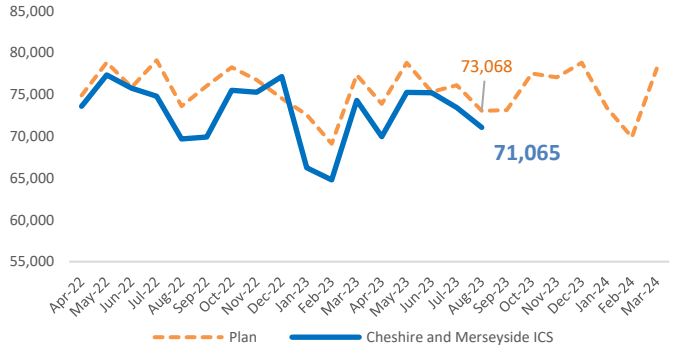
Site Level Ambulance Arrival to handover >60 mins

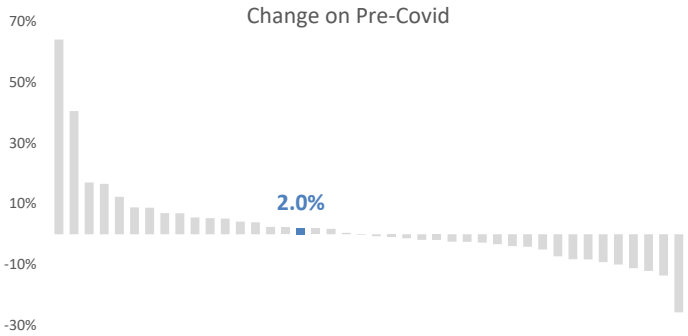
Aug-23	Total measureable arrivals	>60 min arrival to handover	% attends over 60 mins	Change
Aintree University	1,880	177	9%	▼
Alder Hey	2	0	n/a	▶
Arrowe Park	994	239	24%	▲
Countess of Chester	904	214	24%	▶
Leighton	802	11	1%	▶
Macclesfield General	73	1	1%	▲
Royal Liverpool University	1,505	89	6%	▼
Southport District General	1,015	44	4%	▼
Warrington	1,451	45	3%	▼
Whiston	1,332	209	16%	▲

Section I: Urgent Care

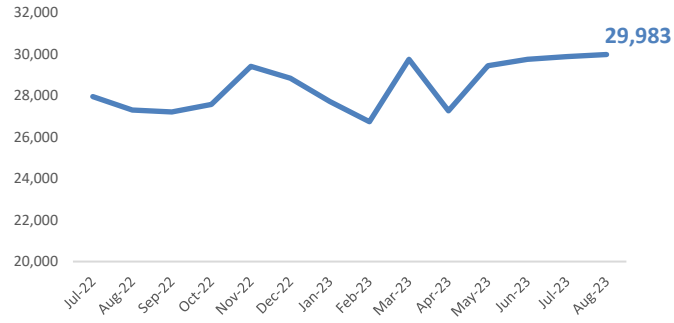
NHS Cheshire and Merseyside

A&E Attendance (Type 1)

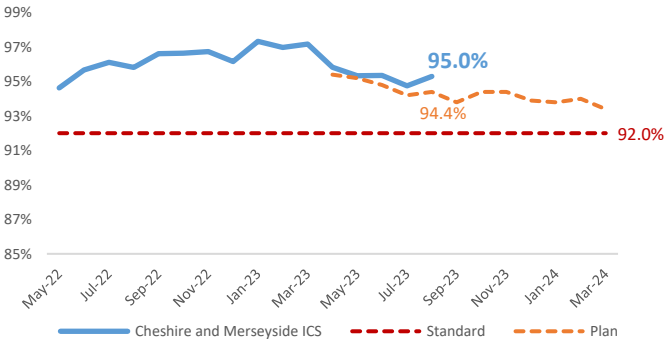




All Emergency admissions



Bed Occupancy for adult general & acute beds

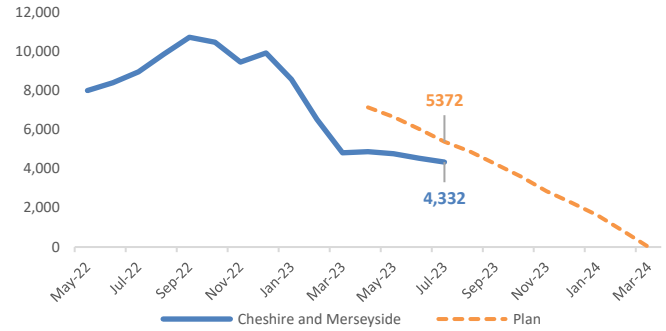


Organisation	Jun-23	Jul-23	Aug-23
Cheshire & Merseyside	95.4%	94.7%	95.0%
North West	94.1%	93.6%	93.7%
England	94.4%	93.4%	93.8%

Section II: Planned Care (Elective)

NHS Cheshire and Merseyside

Total patients waiting more than 65 weeks to start consultant led treatment

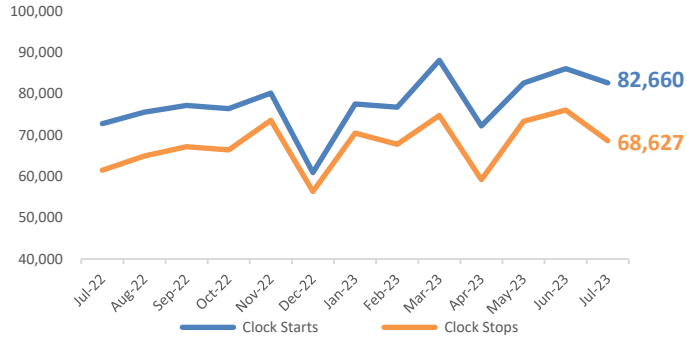


Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	4,762	4,528	4,332
North West	19,172	18,973	18,796
England	93,442	94,256	93,537

Elective Recovery Fund – Value-weighted Activity (VWA)

SUS Value + A&G (est)	31-May-23	09-Jul-23	16-Jul-23	23-Jul-23	30-Jul-23	06-Aug-23	13-Aug-23	20-Aug-23	27-Aug-23
London	113.8%	104.6%	104.9%	100.9%	100.5%	100.2%	101.4%	103.4%	100.6%
North West	107.9%	100.3%	101.7%	99.6%	99.1%	99.2%	100.5%	103.2%	100.9%
LANCASHIRE AND SOUTH CUMBRIA ICB	114.8%	105.7%	104.7%	101.8%	101.7%	101.6%	103.7%	105.4%	101.8%
GREATER MANCHESTER ICB	103.4%	95.5%	97.9%	97.8%	97.3%	97.6%	99.2%	101.6%	99.2%
CHESHIRE AND MERSEYSIDE ICB	110.3%	103.3%	104.6%	100.9%	100.0%	99.9%	100.6%	104.3%	102.8%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	122.7%	100.4%	104.9%	97.7%	98.2%	98.6%	100.0%	106.0%	104.5%
MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	106.4%	123.6%	135.3%	143.1%	143.5%	143.4%	138.3%	137.5%	132.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	102.7%	123.0%	125.2%	114.6%	117.2%	116.4%	116.4%	126.6%	126.2%
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	110.9%	117.0%	115.0%	108.8%	108.9%	108.4%	111.3%	117.9%	114.3%
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	108.6%	91.4%	92.8%	88.6%	87.0%	86.7%	86.3%	87.4%	84.3%
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	104.8%	106.0%	103.7%	99.1%	97.9%	98.7%	100.0%	104.1%	103.8%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	130.3%	93.8%	92.4%	87.9%	84.2%	82.1%	83.3%	84.8%	81.7%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	113.3%	90.4%	80.1%	69.8%	65.7%	65.2%	76.0%	81.8%	77.5%
THE WALTON CENTRE NHS FOUNDATION TRUST	140.0%	113.2%	104.0%	99.9%	92.3%	90.6%	94.4%	95.1%	88.1%
EAST CHESHIRE NHS TRUST	88.7%	78.3%	79.9%	77.6%	79.0%	78.3%	81.4%	85.8%	86.3%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	101.1%	85.3%	87.2%	80.2%	75.9%	78.2%	78.2%	84.0%	86.8%
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	103.9%	91.9%	91.0%	85.3%	84.9%	84.0%	84.3%	88.7%	87.5%
England	110.0%	100.6%	101.2%	98.3%	98.2%	97.9%	99.1%	101.2%	98.8%

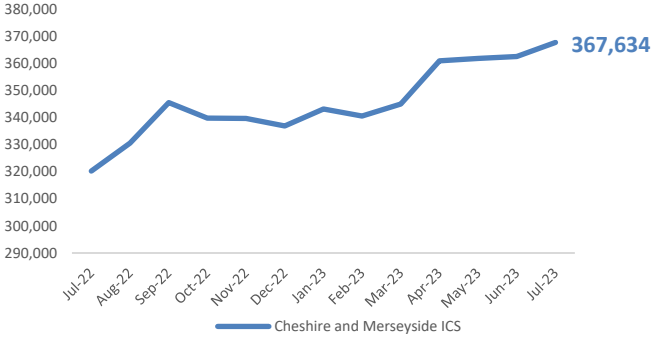
RTT – Clock Starts & Clock Stops



Cheshire & Merseyside	May-23	Jun-23	Jul-23
Clock Starts	82,616	86,100	82,660
Clock Stops	73,356	76,042	68,627

Note: Clock starts and clock stops give a broad, but not complete picture of additions and removals from the waiting list, as data is subject to ongoing validation.

Total Waiting List Size

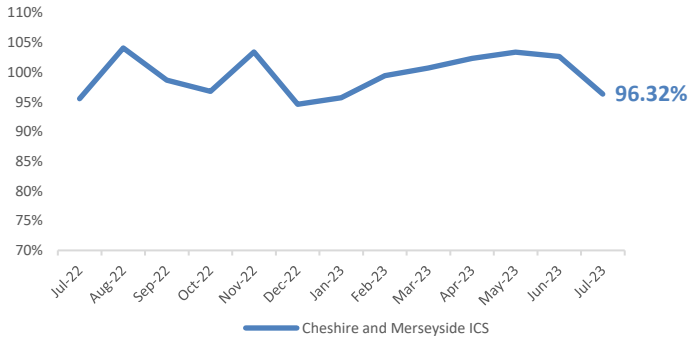


Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	361,747	362,417	367,634
North West	1,065,099	1,076,641	1,091,394
England	7,273,844	7,400,431	7,504,583

Section II: Planned Care (Elective)

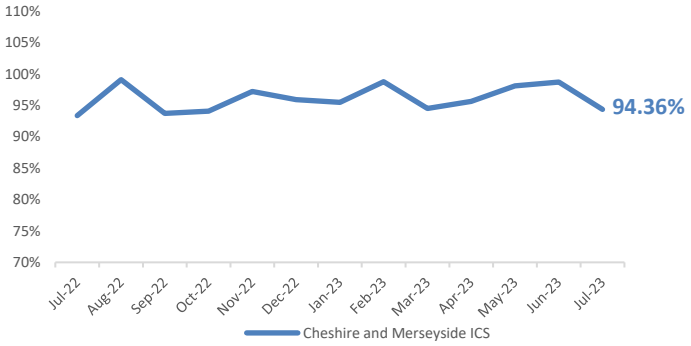
NHS Cheshire and Merseyside

Consultant-led first outpatient attendances (specific acute) (comparison with 2019/20)



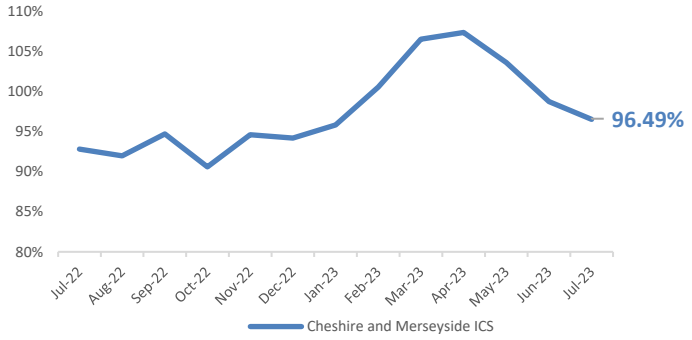
Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	103.38%	102.66%	96.32%
North West	99.78%	95.25%	87.64%
England	102.60%	100.07%	102.11%

Consultant-led follow-up outpatient attendances (specific acute) (comparison with 2019/20)



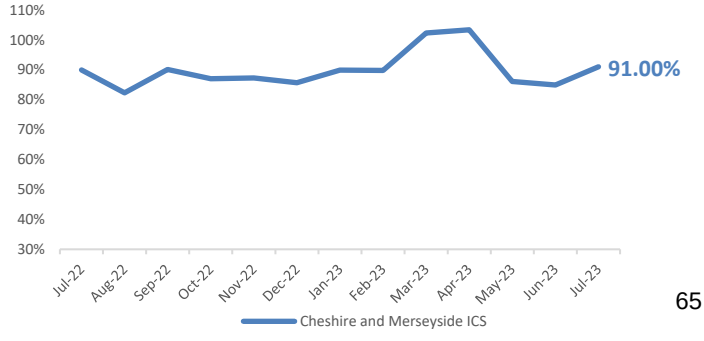
Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	98.10%	98.70%	94.36%
North West	97.31%	94.11%	90.27%
England	103.83%	99.54%	101.28%

Day case spells (specific acute) (comparison with 2019/20)



Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	103.57%	98.70%	96.49%
North West	98.24%	94.65%	92.25%
England	100.43%	99.94%	102.74%

Inpatient spells (specific acute) (comparison with 2019/20)

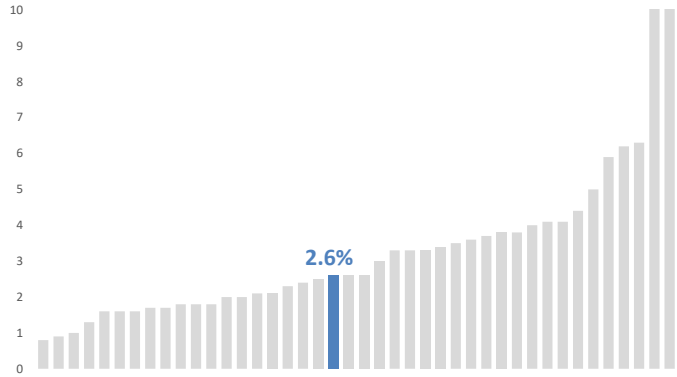


Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	86.10%	84.88%	91.00%
North West	90.43%	85.77%	90.60%
England	81.54%	80.59%	85.96%

Section II: Planned Care (Elective Care)

NHS Cheshire and Merseyside

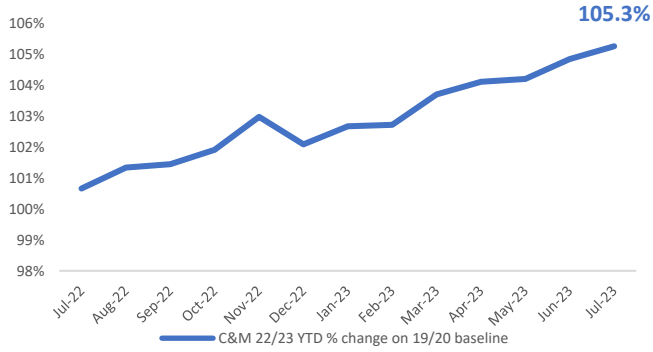
Episodes moved or discharged to patient-initiated outpatient follow-up pathway (PIFU) as an outcome of their attendance. ICS Benchmark



Organisation	May-23	Jun-23	Jul-23
Cheshire and Merseyside	2.3%	2.4%	2.6%
North West	2.3%	2.2%	2.4%
England	2.4%	2.5%	2.7%

Section II: Planned Care (Diagnostics)

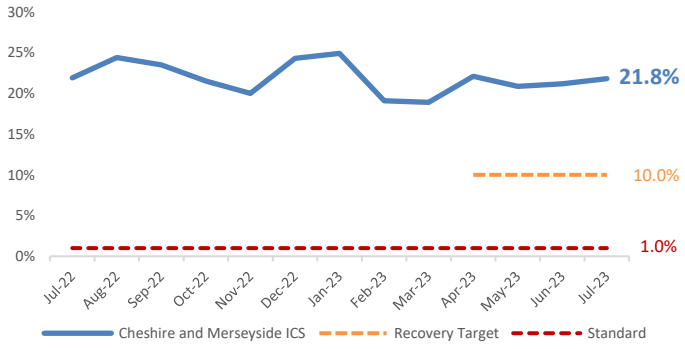
Diagnostic test activity, year to date (comparison with 2019/20)



Organisation	May-23	Jun-23	July-23
Cheshire & Merseyside	104.2%	104.9%	105.3%
North West	105.5%	106.1%	106.5%

Note: Diagnostic activity is also monitored against the C&M 2023/24 plan, this is reported as 109% year to date in June 23)

Diagnostic 6-week waits



Organisation	May-23	Jun-23	Jul-23
Cheshire & Merseyside	20.9%	21.2%	21.8%
North West	25.1%	25.5%	26.3%
England	25.9%	25.2%	25.5%

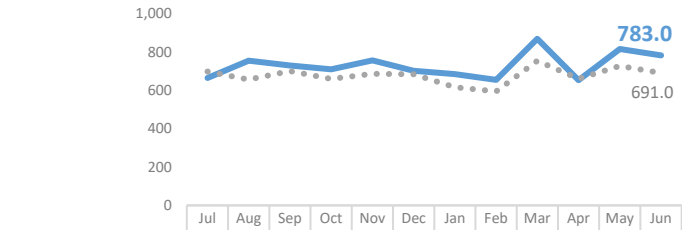
Note:

- No more than 10% of patients waiting more than 6 weeks by end March 2024.
- No more than 5% of patients waiting more than 6 weeks by end March 2025

Section III: Cancer Care

NHS Cheshire and Merseyside

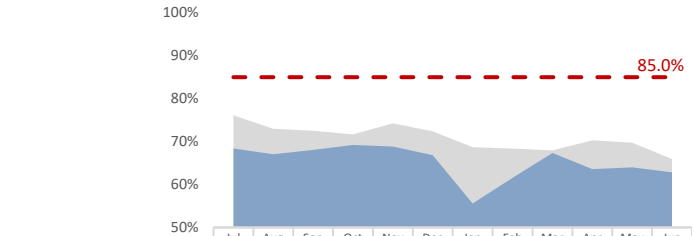
Number of patients receiving a first definitive treatment for cancer following an urgent suspected cancer referral



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Jul 22 - Jun 23	665.5	755.5	730.5	710.0	757.5	702.5	685.0	655.0	870.0	653.5	816.0	783.0
Jul 21 - Jun 22	698.5	657.0	701.0	660.0	687.0	684.5	616.5	595.5	755.0	661.5	728.0	691.0

Note: This metric shows numbers of patients seen in Cheshire & Merseyside, meaningful comparisons to numbers seen in the North West or England cannot be made.

% of patients receiving a first definitive treatment for cancer within 62 days of an urgent suspected cancer referral



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Jul 21 - Jun 22	76.1%	73.0%	72.5%	71.7%	74.2%	72.4%	68.7%	68.3%	67.9%	70.3%	69.7%	65.9%
Jul 22 - Jun 23	68.4%	67.0%	68.0%	69.2%	68.8%	66.8%	55.5%	61.5%	67.4%	63.6%	64.0%	62.8%
Operational standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	63.6%	64.0%	62.8%
North West	61.9%	59.4%	59.2%
England	61.0%	58.7%	59.2%

% of patients receiving a first definitive treatment for cancer within 62 days of an urgent suspected cancer referral by provider

	Bridgewater Community Healthcare	Countess Of Chester Hospital	East Cheshire	Liverpool Heart And Chest	Liverpool University Hospitals	Liverpool Women's	Mid Cheshire Hospitals	Southport And Ormskirk Hospital	St Helens And Knowsley Hospitals	The Clatterbridge Cancer Centre	The Walton Centre	Warrington And Halton Hospitals	Wirral University Teaching Hospital
Percentage treated in 62 days	80.0%	65.0%	55.6%	36.0%	53.0%	16.7%	66.7%	62.7%	72.9%	71.1%	0.0%	68.9%	70.0%
Operational standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Number treated	7.5	68.5	40.5	12.5	169.0	15.0	106.5	63.0	85.0	38.0	1.0	51.5	125.0

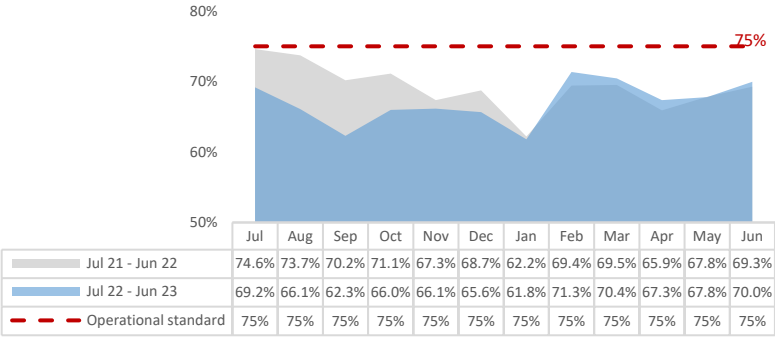
Over 62 day Weekly Cancer PTL

	Over 62 day cancer PTL		Net movement this week	Trend since 1st April 2023	Distance from plan (G = ahead, R = behind)	Distance from end of March 2024 target	Weekly movement required to meet March 24 target
	Last week 02/07/2023	**This week 09/07/2023**					
Bridgewater Community Healthcare	0	**0**	0		0	0	
Countess of Chester Hospital	90	**78**	-12		-32	-24	
East Cheshire	57	**51**	-6		-12	4	-0.1
Liverpool Heart and Chest Hospital	13	**12**	-1		3	7	-0.2
Liverpool University Hospitals	308	**290**	-18		-244	26	-0.7
Liverpool Women's	176	**163**	-13		53	98	-2.6
Mersey and West Lancashire	261	**239**	-22		-64	3	-0.1
Mid Cheshire Hospitals	261	**244**	-17		52	116	-3.1
The Clatterbridge Cancer Centre	70	**73**	3		13	23	-0.6
The Walton Centre	0	**0**	0		0	0	
Warrington and Halton Hospitals	54	**64**	10		5	9	-0.2
Wirral University Teaching Hospital	161	**163**	2		-37	20	-0.5
Cheshire and Merseyside	**1451**	**1377**	**-74**		**-263**	**282**	**-7.4**

Section III: Cancer Care

Cheshire and Merseyside

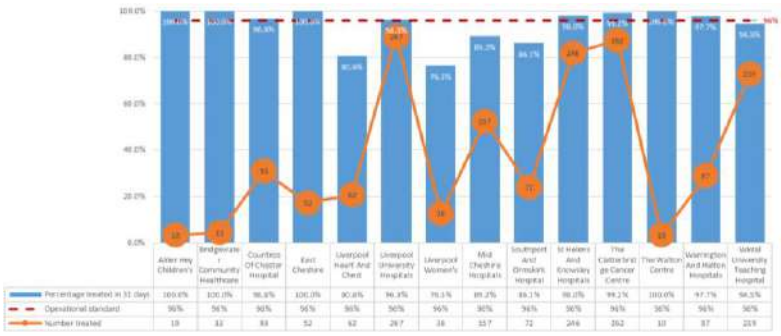
% patients receiving a diagnosis of cancer, or having cancer ruled out, within 28 days of referral



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Jul 21 - Jun 22	74.6%	73.7%	70.2%	71.1%	67.3%	68.7%	62.2%	69.4%	69.5%	65.9%	67.8%	69.3%
Jul 22 - Jun 23	69.2%	66.1%	62.3%	66.0%	66.1%	65.6%	61.8%	71.3%	70.4%	67.3%	67.8%	70.0%
Operational standard	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	67.3%	67.8%	70.0%
North West	70.2%	70.4%	72.3%
England	71.3%	71.3%	73.5%

% of patients receiving a first definitive treatment for cancer within 31 days of a decision to treat

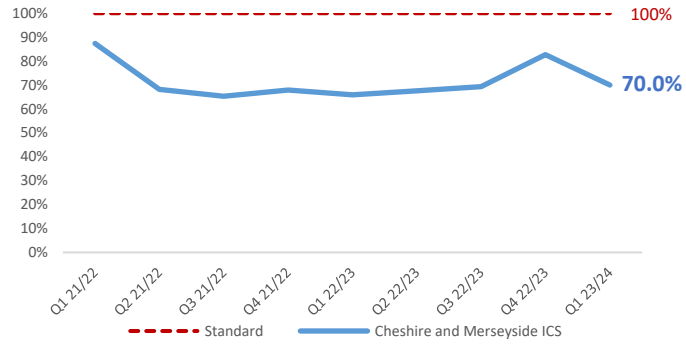


Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	94.3%	92.0%	94.8%
North West	91.2%	90.6%	91.4%
England	90.5%	90.3%	91.3%

Section IV: Mental Health (Adult)

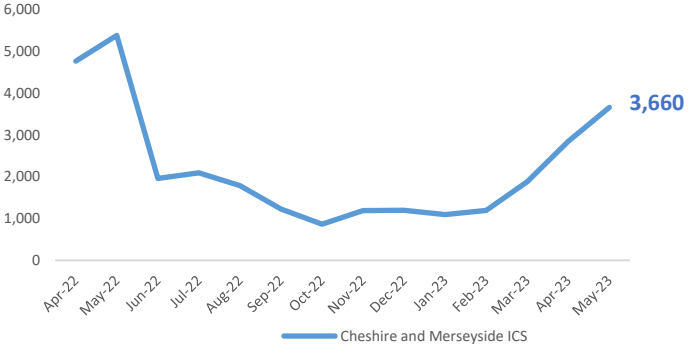
NHS Cheshire and Merseyside

Physical health checks for people with severe mental illness (SMI)



Organisation	Q3 22/23	Q4 22/23	Q1 23/24
Cheshire and Merseyside	69.3%	82.7%	70.0%
North West	74.7%	90.6%	61.8%
England	76.5%	90.5%	76.7%

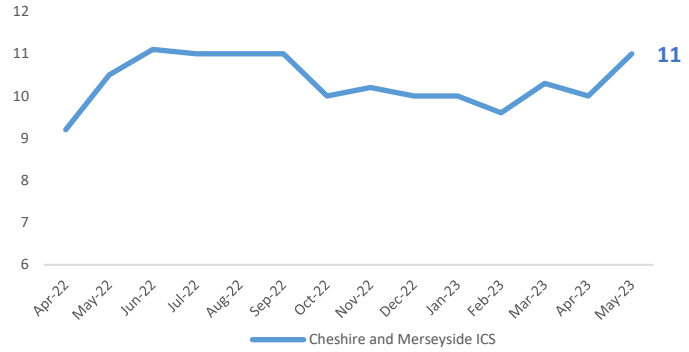
Number of inappropriate adult acute mental health out of area placement bed days



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	1,885	2,850	3,660
North West	9,270	11,095	13,465
England	58,515	61,525	64,195

Note: Data is a 3 month rolling position

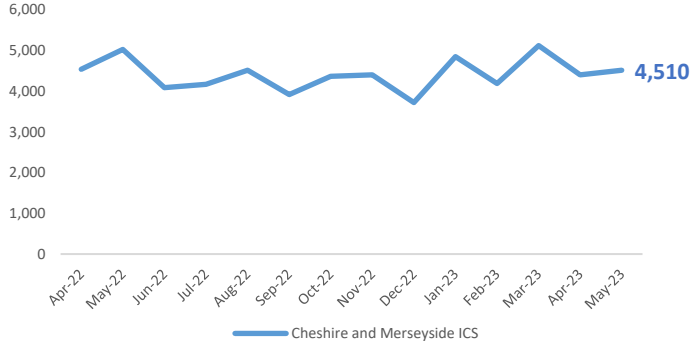
Rate of people discharged per 100,000 from adult acute beds aged 18-64 with length of stay of 60+ days



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	10.3	10.0	11.0
North West	12.3	12.0	12.0
England	9.2	9.0	9.0

Note: Data is a 3 month rolling position

IAPT access: Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy

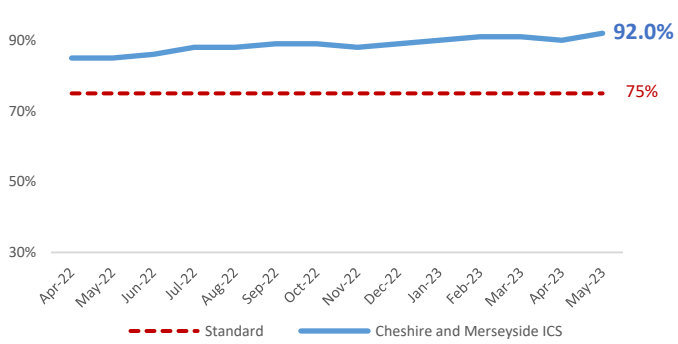


Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	5,115	4,395	4,510
North West	14,725	12,600	13,645
England	111,279	93,381	106,015

Section IV: Mental Health (Adult)

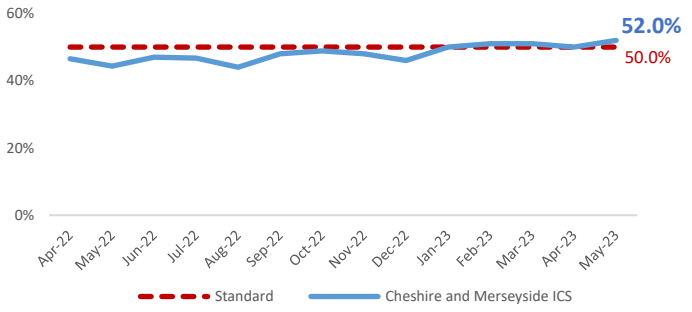
NHS Cheshire and Merseyside

IAPT 6 week waits: % finished treatment in the reporting period who had first treatment within 6 weeks



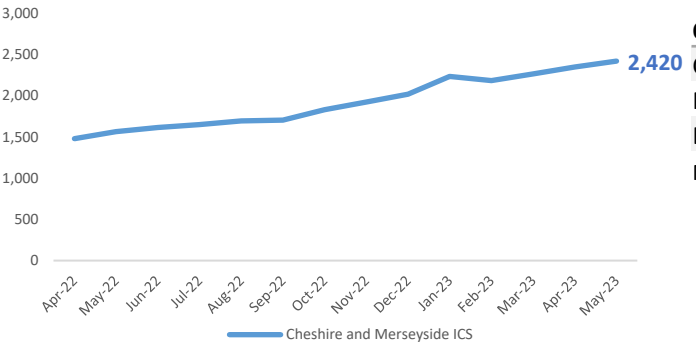
Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	91.0%	90.0%	92.0%
North West	84.0%	83.0%	85.0%
England	90.2%	90.0%	90.0%

IAPT recovery: % of people that attended at least 2 treatment contacts and are moving to recovery



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	51.0%	50.0%	52.0%
North West	51.0%	51.0%	51.0%
England	51.2%	50.9%	50.5%

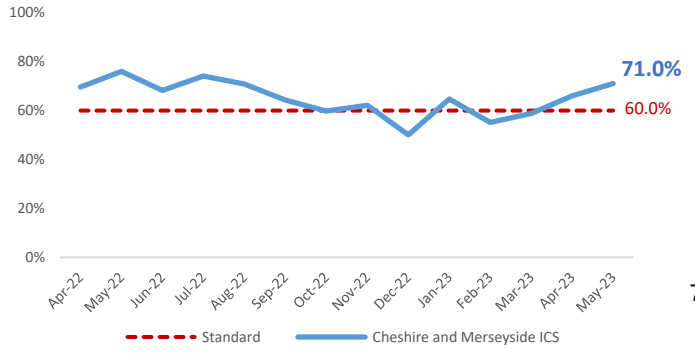
No. of women accessing specialist community perinatal mental health services



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	2,265	2,350	2,420
North West	6,080	6,055	6,030
England	48,100	48,290	48,200

Note: Data is a 12 month rolling position

% of referrals on early intervention in psychosis (EIP) pathway that waited for treatment within two weeks



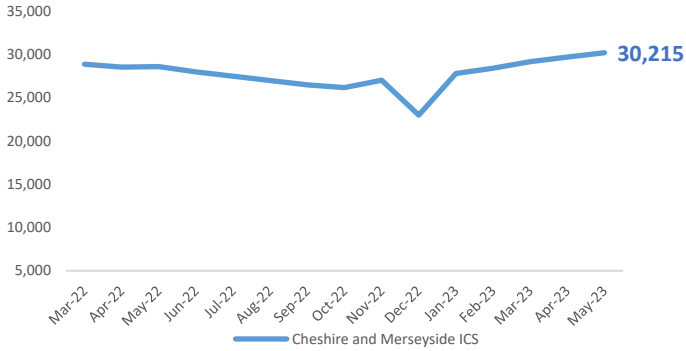
Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	58.8%	66.0%	71.0%
North West	55.8%	65.0%	71.0%
England	70.8%	70.7%	71.8%

Note: Data is a 3 month rolling position

Section IV: Mental Health (CYP)

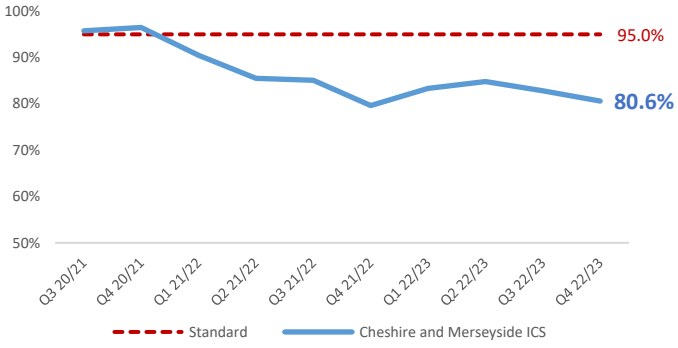
NHS Cheshire and Merseyside

Number of children and young people (CYP) aged under 18 supported through NHS funded mental health services receiving at least one contact



Organisation	Mar-23	Apr-23	May-23
Cheshire and Merseyside	29,180	29,725	30,215
North West	103,415	104,690	105,965
England	721,506	701,839	697,305

% of children and young people (CYP) with eating disorders seen within 1 week (Urgent)



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire and Merseyside	84.8%	82.8%	80.6%
North West	-	86.8%	91.4%
England	67.1%	77.5%	77.7%

Note:

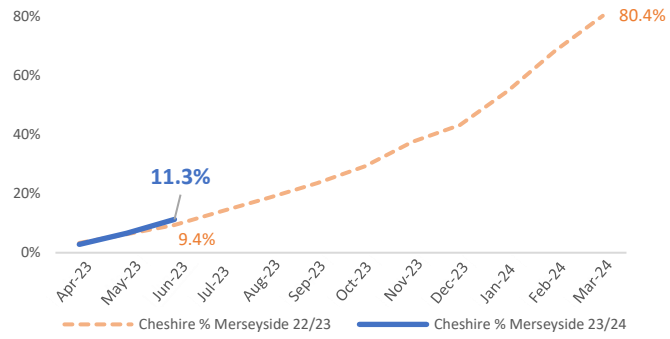
- Change of data source for 2023/24 to MHMDS, data for Quarter 1 is yet to be published
- 12 months to end of quarter
- A cyber incident affected NHSE data in July 22 and August 22. NHS Digital produced estimates for the affected months.
- Data processing for CWP and Mersey Care affected data in December 22.
- Therefore, data for these months cannot be considered accurate.

NOTE: Change of data source for 2023/24 to MHMDS, data for Quarter 1 is yet to be published

Section V: Primary Care

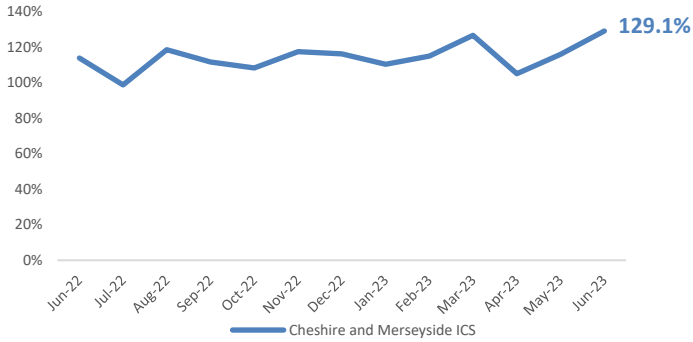
NHS Cheshire and Merseyside

Number of annual health checks carried out for persons aged 14 years or over on the QOF Learning Disability Register



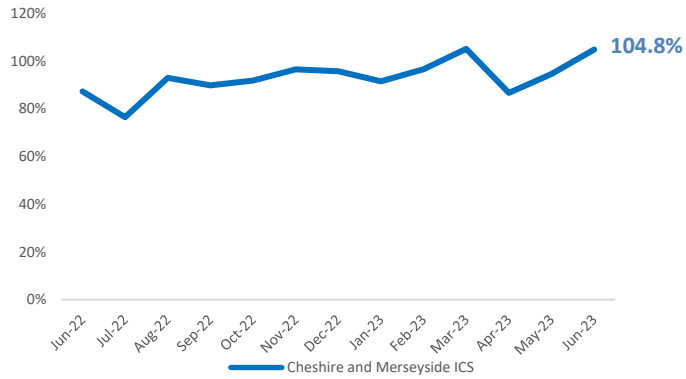
Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	2.8%	6.6%	11.3%
North West	2.7%	6.4%	11.1%
England	2.5%	6.2%	10.9%

Planned number of General Practice appointments delivered against pre covid baseline



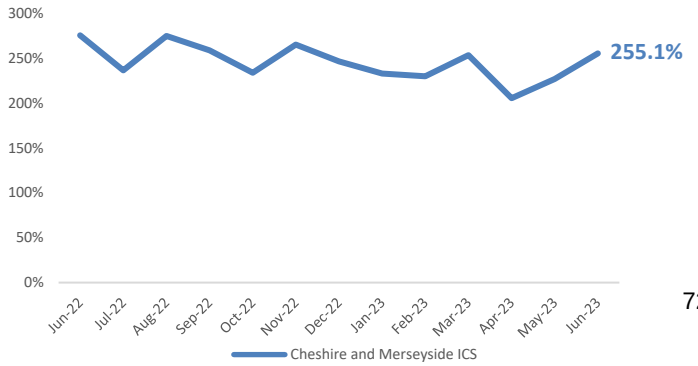
Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	105.0%	115.9%	129.1%
North West	109.7%	121.7%	130.9%
England	105.8%	117.1%	128.8%

Planned number of General Practice Face-to-Face appointments delivered against pre covid baseline



Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	86.7%	94.7%	104.8%
North West	90.0%	99.3%	109.7%
England	89.7%	98.8%	110.0%

Planned number of General Practice Telephone appointments delivered against pre-covid baseline

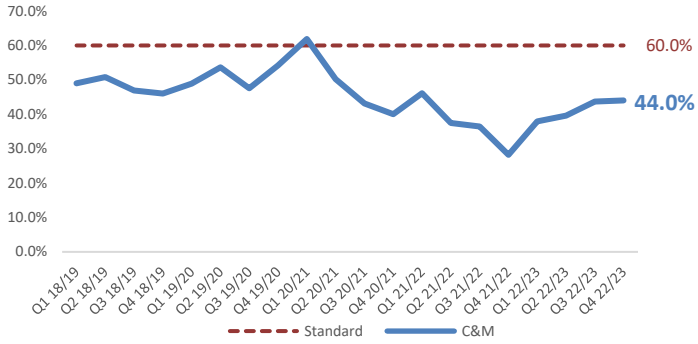


Organisation	Apr-23	May-23	Jun-23
Cheshire and Merseyside	205.3%	226.7%	255.1%
North West	227.4%	267.4%	302.6%
England	186.8%	218.0%	250.3%

Section VI: Quality Care

NHS Cheshire and Merseyside

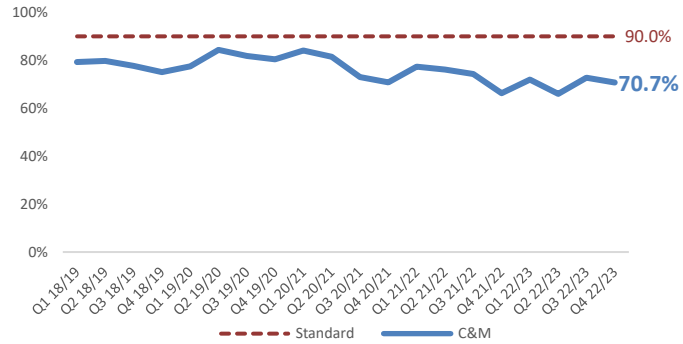
Admitted to stroke unit <4 hours



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire & Merseyside	39.6%	43.7%	44.0%
North West	39.9%	43.7%	44.8%
England	37.9%	36.9%	40.1%

NOTE: Quarter 4 2022/23 data is the most recent data available.

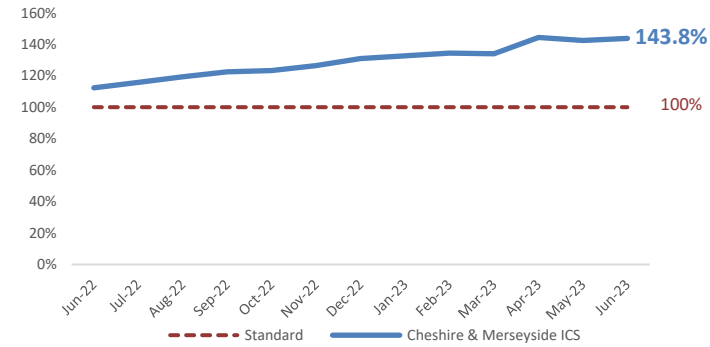
Spent >90% of time on stroke unit



Organisation	Q2 22/23	Q3 22/23	Q4 22/23
Cheshire & Merseyside	66.0%	72.7%	70.7%
North West	72.5%	77.2%	77.9%
England	75.8%	75.1%	75.3%

NOTE: Quarter 4 2022/23 data is the most recent data available.

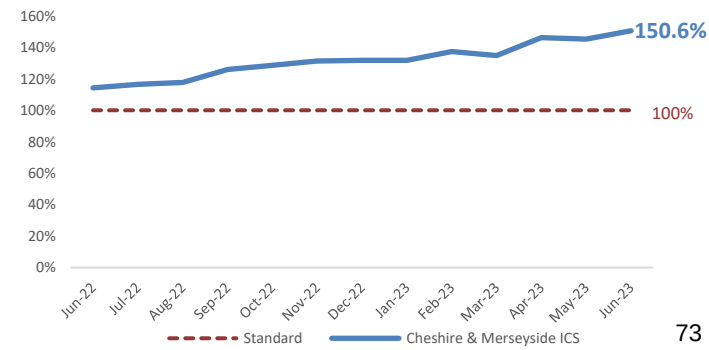
C.Difficile infection rate SOF Calculation



Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	144.4%	142.4%	143.8%
North West	138.8%	138.9%	139.2%
England	129.4%	131.2%	132.0%

NOTE: Republished based on NHS Oversight Framework values, using variation from expected target (rolling 12 months).

E.Coli bloodstream infection rate SOF Calculation



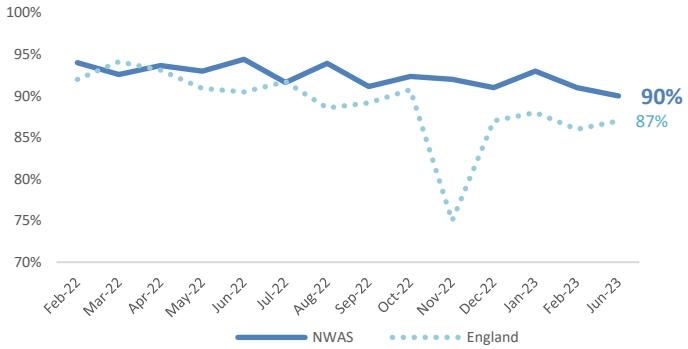
Organisation	Apr-23	May-23	Jun-23
Cheshire & Merseyside	146.2%	145.3%	150.6%
North West	135.4%	136.2%	138.0%
England	122.2%	123.1%	123.5%

NOTE: Republished based on NHS Oversight Framework values, using variation from expected target (rolling 12 months).

Section VI: Quality Care

NHS Cheshire and Merseyside

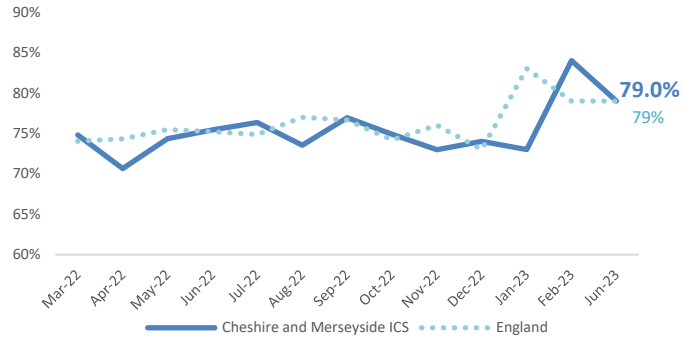
Friends & Family – Ambulance Service



Organisation	Jan-23	Feb-23	Jun-23
NWAS	93.0%	91.0%	90.0%
England	88.0%	86.0%	87.0%

NOTE: No friends and family data published between March 2023 and May 2023.

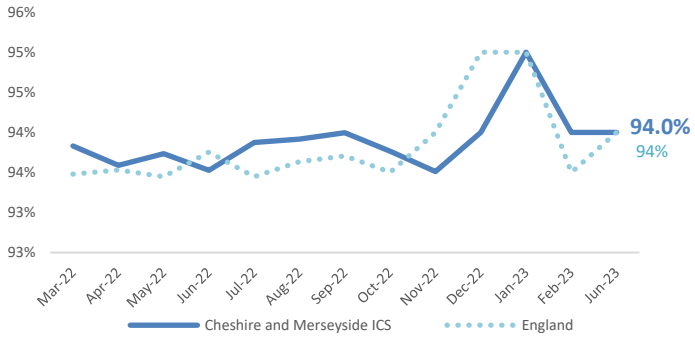
Friends & Family score – A&E



Organisation	Jan-23	Feb-23	Jun-23
Cheshire & Merseyside	84.0%	79.0%	79%
North West	83.2%	81.0%	79%
England	83.0%	79.0%	79%

NOTE: No friends and family data published between March 2023 and May 2023.

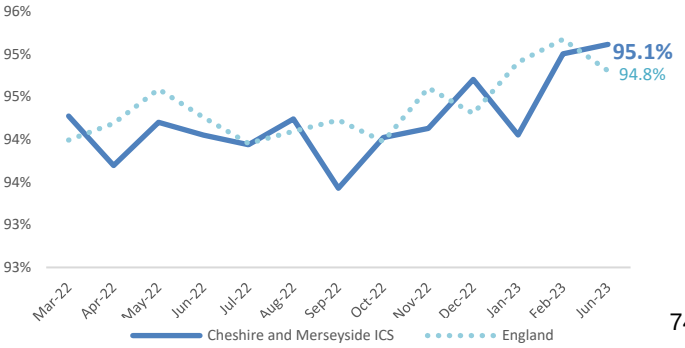
Friends & Family score – Outpatient



Organisation	Jan-23	Feb-23	Jun-23
Cheshire & Merseyside	94.0%	94.0%	94.0%
North West	94.2%	94.2%	94.0%
England	95.0%	93.5%	94.0%

NOTE: No friends and family data published between March 2023 and May 2023.

Friends & Family score – Inpatient



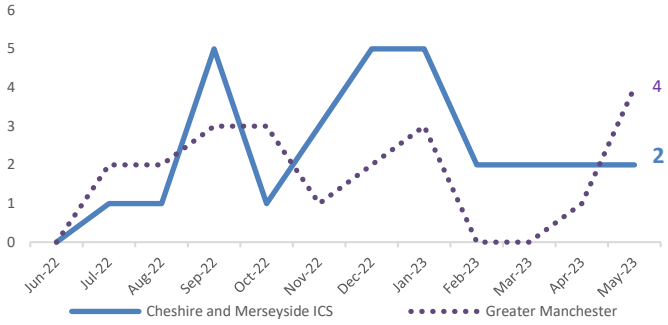
Organisation	Jan-23	Feb-23	Jun-23
Cheshire & Merseyside	95.0%	95.1%	95.2%
North West	94.2%	94.2%	95.2%
England	94.9%	95.2%	94.8%

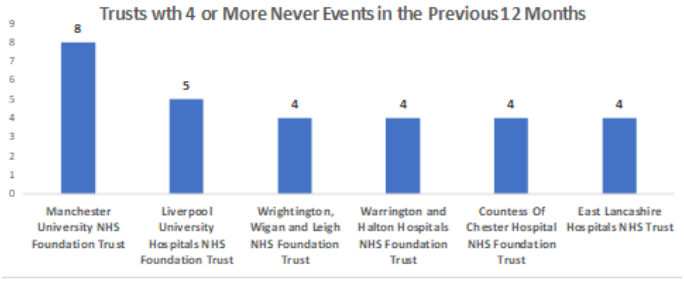
NOTE: No friends and family data published between March 2023 and May 2023.

Section VI: Quality Care

NHS Cheshire and Merseyside

Never Events





NOTE: as of 01/09/23 the latest data is for May 2023

Appendix 1 – ICB National priority metric summary

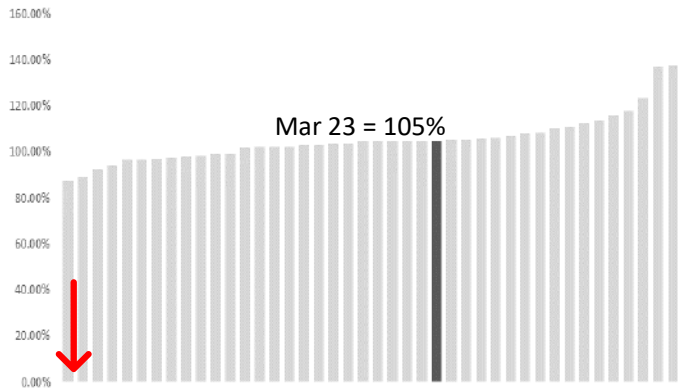
National Performance Ambition Metrics

NHS Cheshire and Merseyside

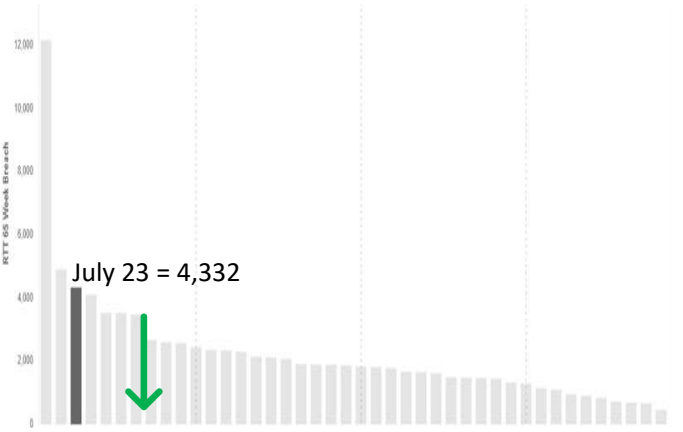
↓ ↑ Deterioration

↓ ↑ Improvement

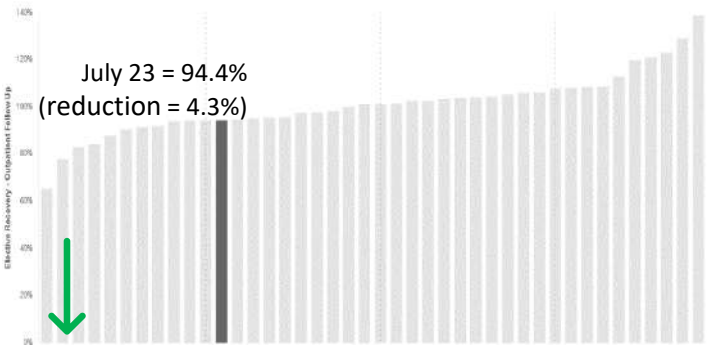
Increase diagnostic activity to pre-pandemic levels *(see note on following slide)



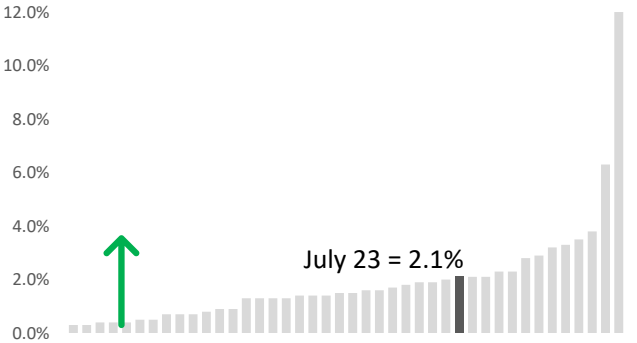
65-week waiters



-25% reduction in outpatient follow up attendances

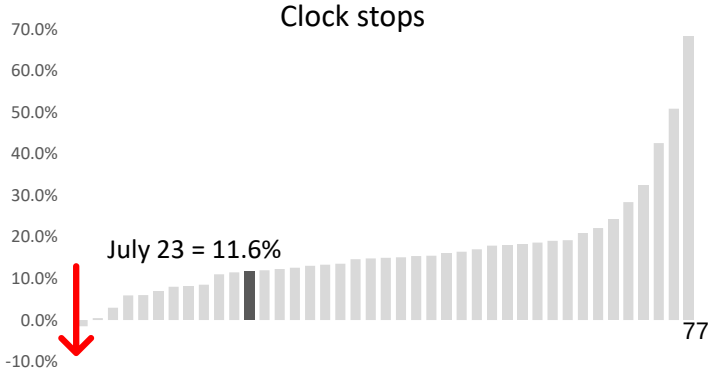


5% of outpatient attendances to convert to PIFU

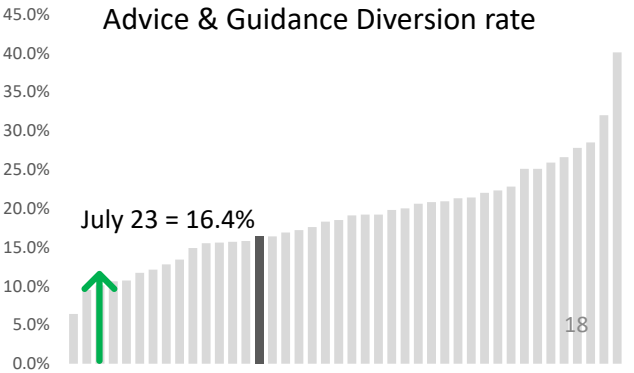


10% more patients to complete treatment through a combination of completed pathways (4% via clock stops and 6% via Advice & Guidance deflections)

Clock stops



Advice & Guidance Diversion rate



National Performance Ambition Metrics

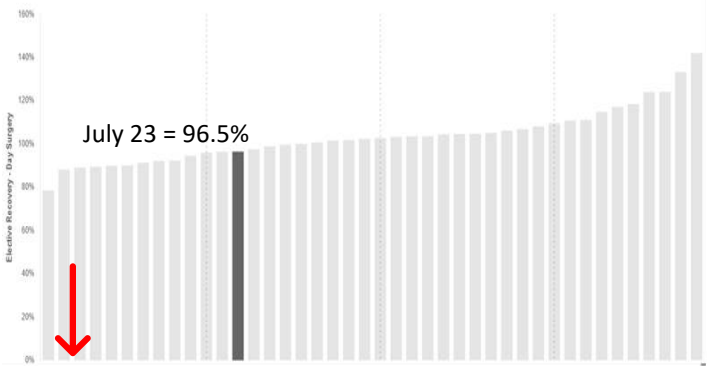
NHS Cheshire and Merseyside

↓ ↑ Deterioration

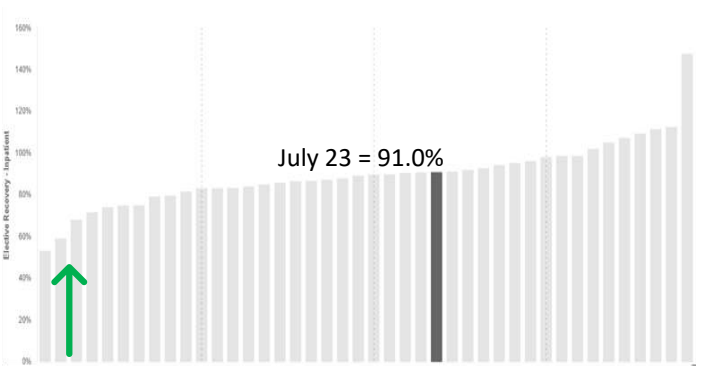
↓ ↑ Improvement

Increase day cases, ordinary admissions, OPFA and OP with procedures (excluding OPFU) compared to 2019/20 levels

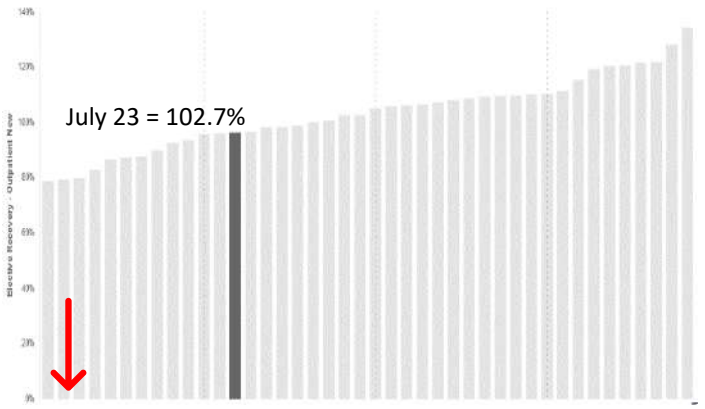
Day case



Ordinary admissions



Outpatient new



Note:

- Diagnostic activity reported here differs slightly to the YTD position due to this measure reported on an ICS provider footprint by NHS Futures and the YTD reported on a Sub ICB place footprint by NHS Digital
- A provisional local figure of 58 has been reported for March 2023, this is in line with the downward trajectory seen in the last two months, however this figure has not yet been confirmed in the national published figures and as such no comparison data is available.

National Performance Ambition Metrics

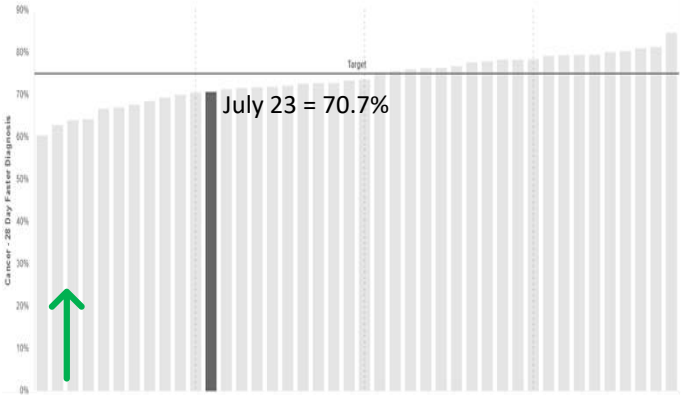
NHS Cheshire and Merseyside

↓ ↑ Deterioration

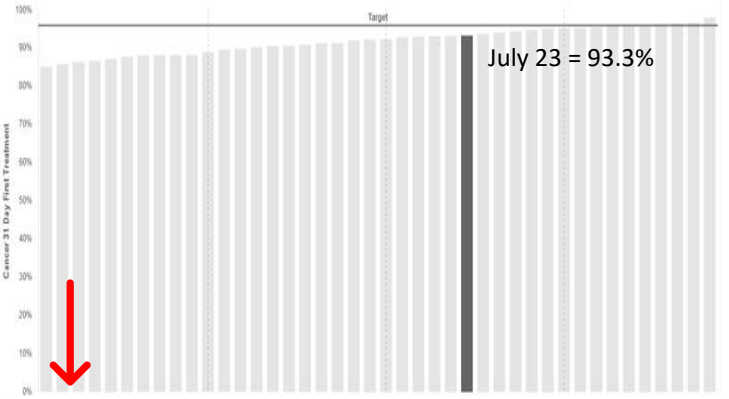
↓ ↑ Improvement

Improvements to cancer treatments against cancer standards (62 days urgent ref to 1st treatment, 28 faster diagnosis & 31 day decision to treat to 1st treatment)

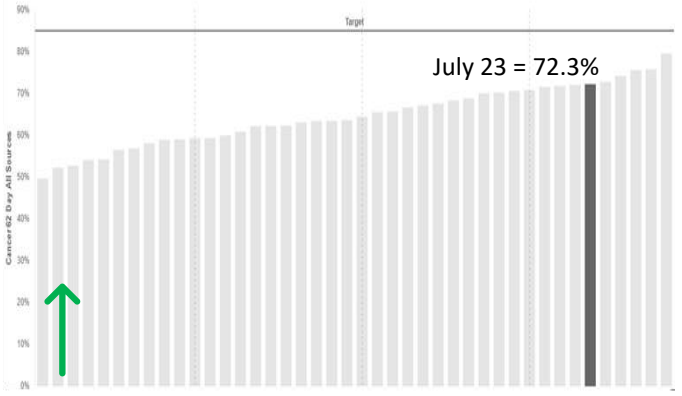
28 day faster diagnosis (75% standard)



31 day decision to treat (96% standard)



62 day referral to treat (85% standard)



Appendix 2 – Provider Summaries

Warrington & Halton Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**69.1%**
A&E Attendances All	Aug 23	-	10,249
C.difficile (Hospital Onset)	Jun 23	13.00	**20.8**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	75.4%
Cancer 2 Week Wait	Jul 23	93.00%	**69.0%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**51.8%**
Cancer 31 Day First Treatment	Jul 23	96.00%	98.6%
Cancer 62 Day Classic	Jul 23	85.00%	**62.9%**
Day Surgery Activity	Jul 23	-	2,045
Diagnostics - 6 Week Standard	Jun 23	1.00%	**25.6%**
E.coli (All Cases)	Jun 23	-	122.3
Elective Inpatient Activity	Jul 23	-	260
Mixed Sex Accommodation Breaches	Jul 23	0	**11**
MRSA (All Cases)	Jun 23	-	1.5
Outpatient Follow Up Activity	Jul 23	-	27,385
Outpatient New Activity	Jul 23	-	8,095
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**2,912**
RTT 78 Week Breach	Jul 23	0	**40**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**50.0%**
RTT Total Incompletes	Jul 23	-	32,203
Sickness Absence Rate	Apr 23	4.00%	**5.4%**
Staff Recommend Care	Q3 22/23	80.00%	**55.8%**
Summary Hospital Mortality Indicator	Apr 23	100.00	97.8

Wirral University Teaching Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**60.8%**
A&E Attendances All	Aug 23	-	10,992
C.difficile (Hospital Onset)	Jun 23	13.00	**39.6**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**74.3%**
Cancer 2 Week Wait	Jul 23	93.00%	**91.0%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**-**
Cancer 31 Day First Treatment	Jul 23	96.00%	**94.2%**
Cancer 62 Day Classic	Jul 23	85.00%	**71.8%**
Day Surgery Activity	Jul 23	-	3,630
Diagnostics - 6 Week Standard	Jun 23	1.00%	**4.5%**
E.coli (All Cases)	Jun 23	-	91.1
Elective Inpatient Activity	Jul 23	-	560
Mixed Sex Accommodation Breaches	Jul 23	0	**1**
MRSA (All Cases)	Jun 23	-	1.5
Outpatient Follow Up Activity	Jul 23	-	30,195
Outpatient New Activity	Jul 23	-	11,505
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**1,459**
RTT 78 Week Breach	Jul 23	0	**2**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**58.8%**
RTT Total Incompletes	Jul 23	-	42,631
Sickness Absence Rate	Apr 23	4.00%	**5.4%**
Staff Recommend Care	Q3 22/23	80.00%	**62.1%**
Summary Hospital Mortality Indicator	Apr 23	100.00	**105.5**

Mersey and West Lancashire Teaching Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**71.3%**
A&E Attendances All	Aug 23	-	24,077
C.difficile (Hospital Onset)	Jun 23	13.00	**15.7**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**72.7%**
Cancer 2 Week Wait	Jul 23	93.00%	**80.3%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**88.8%**
Cancer 31 Day First Treatment	Jul 23	96.00%	**95.1%**
Cancer 62 Day Classic	Jul 23	85.00%	**72.6%**
Day Surgery Activity	Jul 23	-	5,690
Diagnostics - 6 Week Standard	Jun 23	1.00%	**38.8%**
E.coli (All Cases)	Jun 23	-	93.6
Elective Inpatient Activity	Jul 23	-	650
Mixed Sex Accommodation Breaches	Jul 23	0	**1**
MRSA (All Cases)	Jun 23	-	2.2
Outpatient Follow Up Activity	Jul 23	-	44,425
Outpatient New Activity	Jul 23	-	20,950
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**2,326**
RTT 78 Week Breach	Jul 23	0	**5**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**61.5%**
RTT Total Incompletes	Jul 23	-	71,898
Sickness Absence Rate	Apr 23	4.00%	3.3%
Staff Recommend Care	Q3 22/23	80.00%	**77.6%**
Summary Hospital Mortality Indicator	Apr 23	100.00	**100.8**

Mid Cheshire Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**62.2%**
A&E Attendances All	Aug 23	-	9,506
C.difficile (Hospital Onset)	Jun 23	13.00	**16.0**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**65.3%**
Cancer 2 Week Wait	Jul 23	93.00%	**85.6%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**36.7%**
Cancer 31 Day First Treatment	Jul 23	96.00%	**86.3%**
Cancer 62 Day Classic	Jul 23	85.00%	**73.7%**
Day Surgery Activity	Jul 23	-	2,270
Diagnostics - 6 Week Standard	Jun 23	1.00%	**25.7%**
E.coli (All Cases)	Jun 23	-	102.0
Elective Inpatient Activity	Jul 23	-	180
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	1.6
Outpatient Follow Up Activity	Jul 23	-	14,175
Outpatient New Activity	Jul 23	-	7,085
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**2,570**
RTT 78 Week Breach	Jul 23	0	**43**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**56.3%**
RTT Total Incompletes	Jul 23	-	40,369
Sickness Absence Rate	Apr 23	4.00%	**4.4%**
Staff Recommend Care	Q3 22/23	80.00%	**67.1%**
Summary Hospital Mortality Indicator	Apr 23	100.00	96.2

Liverpool University Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**68.9%**
A&E Attendances All	Aug 23	-	25,588
C.difficile (Hospital Onset)	Jun 23	13.00	**25.1**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**74.4%**
Cancer 2 Week Wait	Jul 23	93.00%	**88.2%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**83.5%**
Cancer 31 Day First Treatment	Jul 23	96.00%	**86.2%**
Cancer 62 Day Classic	Jul 23	85.00%	**66.5%**
Day Surgery Activity	Jul 23	-	6,905
Diagnostics - 6 Week Standard	Jun 23	1.00%	**8.8%**
E.coli (All Cases)	Jun 23	-	118.9
Elective Inpatient Activity	Jul 23	-	1,110
Mixed Sex Accommodation Breaches	Jul 23	0	**3**
MRSA (All Cases)	Jun 23	-	1.7
Outpatient Follow Up Activity	Jul 23	-	57,090
Outpatient New Activity	Jul 23	-	27,280
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**3,894**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**53.6%**
RTT Total Incompletes	Jul 23	-	77,708
Sickness Absence Rate	Apr 23	4.00%	**5.9%**
Staff Recommend Care	Q3 22/23	80.00%	**56.0%**
Summary Hospital Mortality Indicator	Apr 23	100.00	**106.5**

East Cheshire Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**62.4%**
A&E Attendances All	Aug 23	-	4,247
C.difficile (Hospital Onset)	Jun 23	13.00	**14.5**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	75.4%
Cancer 2 Week Wait	Jul 23	93.00%	**86.6%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	97.4%
Cancer 31 Day First Treatment	Jul 23	96.00%	100%
Cancer 62 Day Classic	Jul 23	85.00%	**54.7%**
Day Surgery Activity	Jul 23	-	830
Diagnostics - 6 Week Standard	Jun 23	1.00%	**23.9%**
E.coli (All Cases)	Jun 23	-	115.7
Elective Inpatient Activity	Jul 23	-	120
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	2.6
Outpatient Follow Up Activity	Jul 23	-	5,680
Outpatient New Activity	Jul 23	-	4,630
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**488**
RTT 78 Week Breach	Jul 23	0	**1**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**55.6%**
RTT Total Incompletes	Jul 23	-	13,339
Sickness Absence Rate	Apr 23	4.00%	**4.9%**
Staff Recommend Care	Q3 22/23	80.00%	**62.6%**
Summary Hospital Mortality Indicator	Apr 23	100.00	**117.7**

Countess of Chester Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	**57.8%**
A&E Attendances All	Aug 23	-	6,839
C.difficile (Hospital Onset)	Jun 23	13.00	**41.7**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**55.3%**
Cancer 2 Week Wait	Jul 23	93.00%	**64.0%**
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	**-**
Cancer 31 Day First Treatment	Jul 23	96.00%	**92.1%**
Cancer 62 Day Classic	Jul 23	85.00%	**66.2%**
Day Surgery Activity	Jul 23	-	2,455
Diagnostics - 6 Week Standard	Jun 23	1.00%	**24.4%**
E.coli (All Cases)	Jun 23	-	98.9
Elective Inpatient Activity	Jul 23	-	220
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	2.6
Outpatient Follow Up Activity	Jul 23	-	23,475
Outpatient New Activity	Jul 23	-	8,680
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**3,250**
RTT 78 Week Breach	Jul 23	0	**3**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**48.4%**
RTT Total Incompletes	Jul 23	-	34,817
Sickness Absence Rate	Apr 23	4.00%	**5.1%**
Staff Recommend Care	Q3 22/23	80.00%	**46.7%**
Summary Hospital Mortality Indicator	Apr 23	100.00	97.3

Southport & Ormskirk Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	-
A&E Attendances All	Aug 23	-	-
C.difficile (Hospital Onset)	Jun 23	13.00	**24.1**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	-
Cancer 2 Week Wait	Jul 23	93.00%	-
Cancer 2 Week Wait Breast Symptomatic	Jul 23	93.0%	-
Cancer 31 Day First Treatment	Jul 23	96.00%	-
Cancer 62 Day Classic	Jul 23	85.00%	-
Day Surgery Activity	Jul 23	-	-
Diagnostics - 6 Week Standard	Jun 23	1.00%	**15.3%**
E.coli (All Cases)	Jun 23	-	131.6
Elective Inpatient Activity	Jul 23	-	-
Mixed Sex Accommodation Breaches	Jul 23	0	-
MRSA (All Cases)	Jun 23	-	1.4
Outpatient Follow Up Activity	Jul 23	-	-
Outpatient New Activity	Jul 23	-	-
RTT 104 Week Breach	Jul 23	0	-
RTT 52 Week Breach	**Jul 23**	**0**	-
RTT 78 Week Breach	Jul 23	0	-
RTT Incomplete 18 Week Standard	Jul 23	92.00%	-
RTT Total Incompletes	Jul 23	-	-
Sickness Absence Rate	Apr 23	4.00%	**5.2%**
Staff Recommend Care	Q3 22/23	80.00%	**51.2%**
Summary Hospital Mortality Indicator	Apr 23	100.00	**101.6**

Note: from July 23 S&O data is recorded against STHK ODS code, which has been renamed Mersey and West Lancashire Teaching Hospitals NHS Trust

Liverpool Women's Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	92.0%
A&E Attendances All	Aug 23	-	1,413
C.difficile (Hospital Onset)	Jun 23	13.00	0.0
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**42.5%**
Cancer 2 Week Wait	Jul 23	93.00%	**71.8%**
Cancer 31 Day First Treatment	Jul 23	96.00%	**66.7%**
Cancer 62 Day Classic	Jul 23	85.00%	**0.0%**
Day Surgery Activity	Jul 23	-	315
Diagnostics - 6 Week Standard	Jun 23	1.00%	**3.9%**
E.coli (All Cases)	Jun 23	-	38.5
Elective Inpatient Activity	Jul 23	-	125
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	0.0
Outpatient Follow Up Activity	Jul 23	-	5,765
Outpatient New Activity	Jul 23	-	3,540
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**1,301**
RTT 78 Week Breach	Jul 23	0	**10**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**49.2%**
RTT Total Incompletes	Jul 23	-	18,405
Sickness Absence Rate	Apr 23	4.00%	**6.4%**
Staff Recommend Care	Q3 22/23	80.00%	**71.6%**

Liverpool Heart & Chest Hospital

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Jun 23	13.00	7.6
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	75.0%
Cancer 2 Week Wait	Jul 23	93.00%	100%
Cancer 31 Day First Treatment	Jul 23	96.00%	98.2%
Cancer 62 Day Classic	Jul 23	85.00%	**83.3%**
Day Surgery Activity	Jul 23	-	350
Diagnostics - 6 Week Standard	Jun 23	1.00%	**2.1%**
E.coli (All Cases)	Jun 23	-	13.4
Elective Inpatient Activity	Jul 23	-	390
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	0.0
Outpatient Follow Up Activity	Jul 23	-	4,465
Outpatient New Activity	Jul 23	-	2,885
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**52**
RTT 78 Week Breach	Jul 23	0	**11**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**72.1%**
RTT Total Incompletes	Jul 23	-	4,921
Sickness Absence Rate	Apr 23	4.00%	4.0%
Staff Recommend Care	Q3 22/23	80.00%	90.6%

Alder Hey Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	92.4%
A&E Attendances All	Aug 23	-	4,479
C.difficile (Hospital Onset)	Jun 23	13.00	1.5
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	100%
Cancer 2 Week Wait	Jul 23	93.00%	100%
Cancer 31 Day First Treatment	Jul 23	96.00%	100%
Cancer 62 Day Classic	Jul 23	85.00%	100%
Day Surgery Activity	Jul 23	-	1,800
Diagnostics - 6 Week Standard	Jun 23	1.00%	**6.3%**
E.coli (All Cases)	Jun 23	-	46.1
Elective Inpatient Activity	Jul 23	-	375
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	0.0
Outpatient Follow Up Activity	Jul 23	-	17,395
Outpatient New Activity	Jul 23	-	6,630
RTT 104 Week Breach	Jul 23	0	**1**
RTT 52 Week Breach	**Jul 23**	**0**	**899**
RTT 78 Week Breach	Jul 23	0	**2**
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**50.8%**
RTT Total Incompletes	Jul 23	-	23,923
Sickness Absence Rate	Apr 23	4.00%	**5.6%**
Staff Recommend Care	Q3 22/23	80.00%	86.4%

The Walton Centre

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Jun 23	13.00	10.8
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	-
Cancer 2 Week Wait	Jul 23	93.00%	-
Cancer 31 Day First Treatment	Jul 23	96.00%	-
Cancer 62 Day Classic	Jul 23	85.00%	-
Day Surgery Activity	Jul 23	-	940
Diagnostics - 6 Week Standard	Jun 23	1.00%	0.6%
E.coli (All Cases)	Jun 23	-	23.7
Elective Inpatient Activity	Jul 23	-	225
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	0.0
Outpatient Follow Up Activity	Jul 23	-	8,420
Outpatient New Activity	Jul 23	-	3,795
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**60**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**69.1%**
RTT Total Incompletes	Jul 23	-	14,237
Sickness Absence Rate	Apr 23	4.00%	**4.8%**
Staff Recommend Care	Q3 22/23	80.00%	86.5%

The Clatterbridge Cancer Centre

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
C.difficile (Hospital Onset)	Jun 23	13.00	**35.2**
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	**71.4%**
Cancer 2 Week Wait	Jul 23	93.00%	94.7%
Cancer 31 Day First Treatment	Jul 23	96.00%	100%
Cancer 62 Day Classic	Jul 23	85.00%	**76.5%**
Day Surgery Activity	Jul 23	-	245
Diagnostics - 6 Week Standard	Jun 23	1.00%	0.0%
E.coli (All Cases)	Jun 23	-	150.4
Elective Inpatient Activity	Jul 23	-	85
Mixed Sex Accommodation Breaches	Jul 23	0	0
MRSA (All Cases)	Jun 23	-	3.2
Outpatient Follow Up Activity	Jul 23	-	42,600
Outpatient New Activity	Jul 23	-	1,585
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**0**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	96.2%
RTT Total Incompletes	Jul 23	-	887
Sickness Absence Rate	Apr 23	4.00%	**4.5%**
Staff Recommend Care	Q3 22/23	80.00%	85.4%

Cheshire & Wirral Partnership

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
Day Surgery Activity	Jul 23	-	-
EIP Open Referrals Waited < 2 Weeks	Jul 23	60.00%	-
Elective Inpatient Activity	Jul 23	-	-
IAPT Face to Face	Jan 23	-	13%
IAPT Recovery Rate	Jan 23	50.0%	52.8%
IAPT Referrals Entered Treatment	Jan 23	-	825
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	98.9%
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	94.5%
Mixed Sex Accommodation Breaches	Jul 23	0	0
Outpatient Follow Up Activity	Jul 23	-	-
Outpatient New Activity	Jul 23	-	-
Sickness Absence Rate	Apr 23	4.00%	**6.0%**
Staff Recommend Care	Q3 22/23	80.00%	**70.6%**

Mersey Care

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	95.5%
A&E Attendances All	Aug 23	-	12,010
Day Surgery Activity	Jul 23	-	-
EIP Open Referrals Waited < 2 Weeks	Jul 23	60.00%	69.2%
Elective Inpatient Activity	Jul 23	-	-
IAPT Face to Face	Jan 23	-	-
IAPT Recovery Rate	Jan 23	50.0%	**49.1%**
IAPT Referrals Entered Treatment	Jan 23	-	2,110
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	99.5%
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	96.8%
Mixed Sex Accommodation Breaches	Jul 23	0	0
Outpatient Follow Up Activity	Jul 23	-	-
Outpatient New Activity	Jul 23	-	-
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**0**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	98.0%
RTT Total Incompletes	Jul 23	-	49
Sickness Absence Rate	Apr 23	4.00%	**7.0%**
Staff Recommend Care	Q3 22/23	80.00%	**66.8%**

Wirral Community

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	96.1%
A&E Attendances All	Aug 23	-	4,690
Cancer 31 Day First Treatment	Jul 23	96.00%	-
Cancer 62 Day Classic	Jul 23	85.00%	-
Diagnostics - 6 Week Standard	Jun 23	1.00%	0.0%
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**0**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	100%
RTT Total Incompletes	Jul 23	-	127
Sickness Absence Rate	Apr 23	4.00%	**5.3%**
Staff Recommend Care	Q3 22/23	80.00%	**71.6%**

Bridgewater Community Healthcare

NHS Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Aug 23	76.00%	98.7%
A&E Attendances All	Aug 23	-	3,342
Cancer - 28 Day Faster Diagnosis	Jul 23	75.0%	86.7%
Cancer 2 Week Wait	Jul 23	93.00%	98.4%
Cancer 31 Day First Treatment	Jul 23	96.00%	100%
Cancer 62 Day Classic	Jul 23	85.00%	**78.9%**
Day Surgery Activity	Jul 23	-	-
Diagnostics - 6 Week Standard	Jun 23	1.00%	**23.3%**
Elective Inpatient Activity	Jul 23	-	-
IAPT Recovery Rate	Jan 23	50.0%	-
IAPT Referrals Entered Treatment	Jan 23	-	-
IAPT Waited Less Than 18 Weeks	Jan 23	95.0%	-
IAPT Waited Less Than 6 Weeks	Jan 23	75.0%	-
Mixed Sex Accommodation Breaches	Jul 23	0	-
Outpatient Follow Up Activity	Jul 23	-	-
Outpatient New Activity	Jul 23	-	-
RTT 104 Week Breach	Jul 23	0	0
RTT 52 Week Breach	**Jul 23**	**0**	**5**
RTT 78 Week Breach	Jul 23	0	0
RTT Incomplete 18 Week Standard	Jul 23	92.00%	**65.3%**
RTT Total Incompletes	Jul 23	-	2,988
Sickness Absence Rate	Apr 23	4.00%	**5.3%**
Staff Recommend Care	Q3 22/23	80.00%	**79.3%**

C&M Place Summary:

September 23 System Oversight Framework publication

NHS Cheshire and Merseyside

Rank Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile

NHS OF Metric Name Full	Aggregation Source	Period	NHS CHESHIRE (SUB ICB LOCATION) (27D)	NHS HALTON (SUB ICB LOCATION) (01F)	NHS KNOWSLEY (SUB ICB LOCATION) (01J)
S012a: Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 06	66.7%	74.7%	70.3%
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2023 06	15	3	3
S041a: Clostridium difficile infection rate	SubICB	2023 06	135.3%	118.2%	85.1%
S042a: E. coli bloodstream infection rate	SubICB	2023 06	112.4%	124.7%	126.4%
S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	2023 05	98.1%	117%	120.5%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2023 05	6.87%	6.1%	6.9%
S047a: Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2023 02	84.3%	80.3%	73.1%
S050a: Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	22-23 Q4	74.5%	70%	70.8%
S053b: % of hypertension patients who are treated to target as per NICE guidance (S053b)	SubICB	2022-23	69.5%	68.5%	62.3%
S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (S053c)	SubICB	22-23 Q4	58.9%	60.7%	61.5%
S081a: Access rate for IAPT services	SubICB	2023 03	69.3%	60.1%	71.2%
S086a: Inappropriate adult acute mental health placement out -of-area placement bed days	SubICB	2023 05	2,000	0	0
S129a: GP appointments - percentage of regular appointments within 14 days.	SubICB	2023 06	87.2%	82.4%	87.4%
S130a: Dementia diagnosis rate	SubICB	2023 06	66%	67.3%	58.6%
S131a: Women accessing specialist community perinatal mental health services	SubICB	2023 04	278.7%	333.3%	218.8%

C&M Place Summary:

September 23 System Oversight Framework publication

NHS Cheshire and Merseyside

Rank Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile

NHS OF Metric Name Full	Aggregation Source	Period	NHS LIVERPOOL (SUB ICB LOCATION) (99A)	NHS SOUTH SEFTON (SUB ICB LOCATION) (01T)	NHS SOUTHPORT AND FORMBY (SUB ICB LOCATION) (01V)
S012a: Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 06	66%	66.1%	69.8%
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2023 06	7	1	1
S041a: Clostridium difficile infection rate	SubICB	2023 06	111.6%	86.2%	104.8%
S042a: E. coli bloodstream infection rate	SubICB	2023 06	135.3%	137.8%	126.7%
S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	2023 05	111.7%	122.5%	104.5%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2023 05	7.65%	8.21%	8.04%
S047a: Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2023 02	73.8%	76.2%	82.7%
S050a: Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	22-23 Q4	63%	67.8%	71.8%
S053b: % of hypertension patients who are treated to target as per NICE guidance (S053b)	SubICB	2022-23	65.8%	59.4%	70.5%
S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (S053c)	SubICB	22-23 Q4	63.7%	61.2%	53.9%
S081a: Access rate for IAPT services	SubICB	2023 03	49.7%	47.7%	47.2%
S086a: Inappropriate adult acute mental health placement out -of-area placement bed days	SubICB	2023 05	45	0	0
S129a: GP appointments - percentage of regular appointments within 14 days.	SubICB	2023 06	92%	89.8%	89.3%
S130a: Dementia diagnosis rate	SubICB	2023 06	61.3%	59.6%	71.3%
S131a: Women accessing specialist community perinatal mental health services	SubICB	2023 04	230%	233.3%	312.5%

C&M Place Summary:

September 23 System Oversight Framework publication

NHS Cheshire and Merseyside

Rank Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile

NHS OF Metric Name Full	Aggregation Source	Period	NHS ST HELENS (SUB ICB LOCATION) (01X)	NHS WARRINGTON (SUB ICB LOCATION) (02E)	NHS WIRRAL (SUB ICB LOCATION) (12F)
S012a: Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 06	69%	77.2%	78%
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	SubICB	2023 06	2	2	4
S041a: Clostridium difficile infection rate	SubICB	2023 06	125.5%	140%	144.3%
S042a: E. coli bloodstream infection rate	SubICB	2023 06	100.7%	148.5%	140.4%
S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	2023 05	118.5%	99%	115.4%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	2023 05	5.69%	6.26%	9.27%
S047a: Proportion of people over 65 receiving a seasonal flu vaccination	SubICB	2023 02	77.7%	80.9%	81.1%
S050a: Cervical screening coverage - % females aged 25 - 64 attending screening within the target period	SubICB	22-23 Q4	70.8%	73.4%	71.7%
S053b: % of hypertension patients who are treated to target as per NICE guidance (S053b)	SubICB	2022-23	67.3%	64.3%	65.5%
S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins (S053c)	SubICB	22-23 Q4	58.8%	59.4%	61.6%
S081a: Access rate for IAPT services	SubICB	2023 03	105.7%	61.3%	77.1%
S086a: Inappropriate adult acute mental health placement out -of-area placement bed days	SubICB	2023 05	0	155	1,460
S129a: GP appointments - percentage of regular appointments within 14 days.	SubICB	2023 06	85.9%	86.9%	87.5%
S130a: Dementia diagnosis rate	SubICB	2023 06	70.4%	72.6%	64.2%
S131a: Women accessing specialist community perinatal mental health services	SubICB	2023 04	264.7%	342.1%	224.1%

ICB – Provider SOF Segments

NHS Cheshire and Merseyside

Updated 25th May 2023

Trust	Segment	Change from Apr 23
Liverpool Heart and Chest Hospital NHS Foundation Trust	1	↔
The Walton Centre NHS Foundation Trust	1	↔
Alder Hey Children's NHS Foundation Trust	2	↔
Bridgewater Community Healthcare NHS Foundation Trust	2	↔
Cheshire and Wirral Partnership NHS Foundation Trust	2	↔
Clatterbridge Cancer Centre NHS Foundation Trust	2	↔
Mersey and West Lancashire Teaching Hospitals NHS Trust	2	↔
Mersey Care NHS Foundation Trust	2	↔
Mid-Cheshire Hospital NHS Foundation Trust	2	↔
North West Ambulance Service NHS Trust	2	↔
Warrington and Halton Teaching Hospitals NHS Foundation Trust	2	↔
Wirral Community Health and Care NHS Foundation Trust	2	↔
Countess of Chester NHS Foundation Trust	3	↔
East Cheshire NHS Trust	3	↔
Liverpool Women's Hospital NHS Foundation Trust	3	↔
Wirral University Teaching Hospital NHS Foundation Trust	3	↔
Liverpool University Hospitals NHS Foundation Trust	4	↔

https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

Key

Segment 1	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities
Segment 2	Plans that have the support of system partners in place to address areas of challenge.Targeted support may be required to address specific identified issues
Segment 3	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)
Segment 4	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

ICB SOF Segments

NHS Cheshire and Merseyside

ODS Code	ICB	Segment
QNQ	Frimley	1
QHG	Bedfordshire, Luton and Milton Keynes	2
QVV	Dorset	2
QR1	Gloucestershire	2
QOQ	Humber and North Yorkshire	2
QMJ	North Central London	2
QHM	North East & North Cumbria	2
QRV	North West London	2
QT1	Nottingham and Nottinghamshire	2
QSL	Somerset	2
QWE	South West London	2
QF7	South Yorkshire	2
QJG	Suffolk and North East Essex	2
QXU	Surrey Heartlands	2
QNX	Sussex	2
QWO	West Yorkshire	2
QOX	Bath and North East Somerset, Swindon and Wiltshire	3
QHL	Birmingham and Solihull	3
QUA	Black Country	3
QUY	Bristol, North Somerset and South Gloucestershire	3
QU9	Buckinghamshire, Oxfordshire and Berkshire West (BOB)	3
QUE	Cambridgeshire and Peterborough	3
QYG	Cheshire and Merseyside	3
QT6	Cornwall and The Isles of Scilly	3
QWU	Coventry and Warwickshire	3
QJ2	Derby and Derbyshire	3
QOP	Greater Manchester	3
QGH	Herefordshire and Worcestershire	3
QM7	Hertfordshire and West Essex	3
QKS	Kent and Medway	3
QE1	Lancashire and South Cumbria	3
QK1	Leicester, Leicestershire and Rutland	3
QH8	Mid and South Essesx	3
QMF	North East London	3
QPM	Northamptonshire	3
QKK	South East London	3
QNC	Staffordshire and Stoke on Trent	3
QJK	Devon	4
QRL	Hampshire and the Isle of Wight	4
QJM	Lincolnshire	4
QMM	Norfolk and Waveney	4
QOC	Shropshire, Telford & Wrekin	4

Published 18th August 2023

Key

Segment 1	Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities
Segment 2	Plans that have the support of system partners in place to address areas of challenge.Targeted support may be required to address specific identified issues
Segment 3	Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)
Segment 4	In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support

https://www.england.nhs.uk/publication/nhs-oversight-framework-segmentation/

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

28 September 2023

Report of the Chair of the Quality & Performance Committee

Agenda No:	**ICB/09/23/11**
Report author & contact details	Kerry Lloyd, Deputy Director of Nursing & Care kerry.lloyd@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Tony Foy, Chair
Responsible Officer to take actions forward	Kerry Lloyd, Deputy Director of Nursing & Care

Report of the Chair of the Quality & Performance Committee

Executive Summary	The purpose of this report is to provide assurance to the C&M Integrated Care Board with regard to key issues, considerations, approvals and matters of escalation considered by the C&M ICB Quality & Performance Committee in securing continuous improvement in the quality of services, against each of the dimensions of quality (safe, effective, person-centered, well-led, sustainable and equitable), set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care, coupled with a focus on performance.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Board is asked to:** 1. Section 2 note the content 2. Section 4 Consider the matters escalated to the ICB Board				
Key issues	Outlined within the report				
Key risks	Outlined within the report				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X	X	X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
	X	X	X	X	
Management of Conflicts of Interest	No conflicts of interest declared at the Committee.				
Next Steps	Noted in the body of report.				
Appendices	None				

Report of the Chair of the Quality & Performance Committee

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Quality & Performance Committee	The Quality and Performance Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality (safe, effective, person-centred, well-led, sustainable and equitable), set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care, coupled with a focus on performance. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care. The committee will focus on quality performance data and information and consider the levels of assurance that the ICB can take from performance oversight arrangements within the ICS and actions to address any performance issues. In particular, the Committee will provide assurance to the ICB on the delivery of the following statutory duties: • Duties in relation children including safeguarding, promoting welfare, SEND (including the Children Acts 1989 and 2004, and the Children and Families Act 2014); and • Adult safeguarding and carers (the Care Act 2014).	Tony Foy

2. Meetings held and Summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
QP/23/09/08	14/09/23	**Learning Disability Mortality Review Paper (LeDeR)** The committee was provided with its quarterly report as to the delivery of LeDeR reviews in C&M. The committee were presented with an update as to the quality improvement work underway to ensure that those from a Black Minority and Ethnic background were bet represented within reviews undertaken and an emphasis on co-production to ensure reports reference those with lived experience. The committee was informed that due to staffing and resource issues the team were delivering 22% of LeDeR reviews within the 6 month timeline and were advised by NHS England that they were not able to seek private sector support to reduce backlog. The team were actively recruiting to ensure the numbers of reviewers were increased and could return to delivery of national targets. The committee asked for more detail on the associated learning from reviews and were advised that detailed learning would be provided in the annual report at the December 2023 committee. .
QP/23/09/09	14/09/23	**Maternity Report** The committee received its monthly assurance report from the Local Maternity and Neonatal Services (LMNS) lead. The committee received detailed analysis of maternity key performance indicators and the work underway to ensure systemic learning from Serious Incidents takes place via the established C&M wide panel, following a learning event in August 2023. The committee received an update that Maternity services at Wirral University Teaching Hospital (WUTH) had received a rating of 'Good' following their inspection of maternity services in April 2023, and that Warrington & Halton Trust were being inspected at the time of meeting. The committee received assurance as to the levels of surveillance at both regional and ICB level that look at peri-natal outcomes, including mortality for providers in

Decision Log Ref No.	Meeting Date	Issues considered
		C&M, as well as the operational oversight that occurs at the weekly maternity Gold command meetings.
QP/23/09/14	14/09/23	**Quarterly Patient Safety Report** The committee received its routine reporting as to patient safety and requested additional assurance as to the learning from incidents and the work undertaken to reduce the number of Never Events.
QP/23/09/16	14/09/23	**Performance Report** The committee received its monthly overview of key sentinel metrics drawn from the 2023/24 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health, and Primary Care, as well as a summary of key issues, impact, and mitigations.
23/09/17	14/09/23	**Quality Aggregated and Place Based Report** The committee received its monthly assurance as to those strategic risks to quality identified both systemically and within place based areas. There was a focus on those providers covering Liverpool, Sefton & Knowsley.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration) The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
23/09/18	14/09/23	**NHS Cheshire & Merseyside Safeguarding Supervision Policy** The committee noted and approved the contents of the policy that had been previously developed by the Designated Professionals group and signed off by the System Oversight Board in line with the agreed governance.

4. Escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
QP/23/09/10	14/09/23	**Liverpool Women's Hospital – Emerging Concerns Group** The committee received a briefing report following the convening of a ICB wide, and newly established Emerging Concerns Group (ECG). The committee agreed that considering triangulated intelligence shared, relating to quality, finance, performance, and workforce that the Trust should move into an enhanced oversight status and that this work should dovetail with the work developed to support improvements in National Oversight Framework ratings. This outcome would be reported to the Board and then agreed with the Trust as to next steps, superseding place based governance in place currently.
23/09/11	14/09/23	**Mortality Reporting at East Cheshire Trust – Findings from the Rapid Quality Review** The committee received a presentation from the ICB Medical Director which outlined background and context that led to the convening of Rapid Quality Review process, in relation to the increased Summary Hospital Mortality Indicator at East Cheshire Trust. The committee was informed about the findings of the data analysis that had taken place and the associated findings. It was agreed to progress with the improvement plan through the establishment of two subgroups- one to look at *out* of hospital pathways and the other to agree key metrics/ development of a dashboard and areas of work to improve *in* hospital pathways- strengthening work around hydration and the deteriorating patient. The committee was assured by the actions to be subsequently taken and the focus areas that were agreed in line with the data and findings. The committee will receive monthly updates as standard agenda item until improvements are seen and sustained.

23/09/13	14/09/23	**Improving Access to Psychological Therapies (IAPT)** Following several Serious Incidents involving patients either awaiting IAPT services or receiving interventions, the committee requested additional assurance as to the risk assessments, triage and waiting times for IAPT services from the Lead Provider Collaborative. The committee requested further assurances as to 'internal waits' within treatment services and detail as to the contractual oversight of IAPT services at 'place,' this would be brought back to future meeting.

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	-	-

6. Recommendations

6.1 **The ICB Board is asked to:**

- Section 2 - note the content
- Section 3 – note the decision made
- Section 4 - note and consider the content of issues agreed as requiring escalation to the Board.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Cheshire and Merseyside System Finance Headline Report Month 5

Agenda Item No	**ICB/23/09/12**
Report author & contact details	Frankie Morris – Associate Director of Finance (Provider Assurance, Capital & Financial Strategy) Rebecca Tunstall – Associate Director of Finance (Planning & Reporting)
Report approved by (Sponsoring Director)	Claire Wilson – Executive Director of Finance
Responsible Officer to take actions forward	Claire Wilson – Executive Director of Finance

Cheshire and Merseyside System Finance Headline Report – Month 5

Executive Summary	This report gives the Board headline updates on the financial performance of Cheshire and Merseyside ICS ("the System") for 2023/24, in terms of relative position against its financial plan as submitted to NHS England in May 2023, alongside other measures of financial performance. The format of this report has been adapted to support the revised reporting cycle, with detailed assurance provided through the Finance, Investment and Resources Committee on behalf of the Board. This report should be considered alongside the Chairs report for that Committee. As at 31st August 2023 (Month 5), the 'System' is reporting a deficit of £123.7m against a planned deficit of £73.7m resulting in an adverse year to date variance of £50.0m. The system is forecasting a position in line with its plan by year end of £51.2m deficit, however, has £125m of financial risk identified.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X				
Recommendation	**The Committee is asked to:** • **Note** the contents of this report in respect of Month 5 ICB / ICS financial position for both revenue and capital within 2023/24 financial year.				
Key issues	The impact of industrial action and excess inflation continue to have an adverse impact on the system financial position. Actions set out in the paper describe work being done to mitigate these pressures as far as possible.				
Key risks	Outlined within the main paper.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X		X	X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
				X	
Route to this meeting	Position reported to ICB Finance, Investment and Resources Committee on 19th September 2023 together with a detailed review of the key issues impacting on the year to date variance to plan. The provider position will be presented to both Cheshire and Merseyside Collaboratives in line with agreed reporting timetable.				
Management of Conflicts of Interest	No specific issues raised				
Patient and Public Engagement	Financial performance at both place and provider level will be subject to local public communications and engagement arrangements.				
Equality, Diversity and Inclusion	Efficiency Plans and Investment decisions will need to be subject to organisation level Equality Impact Assessments (EIA). This will be subject to internal audit review in line with locally agreed audit plans.				
Health inequalities	Healthcare resource and investment decisions impact on health inequalities and so future place-based allocation decisions will be subject to EIA processes. Strong budget management and control is important to minimise areas of overspend which lead to an unplanned redistribution of resources.				
Next Steps	Continued monitoring of financial forecasts for revenue and capital allocations. Further development of cost improvement plans and system wide efficiency opportunities. Development of financial strategy to support future financial sustainability.				

Cheshire and Merseyside System Finance Headline Report – Month 5

1. Executive Summary

1.1. This summary report updates the on the financial performance of Cheshire and Merseyside ICS ("the System") for 2023/24, in terms of relative position against its financial plan as submitted to NHS England, and alongside some measures of financial performance.

1.2. The format of this report has been adapted to support the revised reporting cycle, with detailed assurance provided through the Finance, Investment and Resources Committee on behalf of the Board. This report should be considered alongside the Chairs report for that Committee.

2. Key Messages

2.1. Cheshire and Merseyside Integrated Care System (ICS) continues to face a very challenging financial position as the service manages the operational pressures arising from industrial action, urgent care flow and inflation significantly above funded levels.

2.2. The year to date (YTD) position for the system is a deficit of £124m, which is £50m worse than the £74m plan for this point in the year.

2.3. Key drivers to this variance are:

- Prescribing inflation above funded levels (£19m)
- Industrial action costs (£11m)
- Mental health packages of care (£10m)
- CHC activity and inflation pressures (£9.5m)
- Undelivered CIP (£4.6m).

2.4. Unmitigated risk of £125m is currently being reported, however, the formal forecast remains in line with the £51m deficit planned. Any change to this forecast will need to be agreed with NHS England in line with its formal forecast protocol process. There are a number of variables that are currently being worked through which could have a material impact on the forecast, particularly relating to national support for industrial action.

2.5. Further adjustments to elective recovery trajectories for the impact of Industrial action are anticipated; once confirmed this will further mitigate under-recovery of elective income for acute providers. Until any changes are agreed, it difficult to assess how much mitigation this can provide at this stage in the year.

2.6. Cost Improvement Plans have delivered £132.7m YTD, £4.6m behind plan, with £84.2m achieved recurrently (63%). Forecast to deliver £245m **recurrent** savings by end of year.

3. Month 5 (August) Performance

3.1. The table below sets out the financial position reported at month 5.

System financial performance for the period ending 31st August 2023

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan YTD £000	Actual YTD £000	Variance YTD £000	Variance YTD %	Plan Year Ending £000	Forecast Year Ending £000	Variance Year Ending £000	Variance Year Ending %
Cheshire And Merseyside ICB	28,733	(2,482)	(31,216)	(1.2%)	68,960	68,960	0	0.0%
Alder Hey Children'S NHS Foundation Trust	(1,500)	(1,489)	11	0.0%	12,308	12,308	(0)	(0.0%)
Bridgewater Community Healthcare NHS Foundation Trust	2	1	(1)	(0.0%)	-	0	0	0.0%
Cheshire And Wirral Partnership NHS Foundation Trust	(211)	(1,326)	(1,115)	(1.1%)	0	-	(0)	(0.0%)
Countess Of Chester Hospital NHS Foundation Trust	(10,426)	(17,394)	(6,968)	(5.2%)	(25,194)	(25,194)	(0)	(0.0%)
East Cheshire NHS Trust	(3,914)	(4,664)	(750)	(0.9%)	(4,358)	(4,358)	-	0.0%
Liverpool Heart And Chest Hospital NHS Foundation Trust	4,090	4,226	136	0.1%	9,824	9,824	(0)	(0.0%)
Liverpool University Hospitals NHS Foundation Trust	(57,208)	(57,177)	31	0.0%	(60,663)	(60,663)	(0)	(0.0%)
Liverpool Women'S NHS Foundation Trust	(7,176)	(8,646)	(1,469)	(2.5%)	(15,427)	(15,427)	0	0.0%
Mersey Care NHS Foundation Trust	3,345	3,345	-	0.0%	6,400	6,400	0	0.0%
Mid Cheshire Hospitals NHS Foundation Trust	(9,895)	(14,530)	(4,635)	(3.1%)	(18,909)	(18,909)	0	0.0%
Southport And Ormskirk Hospital NHS Trust	(2,010)	(2,010)	-	0.0%	(2,010)	(2,010)	-	0.0%
Mersey and West Lancashire Teaching Hospitals NHS Trust	843	(1,357)	(2,200)	(0.8%)	7,598	7,598	(0)	(0.0%)
The Clatterbridge Cancer Centre NHS Foundation Trust	153	207	55	0.1%	363	363	(0)	(0.0%)
The Walton Centre NHS Foundation Trust	2,275	2,285	10	0.0%	4,079	4,079	-	0.0%
Warrington And Halton Teaching Hospitals NHS Foundation Trust	(9,232)	(11,647)	(2,415)	(1.8%)	(15,748)	(15,748)	-	0.0%
Wirral Community Health And Care NHS Foundation Trust	257	260	3	0.0%	201	203	2	0.0%
Wirral University Teaching Hospital NHS Foundation Trust	(11,840)	(11,257)	583	0.3%	(18,600)	(18,600)	0	0.0%
ICS Total	(73,713)	(123,654)	(49,941)	(1.8%)	(51,175)	(51,173)	1	0.0%

3.2. Eight provider organisations are currently reporting adverse year to date variances totalling £18.7m YTD. The key factors contributing to this position are as follows:

- Impact of industrial action (estimated at £11m YTD) driven by:
  - Payments to support the cover arrangement put in place to keep services safe which are generally paid at premium rates.
  - Loss of income associated with the elective care activity stood down on the days of industrial action
- Underperformance of CIP delivery (£4m YTD). In some areas, this is driven by operational pressures in urgent care flow which have prevented planned escalation bed closures.
- Mental Health packages of care (£2m YTD).

3.3. The ICB is reporting an adverse variance to plan of £31.2m. The table below provides further detail.

4. ICB financial performance for the period ending 31st August 2023

	Plan YTD £m	Actual YTD £m	Variance YTD £m	Variance YTD %
System Revenue Resource Limit	(2,712.7)			
ICB Net Expenditure				
Acute Services	1,386.0	1,387.3	(1.3)	(0.1%)
Mental Health Services	262.4	265.4	(2.9)	(1.1%)
Community Health Services	263.5	267.6	(4.0)	(1.5%)
Continuing Care Services	145.7	155.4	(9.7)	(6.7%)
Primary Care Services	254.5	271.3	(16.9)	(6.6%)
Memo: Prescribing	207.7	226.7	(19.0)	(9.1%)
Other Commissioned Services	6.1	5.2	0.9	14.9%
Other Programme Services	20.3	20.3	0.0	0.0%
Reserves / Contingencies	1.9	-	1.9	100.0%
Delegated Primary Care Commissioning	322.4	321.7	0.7	0.2%
ICB Running Costs	21.1	21.0	0.1	0.7%
Total ICB Net Expenditure	2,684.0	2,715.2	(31.2)	(1.2%)
ICS Providers I&E - Adjusted Financial Performance				
Income	(2,457.8)	(2,557.2)	99.4	(4.0%)
Pay	1,672.1	1,753.4	(81.4)	(4.9%)
Non-Pay	846.7	893.0	(46.3)	(5.5%)
Non Operating Items	41.5	31.9	9.5	23.0%
TOTAL Provider Surplus/(Deficit)	(102.4)	(121.2)	(18.7)	18.3%
TOTAL ICS Surplus/(Deficit)	(73.7)	(123.7)	(49.9)	67.8%

4.1 The key factors influencing this adverse position are as follows:

- **Prescribing (£19m adverse YTD) –** estimated overspend based on June 2023 prescribing data (latest available) and reflecting inflationary pressure above national planning assumptions. Inflation currently running at 9.5% with national planning assumptions and funding uplifts set at 0% for inflation.

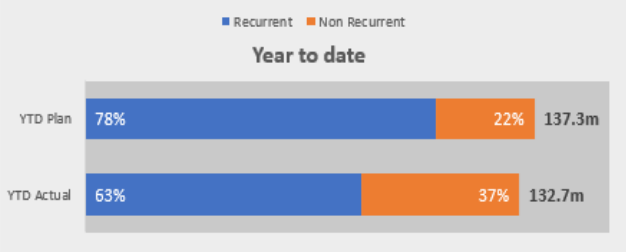
- **Mental Health Services (£2.9m)** – overspend relating to packages of care linked to increased volume of service users and rates increasing above funded inflation levels.

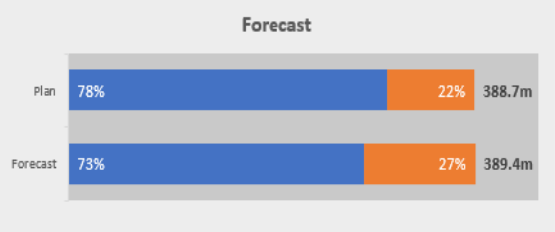
- **Continuing Care (£9.7m)** - overspend relating to increases to volume and price for continuing care including the impact of inflation above national planning assumptions. This is an area of significant focus by each place team.

5. Cost Improvement Plans (CIP)

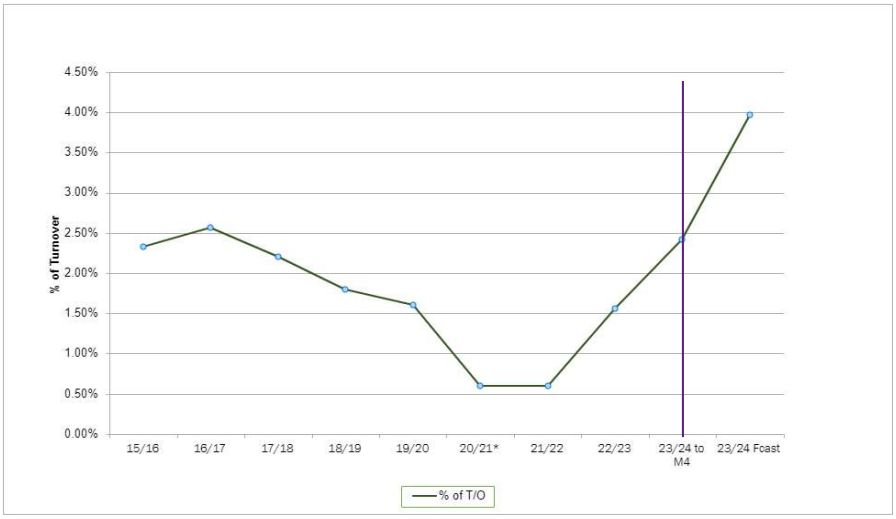
5.1. Cost Improvement Plan performance across the system are generally reflecting a much improved position compared to previous years. Cost Improvement Plans have delivered £132.7m YTD, £4.6m behind plan, with £84.2m achieved recurrently.

5.2. The charts below show the in year performance together with trends over the last 9 years for both the system and by individual provider.



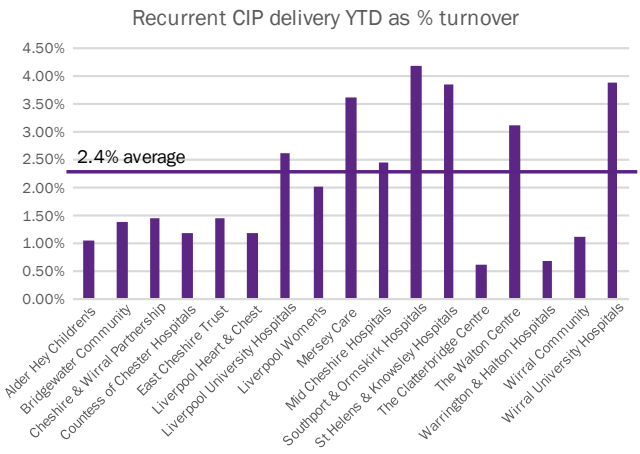


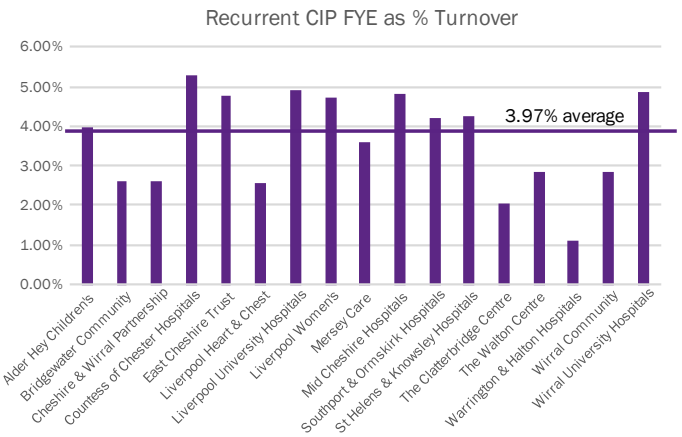
Provider CIP delivery – 2015/16 to 2023/24 (forecast)



- CIP delivery peaked in 2016/17 at 2.57%.
- At month 4 providers were almost matching this with 2.42% delivered YTD
- Forecast from providers is that this will reach 3.97% by Month 12.
- Accuracy of reporting is crucial in underpinning our understanding of exit run rate

Provider Recurrent CIP delivery 2023/24 YTD and forecast by Provider



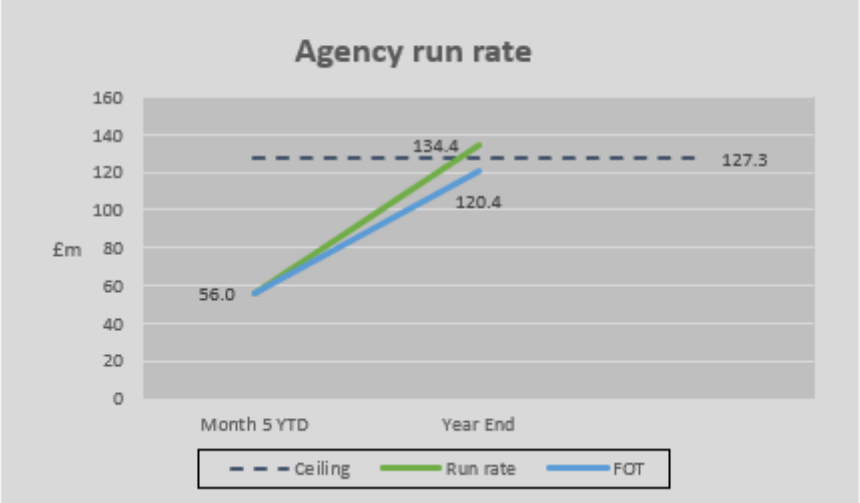


6. Agency costs

6.1. The charts below show agency cost performance against target. Providers are still reporting that the agency cap of £127m for the year will not be exceeded. This position continues to hold despite the impact of industrial action. The system has incurred £56m expenditure in the year to date, which is slightly above the required run rate of £53m.

System Agency Expenditure

Cap	YTD spend	YTD % of Cap	FOT	FOT % of Cap
127.3	56.0	44.0%	120.4	94.5%



7. Capital

7.1. At the end of August 2023, Provider capital spend was £42.8m, £16.8m behind the plan of £59.6m. There has been no Primary Care capital spend yet to Month 5. All Providers are forecasting to achieve plan and meet the system allocation. The remaining £9m is due to be allocated over the next few months.

7.2. The table below shows ICS capital spend at month 5 against plan.

	Capital allocation	Variance to allocation	Forecast variance %
Providers	238.1	9.8	4.1%
ICB	4.7	0.0	0.0%
System	242.8	9.8	4.0%

8. Risks

8.1. The system is forecasting achievement of plan, but several significant risks have been identified namely, ERF/activity achievement, excess inflation, delivery of recurrent efficiencies, addition pay costs arising from industrial action and cost of delayed transfers of care across the system. The net risk, after mitigations identified to date, totals £125m for the system.

8.2. Work continues to identify further mitigations wherever possible. Any further relaxation of elective recovery targets would have a positive impact on the levels of risk being reported; further updates will be provided as national policy develops.

8.3. Further work is being coordinated across the system to strengthen our shared understanding of financial risk and its management.

9. Actions and next steps to support financial delivery

9.1. Awaiting clarification on £200m NHS 'winter funding' expected to support existing pressures.

9.2. To work through impact of updated Elective Recovery trajectories if/when announced.

9.3. Recovery plans from ICB places being developed by mid-September. CEO and CFO meeting with each Place senior team in early October to focus on CHC and prescribing improvement plans and where further support might be required to accelerate efficiency plans.

9.4. ICB CEO and CFO meetings with providers reporting adverse variances to plan taking place in early October. Meetings will focus on recovery and mitigation plans, CIP performance and explore what system support is required to further support delivery.

9.5. Continued focus on recurrent CIP delivery is critical, performance generally is improving by there remains significant variance by provider.

9.6. Discussions with NHS England on the impact of excess inflation on prescribing and CHC costs are ongoing.

10. Recommendations

10.1 The Board is asked to:

- note the month 5 financial position for both revenue and capital allocations, the risks associated with the current forecast, together with the actions being taken to support in year delivery of the plan.

Officer contact details for more information

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NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Report of the Chair of the Finance, Investment & Resource Committee

Agenda Item	**ICB/09/23/13**
Report author & contact details	Claire Wilson, Executive Director of Finance Claire.wilson@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Erica Morriss, Chair of the Finance, Investment and Resource Committee
Responsible Officer(s) to take actions forward	Claire Wilson, Executive Director of Finance Frankie Morris, Associate Director of Finance

Report of the Chair of the Finance, Investment & Resource Committee

Executive Summary	The Finance, Investment and Resource committee of the NHS Cheshire and Merseyside Integrated Care Board met on 19September 2023
	
	The meeting was quorate and was able to undertake its business. The main items considered in the meeting were:
	
	Items considered:
	• ICB Procurement Plan 23/24 for Health and Non -Health.
	• MLCSU Review of ICB commissioned services
	• Risk Report
	• Finance Month 4 detailed report
	• Finance Month 5 Heads-up
	• Deep-dive Prescribing and CHC.
	
	Decisions approved:
	• Extension of Community Services contract for Cheshire East for 1+1 years approved
	• Extension of Palliative Care – CHC fast track services for Cheshire East and West via an 18 month direct award contract approved
	• To publish a VEAT notice notifying the market of an intention to issue a Direct Award to merge the South Sefton contract and the Southport and Formby contract into the existing rolling contract with MCFT.
	• To transfer £800k from the TCP to C&M ICB, transfer £800k from MDFT on behalf of Prospect LPC
	• Directly award £1.6m to Mersey Care to deliver Community Forensic Services for Cheshire and Merseyside.
	• To service notice on the MLCSU EMS contract and undertake a mini competition from an NHSE shortlist of providers
	• For the Clinical harmonization of policies: as little or no financial impact, approved commencement of public engagement exercise. If under the De Minimis level of financial impact approval given to progress any policies from cohort 3.
	• Capital allocations as follows:
	  • £1.639m reprofiling from 23/24 into 24/25 for the East and Mid Cheshire Digital Clinical System (DCS)
	  • £4m across 23/24 and 24/25 for Alder Hey Hospital Trust
	  • £4m in 23/24 for Liverpool Heart and Chest Hospital Trust
	  • £3.6m in 23/24 for Mersey Care Trust.
	
	The next meeting of the Committee is scheduled to be held on 14 November 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

<table>
<tr><td>Recommendation</td><td colspan="4">The Board is asked to:
• note the items considered and decisions approved.</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td>Estate</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td>x</td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td>Sustainability</td></tr>
<tr><td>x</td><td>x</td><td>x</td><td>x</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="4">No</td></tr>
<tr><td>Next Steps</td><td colspan="4">None</td></tr>
<tr><td>Appendices</td><td colspan="4">None</td></tr>
</table>

Report of the Chair of the Finance, Investment & Resource Committee

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Finance, Investment & Resource Committee	The main purpose of the Committee is to • provide the Board with a vehicle to receive the required assurances, review the management of associated risks, and understand further details as deemed appropriate for the committee to consider in relation to matters concerning, finance (both revenue and capital) , resources (e.g., workforce) and investment / dis-investment issues. • support the development and delivery of the ICS' financial strategy, oversee financial delivery and provide assurance on the arrangements in place for financial control and value for money across the system. • take a system view on use of resources and deployment but also provide a forum where ICB directors and ICB members can consider, govern and assure ICB actions as an employer.	Erica Morriss, Non-Executive Director

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that these issues required escalation to the ICB Board:

Issues considered
MLCSU Review of ICB commissioned services Update on All Age continuing Care, Medicines Management, IFR, Information Governance and FOI/SARs, Complaints, Equality and Inclusion and Resilience Support services.
Risk Report The most significant risks identified are: - P7: The Integrated Care System is unable to achieve its statutory financial duties, currently rated as extreme (16) - F2: Health inequalities continue to drive increased demand for services with financial pressures resulting in failure to achieve financial duties, currently rated as extreme (16) Since the previous risk report a new finance risk in relation to capital allocation has

Issues considered
been added as discussed at the July meeting. The workforce risk W3 in relation to the apprenticeship levy has been closed. There has been a reduction in the current risk rating for the following: - F4: Lack of clarity in respect of operating model and corresponding financial delegation to place based partnerships reduces financial control and flexibility resulting in failure to achieve financial duties has been mitigated from high (12) to high (8) through the completion and approval of an updated scheme of reservation and delegation. This change was referred to the next meeting to ratify after additional information supplied. Place detailed data to be supplied at the next meeting. Assurance oversight of workforce risks have been delegated to the People Committee.
Finance Month 4 detailed report As at 31st July 2023 (Month 4), the ICS 'System' is reporting a deficit of £103.0m against a planned deficit of £65.0m resulting in an adverse year to date variance of £38.0m. The system is forecasting a position in line with its plan by year end of £51.2m deficit, with £112m of unmitigated risk identified.
Finance Month 5 Heads-up report As at 31st August 2023 (Month 5), the 'System' is reporting a deficit of £123.7m against a planned deficit of £73.7m resulting in an adverse year to date variance of £50.0m. The system is forecasting a position in line with its plan by year end of £51.2m deficit, with £125m of unmitigated risk identified.
Deep dive Prescribing and CHC Additional briefing on specific issues in prescribing and CHC, focusing on inflationary pressures and volume pressures and mitigations within our gift.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board. Issues considered and approved
Procurement update In line with the new ICB Scheme of Delegation (SORD) approved at Audit Committee in September, all decision related to the procurement of goods and service, including healthcare, above delegated limits (Place or Executive level), must be made at the Finance, Investment and Resources Committee (FIRC) or escalated to full Board for those what are considered novel of complex. This update presented FIRC with an update on the 2023/24 procurement decision plan progress and outlines of some healthcare procurement decisions over £3m that are required in September 2023. In addition, this paper will highlight the progress on the proposed changes to the Public Contract Regulations and advise on the introduction of the Provider Selection Regime and the implications this will have for the ICB. Decisions and recommendations approved were: - Current progress on the 23/24 healthcare and non-healthcare Procurement Decision Plan was noted - Extension of Community Services contract for Cheshire East for 1+1 years approved - Extension of Palliative Care – CHC fast track services for Cheshire East and West via an 18 month direct award contract approved - Change in value for the Paisley Court contract extension noted - Introduction of amended procurement regulations noted.
Community Services contracts in Sefton The current contract with Mersey Care NHS FT is due to expire 31st May 2024. Sefton Place governance structures have acknowledged that the service model for community services needs to be consolidated to a single provider to support the aims within the Sefton Place plan and increase collaboration across Cheshire & Merseyside ICB Decision approved was: - To publish a VEAT notice notifying the market of an intention to issue a Direct Award to merge the South Sefton contract and the Southport and Formby contract into the existing rolling contract with MCFT.
Talking Therapies Commissioning There are currently 5 providers delivering 10 talking therapies services across Cheshire and Merseyside. Decision approved was: - To extend NHS Talking Therapies in Wirral, Warrington and Cheshire East by 12 months. - To continue all other talking therapies services until March 2025 This will align all Talking Therapies contracts to March 2025.

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board. Issues considered and approved
Learning Disability and/or Autism Secure Community Forensic Service The C&M Transforming care Programme has set an aspiration of reducing inpatient beds across C&M by 50%. Decision approved was: - To transfer £800k from the TCP to C&M ICB, transfer £800k from MDFT on behalf of Prospect LPC Directly award £1.6m to Mersey Care to deliver Community Forensic Services for Cheshire and Merseyside.
MLCSU Review of ICB Commissioned Services Decision approved was: To service notice on the MLCSU EMS contract and undertake a mini competition from an NHSE shortlist of providers
Clinical Policy Harmonisation Review Findings of the impact analysis for the second cohort reviewed. Decisions approved was: - As little or no financial impact, approved commencement of public engagement exercise. - If under the de minimus level of financial impact approval given to progress any policies from cohort 3.
2023 Provider Capital Allocation In June 2023 FIRC the initial allocation of Secondary Care Provider Capital was approved, leaving £7.8m remaining for allocation. The paper requests approval for the following - £1.639m reprofiling from 23/24 into 24/25 for the East and Mid Cheshire Digital Clinical System (DCS) - Allocation of: - £4m across 23/24 and 24/25 for Alder Hey Hospital Trust - £4m in 23/24 for Liverpool Heart and Chest Hospital Trust - £3.6m in 23/24 for Mersey Care Trust in recognition of the increased surpluses, they are delivering in 23/24 to support NHS Provider deficits elsewhere. This leaves £877k to address resultant risk in 23/24 and creates a risk of £2.7m in 24/25. We are working with Alder Hey to mitigate the latter risk by assessing if any spend can be brought forward into 23/24.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Issue for escalation
Financial Position for Months 4 & 5. Paper to be presented to September Board by Executive Director of Finance

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	-	-

6. Recommendations

6.1 The ICB Board is asked to note the items considered and decisions approved.

7. Next Steps

7.1 The committee will

- continue to meet bi-monthly at the present time in order to provide assurances to the board as per its terms of reference and agreed workplan
- continue to monitor the financial plan and associated risks both as the ICB but also as part of the ICS in order to deliver the required financial plan for 2023/24.

NHS Cheshire and Merseyside Integrated Care Board Meeting

28 September 2023

Report of the Chair of the Audit Committee (September 2023)

Agenda Item No	**ICB/09/23/14**
Report author & contact details	Matthew Cunningham, Associate Director of Corporate Affairs & Governance
Report approved by (sponsoring Director/Chair)	Neil Large, Chair of the Audit Committee
Responsible Officer(s) to take actions forward	Claire Wilson, Executive Director of Finance Matthew Cunningham, Associate Director of Corporate Affairs and Governance

Report of the Chair of the Audit Committee (Sept 2023)

<table>
<tr><td>Executive Summary</td><td colspan="5">The Audit Committee of the NHS Cheshire and Merseyside Integrated Care Board met on 05 September 2023. The meeting was quorate and was able to undertake the business of the Committee. No Declarations of interest where required to be minuted.

Main items considered at the meeting via papers received or verbal update provided included:
• Committee Risk Register
• Freedom to Speak Up Arrangements
• Dental Contract Termination
• Amendments to the ICB OSORD and SFIs
• Update on ICB Management of Conflicts of Interest
• Committee Annual Report and Accounts 2022-23
• Committee Effectiveness Survey
• Amendments to the Committee Terms of Reference
• ICB Procurement Tender Waivers
• Report of the Risk Committee Chair
• Internal Audit Progress Report
• Anti-Fraud Report
• External Audit Annual Report 2022-2023
• IG Update Report
• IG Annual Service Report 2022-2023.

The next meeting of the Committee is scheduled to be held on 05 December 2023.</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td>X</td><td>X</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• note the items covered by the Audit Committee at its meeting on the 05 September 2023
• note the Committees Annual Report for the 2022-2023 period
• approve the amendments to the Audit Committee Terms of Reference</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
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<tr><td>x</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">There were no declarations of interest made by Members or attendees at the meeting that would materially or adversely impact on matters requiring discussion and decision.</td></tr>
<tr><td>Next Steps</td><td colspan="5">Subject to approval by the Board, the updated Committee Terms of Reference will be uploaded to the ICB website.</td></tr>
<tr><td rowspan="2">Appendices</td><td>Appendix One</td><td colspan="4">Audit Committee Annual Report 2022-2023</td></tr>
<tr><td>Appendix Two</td><td colspan="4">Audit Committee Terms of Reference v1.2</td></tr>
</table>

Report of the Chair of the Audit Committee (Sept 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Audit Committee (Statutory Committee)	The main purpose of the Committee is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.	Neil Large, Non-Executive Director

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
-	05.09.23	**Committee Risk Register** Committee members reviewed the Committee Risk Register noting that there had been no changes to risk scores from the previous meeting. **The Committee noted the report**
-	05.09.23	**Freedom to Speak Up** Committee members received a brief update on the ICB FTSU arrangements. Members noted that there was a national FTSU briefing soon to be published specifically aimed at Audit Committees. This briefing will be circulated to Committee members once available. **The Committee noted the update and agreed to receive a more in depth briefing at its next meeting.**
-	05.09.23	**Dental Contract Termination** Committee members received an update paper on the recent decision by the ICBs System Primary Care Committee to approve the termination of five dental provision contract. Committee members received assurance there were no indicators to suggest any fraudulent activity had been taken by the providers however learning would be taken forward nationally. Committee members also received assurance that there was no clear evidence of patient safety concerns.

Decision Log Ref No.	Meeting Date	Issues considered
		Committee agreed that the role of the Audit Committee was to not duplicate what was being undertaken by the SPCC but to seek assurance for probity and assurance purposes. **Committee noted the report and agreed to receive a further update at the next meeting of the Committee**.
-	05.09.23	**Amendments to the ICBs operational SORD** Committee members received a report outlining proposed changed to the ICBs Operational Scheme of Reservation and Delegation (oSORD) Committee members noted that a programme of work has been ongoing over the last 6 months to develop and articulate the ICB Operating Model. The changes to the oSORD are intended to support place colleagues in the day-to-day operation of place and the management of place budgets whilst balancing the need to maintain financial control particularly in relation to expenditure outside of agreed plans / contracts and where agency/consultancy is required. Simultaneously work has been completed to update the ICB's authorised signatory list, once the oSORD is approved this will be cascaded to all levels of the organisation. This will be further supported by a roll out of further training on aspects of oSORD alongside further finance, contracting and procurement training and education to ensure effective approach for the organisation. **The Committee supported the recommended changes within the oSORD.**
-	05.09.23	**Declarations of Interest Update** Committee members received an update on the progress around implementing the new Civica software solution to help strengthen the ICBs management of Conflicts/Declarations of Interest. Committee members noted the work underway nationally regarding the roll out of online statutory Conflicts of Interest training.

Decision Log Ref No.	Meeting Date	Issues considered
		Committee members also received assurance that the ICB Declarations of Interest register and the Gifts, Hospitality and Sponsorship register had been updated recently and published on the ICB website. **Committee members noted the report and agreed to receive a Policy Update paper in Quarter 3.**
-	05.09.23	**Committee Annual Effectiveness Survey** Committee members received a report on and the results of its Annual Effectiveness Survey. Within the report there was a summary of the findings of the survey and associated recommendations. The Committee supported a number of changes that will need to be reflected within an updated Committee Terms of Reference, which will go to the Board for approval at its September 2023 meeting. Further recommendations supported by the Committee included the standardisation of report templates, amendments to the structure of the Committee forward plan, development of an online sharing folder for Committee members to access all historic and current Audit papers. Committee members also supported the recommendation that the Board approve amendments to the ICB oSORD so as to delegate authority to the Audit Committee to approve the ICBs Conflicts of Interest arrangements. **Committee noted the report and agreed to the recommendations within and next steps.**
-	05.09.23	**ICB Procurement Tender Waivers** Committee members received an update report on the tender and quotation waivers approved by the ICB Finance, Investment and Resources Committee and via Place Directors/Associate Directors of Finance as authorised by the oSORD. **The Audit Committee NOTED the waivers included in the report and NOTED the intention to reference the waivers on the ICB Procurement Register, via the ICB website**

Decision Log Ref No.	Meeting Date	Issues considered
-	05.09.23	**Report of the Risk Committee Chair** Committee members received an update report for the Chair of the ICB Risk Committee which outlined the work underway to implement the risk management framework across the ICB, including the updating of the Board Assurance Framework, Corporate Risk Register, and development of the risk management training. **The Committee noted the report.**
-	05.09.23	**Internal Audit Progress Report** Committee members received an update from Mersey Internal Audit Agency (MIAA) on the work completed in relation to assurances, key issues and progress and activity against the Internal Audit Plan for 2023/24. Committee noted that two audit reviews have been completed since the last meeting (Complaints and Data Security & Protection toolkit), with both reviews resulting in a substantial assurance rating from the auditors. **The Committee noted the report**
-	05.09.23	**Anti-Fraud Report** Committee members received the MIAA Anti-Fraud Progress Report sets out the work undertaken since the start of 2023/24. This progress report set out the activities undertaken, and outcomes achieved, in accordance with the agreed anti-fraud work plan of the ICB, compliance with counter fraud standard requirements, and in response to any referrals / investigations reported. **The Committee noted the report.**
-	05.09.23	**External Audit Annual Report 2022-2023** Committee members received the External Auditors Report for the 2022-23 period. The report highlighted identified areas for improvement and recommendations around the following areas: • Financial sustainability • Governance • Improving economy, efficiency and effectiveness. In total there were 13 recommendations that have

Decision Log Ref No.	Meeting Date	Issues considered
		received management responses. Committee agreed to receive a further update at its next meeting in December as to progress against the management responses. The report also outlined that the External Auditors issued an unqualified opinion on the ICBs financial statements on the 29 June. **The Committee noted the report.**
-	05.09.23	**IG Update Report** Committee members received an update report that outlined detail about the Data Security & Protection Toolkit, projects supported by the MLCSU Team, IG breaches, FOI and SAR provision and any risks to note. It was agreed that reporting would move to quarterly bringing it in line with the Audit Committee workplan. An update was also provided in relation to training requirements and that going forward teams will be able to ascertain and agree targets needed for staff training compliance, as long as the rationale can be shown. **The Committee noted the report.**
-	05.09.23	**IG Annual Service Report 2022-2023** Committee members received the IG Annual Services report which outlined the activities and achievements in the year in relation to the work undertaken by MLCSU on behalf of the ICB in respect of information governance. **The Audit Committee NOTED the report.**

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
-	05.09.23	**Committee Annual Report 2022-2023** Members received the Committees Annual Report for the 2022-23 period. It was noted within the Report

Decision Log Ref No.	Meeting Date	Issues considered
		that the Chair believed the Committee had discharged its duties in year as outlined within the Committees Terms of Reference. **The Committee approved its Annual Report (Appendix One) and noted that it will be submitted to the ICB Board at its meeting in September 2023 for note.**
-	05.09.23	**Risk Committee Terms of Reference** The Committee **approved** the minor changes recommended for the Terms of Reference to the ICB Risk Committee.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
-	-	-

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	05.09.23	**Audit Committee Terms of Reference** Audit Committee members received a report outlining proposed changes to the terms of Reference of the Committee. Changes proposed include: • **Membership.** It was agreed that all ICB Non-Executive Directors should be members of the Committee. It was agreed that an ICB Partner Board Members should also be identified as a standing member of the Committee. • **Quoracy.** Wording strengthened to ensure that Non-Executive Directors always retain the majority in respect of Membership. • **Authority - NEW.** Wording strengthened to indicate a proposed increase in the authority of the

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
		Committee to approve the ICBs arrangements for the management of Conflicts of Interest Management • **Authority - EXISTING.** Inclusion of areas of authority of the Committee that feature within the ICBs oSORD and Constitution, but which did not feature previously in the Terms of Reference Changes to the Terms of Reference also reflected a tidying up of the document Amendments to the Terms are reference are as follows: • text in **Red** is to be removed • text in **GREEN** is to be added • text highlighted in **BLUE** require amendments to the ICB SORD or OSORD. **The Committee recommends that the Board approves the proposed amendments to the Audit Committee Terms of Reference (Appendix Two).**

6. Recommendations

6.1 **The Board is asked to:**

- **note** the items covered by the Audit Committee at its meeting on the 05 September 2023
- **note** the Committees Annual Report for the 2022-2023 period
- **approve** the amendments to the Audit Committee Terms of Reference.

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NHS
Cheshire and Merseyside

Audit Committee

Annual Report 2022-2023

Contents

1. Introduction

The Audit Committee (the Committee) has been established by NHS Cheshire and Merseyside Integrated Care Board ('ICB') as a Committee of the ICB in accordance with its Constitution.

The Committee is a non-executive committee of the ICB and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

This report sets out the work undertaken by the Audit Committee during the 2022-23 year (01 July 2022 – 31 July 2023). This demonstrates how the committee has met the responsibilities set out for it by the ICB within its constitution, its compliance with the committees Terms of Reference (TOR), its effectiveness and the impact of the Committee.

In addition to it being a formal report to the Committee, the evidence contained in this report will be shared with the Board of the ICB.

The committee's membership requirements are set out in its TOR, which was last reviewed and approved by the Board of the ICB in September 2022.

2. Membership

The membership of the Committee between 01 July 2022 and 30 June 2023 was:

- Neil Large, Non-Executive Director (Chair)
- Tony Foy, Non-Executive Director
- Erica Morris, Non-Executive Director (Deputy Chair)
- Hilary Garratt, Non-Executive Director.

3. Meetings

From 01 July 2022 to 31 July 2023, the Committee met on six occasions and was quorate at each meeting. The Committee met on the following dates:

06 September 2022
13 December 2022
07 March 2023
18 April 2023
16 May 2023
27 June 2023.

Details of the attendance of Committee members at all of these meetings are enclosed at **Appendix One** for information.

4. Committee Responsibilities and Duties

The Committee's main purpose is to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

In summary, the Committee's duties for and on behalf of the ICB and its functions can be categorised as follows:

- Integrated governance, risk management and internal control
- Internal Audit
- External Audit
- Counter Fraud
- Conflicts of Interest
- Information Governance
- Freedom to Speak Up
- Financial Reporting
- Other assurance functions to the Board.

The Audit Committee is authorised by the Board to:

- investigate any activity within its terms of reference
- seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference
- commission any reports it deems necessary to help fulfil its obligations
- obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- commission, review and authorise policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated to the Committee by the ICB Board.

5. Review of Committee Activities

Between 01 July 2022 – and 30 June 2023, the Committee reviewed the following areas: -

- Committee Terms of Reference
- ICB Conflicts of Interest – Management Framework and Policy
- ICB Risk Management Framework, Policy and Board Assurance Framework Development

- ICB Annual Report and Accounts 2022-2023 and Q1 2022-2023 Cheshire and Merseyside CCG Annual Reports and Accounts, incorporating Internal and External Auditor Opinions
- Internal Audit Update Reports, including updates and recommendations against areas audited as within plan
- Internal Audit Annual Plans 2022/23 and 2023/24
- External Audit Annual Plans 2022/23 and 2023/24
- MIAA TIAN Insight Reports
- Appointment of ICB External Auditors
- ICB Anti-Fraud Annual Plan and Counter-Fraud and Anti-Bribery Policy
- Wirral Ark Set Up Fraud
- ICB Financial Policies
- ICB Working with the Pharmaceutical Industry (PI), Dispensing Appliance Contractors (DACs) and Prescribing
- Associated Product Suppliers Policy
- ICB Procurement waivers
- Updates and revisions to the ICB SORD and SFIs
- HFMA Financial Control and Sustainability Reports
- ICB Information Governance Updates, ICB Information Governance Policies and Privacy Notices
- ICB DSPT Submission Updates
- ICB FOI and SARs Annual Report
- ICB Whistleblowing and Freedom to Speak Up Policy and Process

Decisions undertaken by the Committee during 01 July 2022 – 30 June 2023 included:

06 September 2022

Internal Audit Plan 2022/23. The Committee approved the draft ICB Internal Audit Plan for 2022/23.

13 December 2022

Procurement of ICB External Auditors. The Committee approved the recommendation to award the ICBs External Audit Service contract to Grant Thornton UK LLP, initially for a 3-year period, commencing from 1 April 2023, with the option to extend for a further 12 months, subject to satisfactory performance and the contract remaining in line with ICB priorities.

Freedom To Speak Up (FTSU). The Committee endorsed the direction of travel in relation to FTSU development across the ICB and support the proposed next steps, including the development of an FTSU Strategy, development of a clear SOP for dealing with FTSU concerns and feedback, developing and establishing mechanisms for sharing learnings from FTSU and plans to engage with primary care partners to support the development of FTSU infrastructure across the sector.

07 March 2023

ICB Declaration of Interest Update. The Committee approved minor changes to the ICBs Conflicts of Interest Policy.

18 April 2023

Annual Report and Accounts Finance Policy. The Committee approved the ICBs Annual Report and Accounts Policy

Anti-Fraud, Bribery and Corruption Work Plan Workplan 2023-2024. The Audit Committee reviewed and approved the Anti-Fraud, Bribery and Corruption Work Plan Workplan 2023-2024

16 May 2023

Financial Policies. The Committee approved the ICBs Non-Pay Expenditure Finance Policy, Credit Card Policy and Procurement Policy.

ICB Risk Committee Terms of Reference. The Committee agreed the proposed terms of reference for the Risk Committee, a sub-committee of the Audit Committee.

Anti-Fraud annual Report 2022 - 2023. The Committee reviewed and approved the Anti-Fraud Services Annual Report for 2022-23.

Information Governance Policies. The Committee approved the uploading of Privacy Notices to be to the ICB website and gave approval for the Information Governance Tiered Framework documents to be uploaded on to the ICB website.

27 June 2023

Financial Management Policy. The Committee approved the ICB Financial Management Policy.

ICB Working with the Pharmaceutical Industry (PI), Dispensing Appliance Contractors (DACs) and Prescribing Associated Product Suppliers Policy. The Committee approved the policy

ICB Data Security and Protection Policy and IG handbook. The Committee approved the Minor changes to the ICB Data Security and Protection Policy and IG handbook.

6. Conflicts of interest Guardian Annual Report

The Chair of the Audit Committee is the nominated Conflicts of Interest Guardian for the ICB. The Conflicts of Interest (COI) Guardian is responsible for providing impartial and unconflicted advice and judgement to the Board, further strengthening the scrutiny and transparency of NHS Cheshire and Merseyside's decision-making processes. The Conflicts of Interest Guardian:

- is the conduit for anyone with concerns relating to conflicts of interest;
- is a safe point of contact for employees or workers of the ICB to raise concerns in relation to conflicts of interest;
- supports the rigorous application of the principles and policies for managing conflicts of interest;
- provides independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in individual situations;
- provides advice on minimising the risks of conflicts of interest.

Throughout the period 01 July 2022 to 30 June 2023 the COI Guardian was contacted on three separate items, and which were deemed as being in scope of the Guardians responsibilities. In summary these contacts covered:

- concern from a an applicant regarding the raising of any conflicts process within the local recruitment process undertaken within one of our Places for a position within the Place team. The COI Guardian worked with the ICBs freedom to Speak Up Guardian to agree the approach to handling this concern, with both meeting the individual who raised the concern. Learning from this event has been captured and has resulted in the provision of more detailed guidance with regards the ICB recruitment process and the need for the names of Interview Panel members and candidates to be provided to all parties in a timely manner so as to allow a sufficient period of time for any declarations of interests or concerns to be raised, acknowledged and addressed prior to interview.
- Concern and complaint raised from a member of the public regarding their assessment and treatment by a local NHS Provider and local constabulary. The COI Guardian, supported by the Associate Director of Corporate Affairs, treated this concern as a formal complaint and the case was followed up the ICB Complaints team. Following legal advice and further correspondence with the individual concerned advising them on how they should proceed the case is considered closed by the ICB with no further recourse being seen as being able to address the individual's concern.
- Request from a member of public from outside of the ICB area regarding the role of a COI Guardian and details in relation to the COI Guardian who would cover their area. These details were provided to the individual.

7. Conduct of the Committee

In year the Committee has reviewed its membership and TOR, with changes being approved by the Board.

The Committee applied best practice in its deliberations and decision making processes. It conducted its business in accordance with national guidance and relevant codes of conduct and good governance practice.

Meetings of the Committee were conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the Board of the ICB

The Committee administrative support minuted the proceedings of all meetings of the Committee, including recording the names of those present and in attendance. Where any declarations where made these were recorded within the minutes of the meeting. The Committee reported to the Board after each Committee meeting via a Committee Chairs report.

8. Conclusions from the Audit Chair

This has been a challenging year. The Committee and Board have been well sighted on the challenges the ICB has faced in its establishment and in particular the BAF and risk management systems which have been designed and put in place and have as yet to be fully tested by our

internal auditors (MIAA) to ensure these are embedded throughout the organisation. This resulted in a Limited Assurance rating in the Head of internal Audit Opinion – the auditors and the committee agreed that this was a satisfactory outcome and reflects the complexity with the establishment of the ICB and the closure of 9 CCG's and is not inconsistent with other ICB's across the country.

The committee have agreed with MIAA and Officers how we will ensure the following years programme undertakes a comprehensive review to provide full assurance to the board going forward.

The committee has met its regularity obligations, as well as performing those other functions delegated to it by the Board. The committee has met when required to discharge these functions.

Appendix One - 01 July 2022 – 30 June 2023 Meeting attendance details

		Meeting dates					
Name	**Position**	**06.09.22**	**13.12.22**	**07.03.23**	**18.04.23**	**16.05.23**	**27.06.23**
Neil Large	NED (Chair)	☑	☑	☑	☑	☑	☑
Erica Morriss	NED (Vice Chair)	☑	☒	☒	☑	☑	☑
Tony Foy	NED	☑	☑	☑	☑	☑	☑
Hilary Garratt	NED	Not in post	Not in post	Not in post	☑	☒	Not a member

☑ Present
☒ Apologies received

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board

Audit Committee

Terms of Reference

Document revision history

Date Approved by Board	Version	Revision	Comment	Author / Editor
01.07.22	1.0	Initial ToRs		Ben Vinter
29.09.22	1.1	Refreshed TORs following first meeting of the Audit Committee		Matthew Cunningham
28.09.23	1.2	Refreshed TORs following 05 September Audit Committee meeting		Matthew Cunningham

Review due: September 2024

V1:2 approved by the ICB Board on 28.09.23

Audit Committee Terms of Reference

~~Introduction~~ 1. Establishment

The Audit Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD).

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB. The Audit Committee has no executive powers, other than those delegated to as identified within the Constitution and SoRD and specified in these TOR.

~~Role &~~ 2. Purpose

The purpose of the Committee is to contribute to the overall delivery of the ICBs strategic objectives and provide assurance to the Board on governance, risk management and internal control processes.

~~To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.~~

3. Roles and Responsibilities

3.1 Duties

The duties of the Committee will be driven by the organisation's strategic objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

The Committees duty is to assure the Board on:

- Integrated Governance and Systems Risk
- Internal Audit
- External Audit
- Other Assurance Functions
- Counter Fraud
- Financial Reporting
- Freedom to Speak Up
- Information Governance
- Conflicts of Interest
- Management and Communication

~~The Audit Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.~~

Providing assurance involves:

- **Triangulating multiple sources** of appropriate internal and external information, including:
  - Data analysis and contract performance intelligence

- Patients', service users' and carers' reports, surveys, complaints, and concerns
- Evidence from key system leaders
- Other intelligence agreed to be important and reliable.

- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.

- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

~~The Committee's duties for and on behalf of the ICB and its functions can be categorised as follows (where Board is referenced this refers to the Integrated Care Board):~~

3.1.1 Integrated governance, risk management and internal control

The Committee seeks reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness, namely:

- **Integrated Governance:** receives assurance ~~that to review~~ around the adequacy and effectiveness of the ~~ICB and inform its view of the system's~~ integrated governance, risk management and internal controls that are present across the whole of the ICBs activities as evidenced by key indicators that focus ~~Focused~~ specifically on the ICB's activities, contributions or controls which support the achievement of its objectives, and to highlight any areas of weakness to the Board
- **Financial Management:** to ensure that ICB financial systems and governance are established which facilitate compliance with:
  - DHSC's Group Accounting Manual, including scope, management, patient and public involvement and continuous improvement
  - principles and guidance established in HMT's Managing Public Money ~~to ensure consistency that the ICB acts consistently with the~~
- **Assurance Processes:** to review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks by sound processes
- **Risk Management:** to receive assurance that the that the risks that relate to the achievement of the ICBs objectives are managed well ~~have oversight of system risks where they relate to the achievement of the ICB's objectives~~
- ~~to seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness~~
- **Improvement:** receives assurance that the ICB identifies opportunities to improve governance, risk management and internal control processes across the ICB.

3.1.2 Internal audit

The Committee [1]appoints and monitors ~~To ensure~~ that there is an effective internal audit function that meets the Public Sector Internal Audit Standards (PSIAS) and provides appropriate independent assurance to the Board. This will be achieved by:

- **Strategy and Plan:** the Committee considering the provision of the internal audit service and the costs involved, reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework. The Committee will ensure that the ICB has an internal audit Charter that is prepared in accordance with the PSIAS

[1] Constitution currently says '*The committee is responsible for arranging appropriate internal and external audit*' – would suggest that this is strengthen and reinforced within the Constitution and Operational SORD that Audit Committee appoints on behalf of the Board.

- **Major Audit Findings:** the Committee considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources
- **Resources:** the Committee receives assurance:
  - **that t**he audit resources are optimised through coordination between the internal and external auditors
  - that the internal audit function is adequately resourced and has appropriate standing within the organisation and
  - through monitoring the effectiveness of internal audit and carrying out an annual review.

The Committee has the authority, as delegated by the Board, to approve Internal Audit plans and any changes to the provision or delivery of related services.

3.1.3 External audit

The Committee appoints[2] and monitors an effective external audit function and the external audit process and provides appropriate independent assurance to the Board. The Committee does this by:

Appointment and Performance:

- the Committee ensures that the ICB has appointed an External auditor in accordance with the Local Audit and Accountability Act 2014
- the appointment and performance of the external auditors is monitored and reviewed, including the cost of the audit and any issues of resignation and dismissal
- review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process
- market testing exercise for the appointment of an auditor is conducted at least once every five years, with a recommendation from the Committee being made to the Board with respect to the appointment of the auditor
- reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Scope:

- discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan
- discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee and

Report

- reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

The Committee has the authority, as delegated by the Board, to approve External Audit plans and any changes to the provision or delivery of related services.

~~External audit~~
~~To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external~~

[2]Constitution currently says '*The committee is responsible for arranging appropriate internal and external audit*' – would suggest that this is strengthen and reinforced within the Constitution and Operational SORD that Audit Committee appoints on behalf of the Board.

~~auditors and consider the implications and management's responses to their work. This will be achieved by:~~

- ~~considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit~~
- ~~discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan~~
- ~~discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee and~~
- ~~reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.~~

3.1.4 Other assurance functions

The Committee is authorised to review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB. This includes the authority to:

- review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility.
- review the assurance processes in place in relation to financial performance of the ICB including the completeness and accuracy of information provided and where appropriate to advise the ICB of any assurance considerations for wider system working.
- review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:
  - reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and
  - reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).
- **Standing Orders**: If, for any reason, the ICBs Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the board for action or ratification and the Audit Committee for review. Where a decision to suspend the ICBs Standing Orders has been approved by the Board, a separate record of matters discussed during the suspension shall be kept and made available to the Audit Committee for review of the reasonableness of the decision to suspend the Standing Orders.[3]
- **Urgent Decisions by the Board**: any urgent decisions made by the Chair and Chief Executive, or relevant lead Director, on areas normally reserved to the Board, will need to be reported to the Board for formal ratification and to the Audit Committee for oversight.[4]

3.1.5 Counter fraud

The Committee is authorised to:

- approve the ICBs counter-fraud and security management arrangements[5]
- review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports, and ensure that these are scrutinised and challenged where appropriate.

The Committee is responsible for:

[3] NOTE – as outlined within the ICB Constitution p41 and p50 https://www.cheshireandmerseyside.nhs.uk/media/ywzaocmu/nhs-cheshire-and-merseyside-icb-constitution-draft-v02.pdf

[4] NOTE – as outlined within the ICB Constitution p49

[5] NOTE – this is outlined within the ICB SORD p17 https://www.cheshireandmerseyside.nhs.uk/media/lxdfkwlk/cm-sord.pdf

- Ensuring that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.
- ~~To be responsible for~~ ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.
- ~~To~~ reporting concerns of suspected fraud, bribery and corruption to the NHSCFA
- ensure that the ICB monitors and complies with any Directions issued by the Secretary of State for Health on fraud and corruption.

3.1.6 Freedom to Speak Up

The Committee is authorised to seek assurance on the Freedom to Speak Up arrangement for the ICB, namely:

- **Arrangements for raising concerns**: To review the adequacy, effectiveness and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters.
- **Investigation and Action:** The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

3.1.7 Information Governance (IG)

The Committee is authorised to seek assurance on the information Governance arrangements within the ICB, namely:

- **Timeliness of data:** The Committee will ~~To~~ receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- **Reports:** The Committee will receive and review
  - ~~To review~~ the annual Senior Information Risk Owner (SIRO) report,
  - the submission for the Data Security & Protection Toolkit (DSPT)
  - Reports on audits to assess information and IT security arrangements, including the DSPT audit
  - and any other relevant reports and action plans.

~~To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.~~

The Committee will also be required to provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

3.1.8 Financial reporting

The Committee is authorised to seek assurance on the financial reporting arrangements of the ICB, namely:

- To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
  - the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
  - changes in accounting policies, practices and estimation techniques
  - unadjusted misstatements in the Financial Statements
  - significant judgements and estimates made in preparing of the Financial Statements
  - significant adjustments resulting from the audit

  - letter of representation; and
  - qualitative aspects of financial reporting.
- **Losses and Special payments:** the Committee will receive reports regarding losses and special payments (including bad debts to be written off). [6]
- **Prime Financial Policies**: the Committee will receive reports where the ICBs prime financial policies are not complied with, which will include full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance. The Committee has the authority to ratify the reports or refer on for further action.
- **Retrospective expenditure**: any breaches in relation to expenditure approval will be reported to the Audit Committee[7]
- **Standing Financial Instructions**: to receive reports on incidences where there has been a failure to comply with the ICBs Standing Financial Instructions, which will include full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance. The Committee has the authority to ratify the reports or refer on for further action.
- **Tender waivers**: to receive reports on tender waivers as approved by the ICBs Finance, Investment and Resources Committee.[8]

3.1.9 Conflicts of Interest

The Committee is authorised to approve the proposals for managing conflicts of interest and declarations of Gifts and Hospitality. The Committee shall seek assurance that that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective. The Committee shall do this by:

- **Reports**: receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.
- **Representation:** ensuring there are robust Conflicts of Interest Guardian arrangements are in place and communicated to staff and all stakeholders. The Chair of the Audit Committee will be the nominated Conflicts of Interest Guardian for the ICB.

~~The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.~~

3.1.10 Management and Communication

The Committee is authorised to seek assurance on the quality of decision making and communications by:

- **Management:** The Committee can~~: To~~
  - request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
  - ~~The Committee may also~~ request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.
  - ~~To~~ receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's standing orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

[6] NOTE - as identified within the ICBs Operational SORD p2 and SFIs p10 https://www.cheshireandmerseyside.nhs.uk/media/nepccsu3/cm-osord-v2-updated-january-2023.pdf
[7] NOTE – as identified within the ICBs Standing Financial Instructions p8 https://www.cheshireandmerseyside.nhs.uk/media/wfqbkhk5/cm-sfi-updated-address.pdf
[8] NOTE – as identified within the ICBs Operational SORD p6

- **Communication:** The Committee has the authority:
  - To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

  - To develop an approach with other committees, including supporting the ICB with the Integrated Care Partnership, to ensure the relationship between them is understood.

4. Authority

The Audit Committee is authorised by the Board to:

- investigate and approve any activity as outlined within its terms of reference
- seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference
- commission any reports it deems necessary to help fulfil its obligations
- obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- commission, review and ~~authorise~~ approve policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated to the Committee by the ICB Board.

For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD,

5. Membership & Attendance

The Committee members drawn from the ICB Board shall be appointed by the Board in accordance with the ICB Constitution.

Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.

The Board will appoint no fewer than ~~four~~ three members of the Committee, drawn from the ~~including at least two who are~~ Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be.

As a minimum the membership of the Audit Committee will therefore be:

- at least three of the ICBs Non-Executive members
- ~~an ICB Partner Member~~
- ~~the Committee may choose to seek up to two system lay persons or Non-Executive Directors.~~

The Committee may also choose to appoint other individuals to be members of the Committee, drawn from:

- ~~seek up to two system~~ at least one system lay persons or Non-Executive Directors.
- at least one ICB Partner Board Member.

~~Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.~~

Members will possess between them knowledge, skills and experience in accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- Director of Finance or their nominated deputy;
- Associate Director of Corporate Affairs and Governance, or their nominated deputy
- representatives of both internal and external audit;
- individuals who lead on Information Governance, risk management and counter fraud matters;

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

The Chief Executive should be invited to attend the meeting at least annually.

The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations. The Chair of the ICB Board can also agree attendance to additional meetings via discussion with the Committee Chair.

Attendance
Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

Access
Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

6. Meetings

Leadership
In accordance with the constitution, the Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

The Chair of the Committee shall be independent and therefore may not chair any other committees. They will be mindful of their role should they participate in any other committee.

Committee members may appoint a Deputy ~~Vice~~ Chair.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Quorum
For a meeting to be quorate a minimum of two Non-Executive Members of the Board are required, including either the named Chair or ~~Vice~~ the Deputy Chair of the Committee. ICB Board members must form the majority of the membership at a meeting of the Committee.

If the named Chair, or ~~Vice~~ Deputy Chair, are both unable to attend a meeting, and the meeting is required to proceed on the agreed date, then a suitably experienced ICB Non-Executive member will Chair the meeting with a second ICB Non-Executive Director attending. Where these quorum requirements are unable to be met the meeting date will be rearranged.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If on an occasion a Committee meeting is due to start but the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. Alternatively, the meeting can be called to a halt and an agreement reached to rearrange an additional meeting.

Decision-making and voting
Decisions will be taken in accord~~ing~~ance with the Standing Orders and within the authority as delegated to the Committee. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication. Decisions will be recorded and formally minuted and ratified at a subsequent formal meeting of the Committee.

Frequency
The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Board, ICB Chair, Chief Executive or Chair of the Committee may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 4 working days.

Administrative Support
The Committee shall be supported with a secretariat function which will include ensuring that:
- the agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements

- records of conflicts of interest, members' appointments and renewal dates. Provide prompts ~~and the Board is prompted~~ to renew membership and identify new members where necessary
- good quality minutes are taken in accordance with the ICBs standing orders and Corporate Standards Manual, and agreed with the chair. Keep ~~and that~~ a record of matters arising, action points and issues to be carried forward ~~are kept~~
- the Chair is supported to prepare and deliver reports to the Board
- the Committee is updated on pertinent issues/ areas of interest/ policy developments
- action points are taken forward between meetings and progress against those actions is monitored.

7. Accountability and Reporting Arrangements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Board at the subsequent meeting of the Board following a meeting of the Audit Committee and shall draw to the attention of the Board any issues that require disclosure to the Board or require action. Minutes and assurance reports of a confidential nature from the Audit Committee will be reported to a subsequent meeting of the Board in private.

The Audit Committee will provide the Board with an Annual Report, timed where possible to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- the fitness for purpose of the assurance framework
- the completeness and 'embeddedness' of risk management in the organisation
- the integration of governance arrangements
- the appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements and
- the robustness of the processes behind the ICBs approach to the review and scrutiny of provider quality accounts.

8. Behaviours and Conduct

<u>ICB values</u>

Members will be expected to conduct business in line with the ICB values and objectives.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

<u>Equality and diversity</u>

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Review

The Committee will review its effectiveness at least annually

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Report of the Chair of the Remuneration Committee (August & September 2023)

Agenda Item No	**ICB/09/23/15**
Report author & contact details	Matthew Cunningham, matthew.cunningham@nhs.net
Report approved by (sponsoring Director/ Chair)	Tony Foy, Chair of the Remuneration Committee
Responsible Officer(s) to take actions forward	Chris Samosa, Chief People Officer Matthew Cunningham, Associate Director of Corporate Affairs and Governance

Report of the Remuneration Committee Chair (Sept & Aug 2023)

Executive Summary	The Remuneration Committee of the NHS Cheshire and Merseyside Integrated Care Board met on 08 August 2023 and 12 September 2023. On both dates the Committee meeting was quorate and able to undertake the business as outlined within its Terms of Reference. Declarations of interest were noted where applicable.
	
	Main items considered at the meetings included:
	• **August 2023**
	  • ICB Executive Director and Place Director Appraisal
	  • ICB Running Cost reduction plan
	  • ICB Pay Framework
	  • report on ICB Senior Managers who have yet to find suitable alternative employment
	  • ICB On-Call Payments
	  • establishment of the Post of Deputy Chief Executive
	  • POD Roles
	  • Committee Annual Report
	
	• **September 2023**
	  • ICB Mutually Agreed Resignation Scheme
	  • ICB Fit and Proper Person Test Requirements
	  • GP Clinical Reviewer role (Complaints) – Terms and Conditions
	  • Committee Terms of Reference review
	  • Committee Self-Effectiveness Survey.
	
	The next meeting of the Committee is scheduled to be held on 12 December 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X	X		

Recommendation	**The Board is asked to:** • **note** the items covered by the Remuneration Committee at its meetings in August and September 2023 • **note** the decisions made by the Committee • **note** the Committees Annual Report for 2022-2023 • **support** the recommendation to **approve** the updated Terms of Reference for the Committee

Impact (x) *(further detail to be provided in body of paper)*	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**

Management of Conflicts of Interest	Declarations of Interest were recorded in relation to those staff present at the meetings who could be in scope of the ICBs MARS Scheme and ICBs On-Call arrangements, as well as discussions around executive Director appraisals.	
Next Steps	Subject to approval by the Board, the updated Committee Terms of Reference will be added to the ICB website.	
Appendices	**Appendix One**	Committee Annual Report 2022-2023
	Appendix Two	Committee Terms of Reference v1.3

Report of the Remuneration Committee Chair
(August and September 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Remuneration Committee (Statutory Committee)	The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary the committee is required to: • confirm the ICB pay policy including adoption of any national or local pay frameworks for all employees including senior managers/directors (including board members) and non-executive directors. The Committee will: • adhere to all relevant laws, regulations, and company policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Executive Directors whilst remaining cost effective • advise upon and oversee contractual arrangements Directors, including but not limited to termination payments. The Committee's duties are as follows: For the Chief Executive, Directors, and other Very Senior Managers: • determine all aspects of remuneration including but not limited to salary, • determine arrangements for termination of employment and other contractual terms and non-contractual terms. For all staff: • determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change). • oversee contractual arrangements • determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate. For Non-Executive Directors (NEDs):	Tony Foy, ICB Non-Executive Member

Committee	Principal role of the committee	Chair
	• determine the ICB remuneration policy (including the adoption of pay frameworks) • oversee contractual arrangements. Additional functions that the ICB has chosen to include in the scope of the committee include: • functions in relation to nomination and appointment of (some or all) Board members through convening an ICB Appointments Panel • functions in relation to performance review/ oversight for directors/senior managers • succession planning for the Board • assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR) • board development which maybe progressed through a discreet working group.	

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision /Action Log Ref No.	Meeting Date	Issues considered
	08.08.23	**ICB Executive Director and Place Director Appraisal** The Committee received a verbal update from Graham Urwin, Chief Executive outlining the outcome of the recent annual appraisals of the ICBs Corporate Executive and Place Directors. **Committee members noted the update provided by the Chief Executive and requested that an update be provided to the Committee at a future meeting regarding the succession plans for key roles within the ICB Executive and Place Director teams.**
	08.08.23	**ICB Running Cost Reduction Plan** Committee members received a report providing detail on the operating costs of the ICB and an outline of plans to meet the target of a 30% running cost reduction by 2025/26. Work is underway with regards to looking at the estate options for the ICB as well as

Decision /Action Log Ref No.	Meeting Date	Issues considered
		vacancy control process and the ICB Mutually Agreed Resignation Scheme. **The Committee noted the report and noted that future updates to the Committee will be presented with regards progress, including the number of staff approved for MARS.**
	08.08.23	**ICB Pay Framework** The Committee received an updated paper on the ICBs Pay Framework for senior managers, which reflected the recent announcements around national pay awards, and inclusion of additional posts to the Framework. **The Committee noted the paper and agreed to receive a further paper following confirmation of arrangements for implementing any 2023/24 senior manager pay award.**
	08.08.23	**Report on the Senior Managers who have yet to secure suitable Alternative Employment** The Committee received a further update on progress being made regarding two VSM members of staff who have not yet secured suitable alternative employment. It was noted that the two cases have previously been considered by the committee and it was confirmed that the national team have now approved the business cases for redundancy. **The Committee noted the report.**
	12.09.23	**ICB Mutually Agreed Resignation Scheme (MARS)** The Committee received a verbal update on the launch of MARS. Applications considered for MARS have to be submitted and supported by the employees Director by the 22 September, with a panel considering the applications for final approval. **The Committee noted the update and requested further detail be brought back to the Committee at the next meeting of the Committee with regards approved MARS details**
	12.09.23	**Committee Effectiveness Survey** Committee members received a paper providing the results and responses from the annual committee

Decision /Action Log Ref No.	Meeting Date	Issues considered
		self-effectiveness survey. The paper outlined that the feedback received indicated that members thought the Committee had operated well throughout its first year in discharging its duties. Areas for improvement agreed by the Committee included: • ensure all papers are circulated one week before • ensure there is a dedicated section on each agenda for the Chair and members to review the meeting and consider areas to highlight within the Chairs report to Board. **The Committee noted the report and supported a number of the recommendations within.**

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision /Action Log Ref No.	Meeting Date	Issues considered
	08.08.23	**ICB On-Call Payments** The Committee received a report outlining the proposed arrangements for the operation of the ICBs On-Call rota, including payments to On-Call Managers on the Tactical On-Call rota. It was noted that the ICB would have to start a formal consultation with staff affected with regards the new operational and payment arrangements. **The Committee considered the paper and approved the recommended £1,000 per annum payment for on-call managers for participating on the tactical on-call rota.**
	08.08.23	**Establishment of the post of Deputy Chief Executive** The Committee received a report from the Chief Executive outlining the case for the ICB to establish formally the named post of Deputy Chief Executive. **The Committee supported the case, agreeing that the named post of Deputy Chief Executive should be designated to one of the existing statutory**

Decision /Action Log Ref No.	Meeting Date	Issues considered
		Directors and approved the recommendation that the remuneration for the post of Deputy Chief Executive would be an additional 2.5% uplift on the individuals annual remuneration. **The Committee noted the next steps with regards to engagement with individuals in scope.**
	08.08.23	**POD Roles** The Committee received a report from the Chief People Officer which gave Committee members the background to transfer of pharmacy, optometry and dental (POD) staff on 01 April 2023 to the ICB together with a range of non-employed clinical advisers. The paper highlighted that the ICB was required to engage some non-employed clinical advisers, and that they are all currently engaged on different rates, and contractual arrangements. The paper proposed that the ICB continues with the current contractual arrangements until 31 March 2024, with a view that a further paper will return to the Committee with recommended new contractual terms and conditions for implementation on the 01 April 2024. **The Committee approved the recommendation of the ICB to continue with current terms and conditions of engagement for POD roles from 1st September 2023 for an interim period of time (up to 31 March 2024) and noted that a further report will be brought back to the Committee for approval on recommended terms and conditions to be implemented from 01 April 2024/**
-	08.08.23	**Annual Report of the Committee 2022-2023** Members received the Committees Annual Report for the 2022-23 period. **The Committee approved its Annual Report (Appendix One) and noted that it will be submitted to the ICB Board at its meeting in September 2023 for note.**

Decision /Action Log Ref No.	Meeting Date	Issues considered
-	12.09.23	**Fit and Proper Person Requirements for the ICB from September 2023** Committee members received a paper providing an outline of the requirements of ICBs in relation to the Fit and Proper Person Test (FPPT) following recommendations from the Kark Review. The paper outlined the proposed process to identify individuals in scope of the FPPT who work for or are part of the decision making governance arrangements of the ICB, what areas/searches will need to be undertaken, what information will need to be recorded on ESR and the requirement for individuals to undertake and annual attestation. The paper highlighted that individuals in scope of the FPPT will need to be informed by the 30 September 2023. **The Committee approved the recommendations that:** • **all Board members and individuals who are voting members of or regular attendees to ICB Committees (Band 8 and above) would be considered as being in scope of the ICBs FPPT requirements** • **the annual self-attestation would take place from the 01 April each year and be timed to support the annual appraisal cycle of individuals in scope** • **a FPPT Policy be created for the ICB** • **the internal FPPT process as outlined would be adopted.**
-	12.09.23	**GP Clinical Reviewer – Complaints and Concerns Terms and Conditions** Committee members received a report on the proposed terms and conditions for the ICB to use if appointing to GP Clinical Reviewer posts to support the review of Primary (GP) Care complaints. The report provided an outline of the need for the ICB to reach an agreement, provided benchmark data and an outline of the role, as well as a recommendation to appoint individuals under a contract for services arrangements, at £320 per session, inclusive of employee' NIC and pension contributions and 'employer' national insurance contributions.

Decision /Action Log Ref No.	Meeting Date	Issues considered
		Following discussion regarding the requirements, the Committee supported the recommendations outlined within the report.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision /Action Log Ref No.	Meeting Date	Issue for escalation
-	-	-

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision / Action Log Ref No.	Meeting Date	Recommendation from the Committee
	12.09.23	**Committee Terms of Reference** Committee members received a report outlining proposed changes to the Terms of Reference of the Committee. Changes to the Terms of Reference reflected a tidying up of the document, and inclusion of areas of authority of the Committee that feature within the ICBs oSORD and Constitution, but which did not feature previously in the Terms of Reference. Amendments to the Terms are reference are classified as follows: • text in **Red** is to be removed • text in **GREEN** is to be added **The Committee supported the changes and recommended that the Board approves the proposed amendments to the Remuneration Committee Terms of Reference (Appendix Two).**
-	-	-

6. Recommendations

6.1 **The ICB Board is asked to:**

- **note** the items covered by the Remuneration Committee at its meeting on the 22 March 2023
- **note** the decisions made by the Committee.

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NHS
Cheshire and Merseyside

Remuneration Committee

Annual Report 2022-2023

Contents

1. Introduction

The Remuneration Committee (the Committee) has been established by NHS Cheshire and Merseyside Integrated Care Board ('ICB') as a Committee of the ICB in accordance with its Constitution.

The Committee is a non-executive committee of the ICB and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

This report sets out the work undertaken by the Remuneration Committee during the 2022-23 year (01 July 2022 – 31 July 2023). This demonstrates how the committee has met the responsibilities set out for it by the ICB within its constitution, its compliance with the committees Terms of Reference (TOR), its effectiveness and the impact of the Committee.

In addition to it being a formal report to the Committee, the evidence contained in this report will be shared with the Board of the ICB.

The committee's membership requirements are set out in its TOR, which was last reviewed and approved by the Board of the ICB in October 2022.

2. Membership

The membership of the Committee between 2022-23 was:

- Tony Foy, Non-Executive Director (Chair)
- Neil Large, Non-Executive Director
- Erica Morris, Non-Executive Director (Deputy Chair)
- Hilary Garratt, Non-Executive Director.

3. Meetings

From 01 July 2022 to 31 July 2023, the Committee met on five occasions and was quorate at each meeting. The Committee met on the following dates:

01 July 2022
26 September 2022
12 October 2022
28 November 2022
20 March 2023.

Details of the attendance of Committee members at all of these meetings are enclosed at **Appendix One** for information.

4. Committee Responsibilities and Duties

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- 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.

The ICB has also delegated the following functions to the Committee:

- salary, including any performance-related pay or bonus
- provisions for other benefits, including for example pensions and cars and allowances.

The Committee's duties are as follows:

For the Chief Executive, Directors and other Very Senior Managers:

- determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, allowances, pensions and cars
- determine arrangements for termination of employment and other contractual terms and non-contractual terms.

For all staff:

- determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change).
- oversee contractual arrangements
- determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

For Non-Executive Directors (NEDs):

- determine the ICB remuneration policy (including the adoption of pay frameworks)
- oversee contractual arrangements.

Additional functions that the ICB has chosen to include in the scope of the committee include:

- functions in relation to nomination and appointment of (some or all) Board members through convening an ICB Appointments Panel
- functions in relation to performance review/ oversight for directors/senior managers
- succession planning for the Board
- assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR)
- board development which maybe progressed through a discreet working group.

5. Review of Committee Activities

Between 01 July 2022 – and 31 July 2023, the Committee reviewed the following areas: -

- Committee Terms of Reference
- Very Senior Manager (VSM) Framework
- ICB MARS Scheme
- No Compulsory Redundancies Statement
- Partner Member Remuneration Principles and Framework
- Approach to reducing ICB running costs
- National Pay Award to very Senior Managers
- Updates on Senior Managers who have yet to agree suitable alternative employment
- Terms and Conditions for ICB Clinical Roles
- Terms and Conditions for ICB Medical Director
- Proposal for remuneration of Director of Population Health and Liverpool Interim Place Director
- Proposal for remuneration and role of the GP Partner Member on the ICB Board.

Decisions undertaken by the Committee during 01 July 2022 – 31 July 2023 included:

01 July 2022

C&M ICB VSM Pay Framework

The Committee considered a report outlining the work undertaken to determine the recommendations on Cheshire and Merseyside ICB VSM remuneration and which had been informed by national guidance. The Committee agreed to the recommendations on VSM pay for all individuals in scope of the report.

26 September 2022

Update on Partner Member Pay Framework / Remuneration

The Committee considered a report outlining the proposed remuneration framework for ICB Board Partner members who are entitled to receive a payment. The paper confirmed that the proposed remuneration had been calculated in line with the rates paid to NEDs and for GPs. The Committee approved the recommendations within the paper but recognised further work still need to be completed.

National pay award to VSM staff update

The Committee received a report on the National Guidance that had been received regarding a pay award for Very Senior Managers. The national guidance outlined that a 3% pay award should be awarded to all cohorts and that a 0.5% pay award was discretionary for particular staff, however this did not apply to any ICB cases. The Committee agreed to adopt the recommendation within the guidance to award the 3% pay award for the 2022/23 annual pay increase.

28 November 2022

Partner Member remuneration
The Committee considered a report that outlined proposals for remuneration for ICB partner members.

National guidance was that where members were not already fully salaried employees of a partner organisation, remuneration would be paid, however there is no national remuneration guidance for ICB Partner members. Following benchmarking with other ICBs and NHS organisations a role remuneration at a rate of £13k per annum was considered reasonable as this this equaled the minimum rate paid to NHS Non-executive directors. Members were advised that there was no employment commitment nor pension connected to the roles.

The Remuneration Committee approved a remuneration rate of £13k for those Partner members entitled to payment. Agreement was with the caveat of reviewal if and when guidance was received and also subject to annual review.

Terms & Conditions for Clinical Roles (GP) at NHS Cheshire & Merseyside Integrated Care Board.
An updated paper was circulated to the members of the Committee at the beginning of January 2023 seeking their support to the recommendations within. On the 14 January 2023 it was confirmed by the Remuneration Committee Chair that all Committee members had approved the recommendations within the updated report; namely:

- remuneration for the Associate Medical Directors to be set at £155,530pa and that in line with their legacy pay protection policies they will be entitled to 2 years pay protection effective from the date of employment to the role. post holders will be engaged under a contract of employment (contract **of** service).
- remuneration for senior Clinical Leads at a sessional rate of £330 (for a 4-hour 10-minute session) and that they be engaged under a contract **for** services.
- remuneration for clinical leads at a sessional rate of £320 (for a session of 4 hours and 10 minutes) and that they be engaged under a contract **for** services.
- remuneration for the named GPs for safeguarding at a sessional rate of £330 (for a session of 4 hours and 10 minutes) and that they be engaged under a contract **of** service.

20 March 2023

Remuneration of the ICB Director of Population Health and the interim Place Director for Liverpool.
The Committee considered a report that provided the committee with the proposed annual remuneration for the individual who will be undertaking the ICB Director of Population Health position, and the individual appointed to be the Interim Liverpool Place Director. The Committee received assurance that the remuneration rates recommended for approval had been informed by national guidance and were consistent with the remuneration rates and ranges previously agreed by the Committee for other ICB VSM positions.

The Committee approved the recommended annual remuneration for the ICB Director of Population Health and the Interim Place Director for Liverpool, namely:

- Director of Population Health – approval of an annual remuneration of £120,000. Approval also received to take individual's previous NHS and Local Authority service into account for the purpose of determining annual leave, sick pay, paternity leave and redundancy.
- Interim Place Director for Liverpool – approval of an annual remuneration of £140,000.

6. Conduct of the Committee

In year the Committee has reviewed its membership and TOR, with changes being approved by the Board.

The Committee applied best practice in its deliberations and decision making processes. It conducted its business in accordance with national guidance and relevant codes of conduct and good governance practice.

Meetings of the Committee were conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies approved by the Board of the ICB

The Committee administrative support minuted the proceedings of all meetings of the Committee, including recording the names of those present and in attendance. Where any declarations where made these were recorded within the minutes of the meeting. The Committee reported to the Board after each Committee meeting via a Committee Chairs report.

7. Conclusions

The committee has met its statutory obligations, as well as performing those other functions delegated to it by the Board. The committee has met when required to discharge these functions.

Appendix One - 01 July 2022 – 31 July 2023 Meeting attendance details

		01.07.22	26.09.22	12.10.22	28.11.22	20.03.23
Tony Foy	NED & Chair	☑	☑	☑	☑	☑
Erica Morriss	NED & Deputy Chair	☑	☑	☑	☒	☒
Neil Large	NED	☑	☑	☑	☑	☑
Hilary Garratt	NED	Not in post	Not in post	Not in post	Not in post	☒

NHS
Cheshire and Merseyside

NHS Cheshire & Merseyside ICB

Remuneration Committee

Terms of Reference

Document revision history

Date	Version	Revision	Comment	Author / Editor
1 July 2022	1.0	Initial ToRs		Ben Vinter
29 September 2022	V1:1	Changes made by Remuneration Committee at its September 2022 meeting		Matthew Cunningham
13 October 2022	V1.2	Changes made by Remuneration Committee at its October 2022 meeting		Matthew Cunningham
12 September 2023	V1.3	Changes made by Remuneration Committee at its September 2023 meeting		Matthew Cunningham

Review due:
~~1 July 2023~~ 01 September 2024

~~**V1:2 approved by the C&M ICB Board (October 2022)**~~
V1.3 approved by the C&M ICB Board (September 2023)

Remuneration Committee

Terms of Reference

Introduction

NHS Cheshire and Merseyside Integrated Care Board ('NHS Cheshire and Merseyside') has been established to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1. Purpose

The Remuneration Committee (the Committee) is established by NHS Cheshire and Merseyside as a Committee of the Board in accordance with its Constitution.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 18 to 20 ~~17 to 19~~ of Schedule 1B to the NHS Act 2006. In summary:

- confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) but excluding the Chair and ICB non-executive directors.
- NHS England will determine remuneration of the Chair, and where matters are discussed relating to the remuneration and any allowances for Non-Executive Director members of the ICB, a Non-Executive remuneration panel will be established and will be convened under its own terms of reference. This is to ensure that no individual is involved in discussions or decisions about their own remuneration. The Non-Executive Director Remuneration Panel will be Chaired by the ICB Chair and will report to the ICB Board in accordance with the requirements as set down in its terms of reference.

The Board has also delegated the following functions to the Committee:

- approve any ICB Pay and Allowances/Benefits policies for all employees including senior managers/directors (including board members but excluding the Chair)
  - salary, including any performance-related pay or bonus, and
  - provisions for other benefits, including for example pensions and cars and allowances.

- consideration and approval of any severance payments on termination of office for any individual employed by the ICB (including Board members but excluding the Chair and ICB non-executive directors)[1]

The Committee will:

- adhere to all relevant laws, regulations and company policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate Executive Directors whilst remaining cost effective
- advise upon and oversee contractual arrangements for Executive Directors, including but not limited to termination payments.

2. Responsibilities / duties

The Committee's duties are as follows:

For the Chief Executive, Directors and other Very Senior Managers:

- determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, allowances, pensions and cars
- determine arrangements for termination of employment and other contractual terms and non-contractual terms
- advise on and propose the appointment process for the ICBs Chief Executive, in line with the national process.[2]

For all staff:

- determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change).
- oversee contractual arrangements
- determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.
- approve disciplinary arrangements for employees, including the Chief Executive (where he/she is an employee of the ICB).[3]

For Non-Executive Directors (NEDs):

- determine the ICB remuneration policy (including the adoption of pay frameworks)
- oversee contractual arrangements.

Additional functions that the ICB has chosen to include in the scope of the committee include:

- functions in relation to nomination and appointment of (some or all) Board members through the convening an ICB Appointments Panel, and as outlined within the ICB Constitution

[1] As outlined within the ICB Constitution p40 https://www.cheshireandmerseyside.nhs.uk/media/ywzaocmu/nhs-cheshire-and-merseyside-icb-constitution-draft-v02.pdf
[2] Outlined within the ICBs SORD p14 https://www.cheshireandmerseyside.nhs.uk/media/lxdfkwlk/cm-sord.pdf
[3] Authority to do this is within the ICBs SORD p13 https://www.cheshireandmerseyside.nhs.uk/media/lxdfkwlk/cm-sord.pdf

- functions in relation to the performance review/ oversight and appraisals for Executive Directors/Senior Directors, including the Chief Executive and the Chair in line with NHSE guidance on appraisals for Chairs and Chief Executives ~~managers~~
- oversight of the succession planning for the Board member positions and Executive Directors
- assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR)
- ~~board development which maybe progressed through a discreet working group.~~

3. Authority

The Remuneration Committee is authorised by the Board to:

- investigate and approve any activity as outlined within its terms of reference
- seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference
- obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and SoRD but may /not delegate any decisions to such groups without the approval of the ICB Board.
- commission, review and authorise policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated to the Committee by the ICB Board.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the committee being permitted to meet in private.

4. Membership & Attendance

Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution and as outlined within these Terms of Reference.

The Board will appoint no fewer than three members of the Committee, drawn from the Non-Executive Members of the Board. ~~of which at least two are NEDs of the Board~~. All NED members of the ICB may be members of the committee recognising that there may be times when the ICB audit chair needs to abstain from taking part in the meeting. Other members of the Committee need not be members of the Board, but they may be.

The Committee may also choose to appoint other individuals to be members of the Committee, drawn from:

- ~~seek~~ up to two system lay persons or Non-Executive Directors drawn from within the C&M system, ideally with experience of remuneration committees and / or remuneration decisions for members of Board
- an ICB Partner Board Member.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

~~The Committee Membership will be composed of:~~
- ~~Chair, drawn from one of the ICB NEDs~~
- ~~all NED members of the ICB may be members of the committee recognising that there may be times when the ICB audit chair needs to abstain from taking part in the meeting.~~

~~Up to three other non-executive members drawn from Partner organisations within the C&M system, ideally with experience of remuneration committees and / or remuneration decisions for members of Board, may be called to sit on the Committee in an advisory role and vote on decisions that directly impact on the ICB NEDs, including decisions relating to the remuneration of ICB NEDs.~~

The ICB Chair will also receive a standing invitation to attend and will only sit as a member when there is a need to maintain quoracy. ~~or~~ When a decision involving ICB Non-Executive Director members remuneration or allowances is to be made, the ICB Chair will convene a meeting of the Non-Executive Director Remuneration Panel.

Attendees
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:
- ~~the ICB's most senior HR Advisor or their nominated deputy~~
- Chief People Officer or their nominated deputy
- Director of Finance or their nominated deputy
- Chief Executive or their nominated deputy
- Associate Director of Corporate Affairs and Governance.
- Independent HR Advisors.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

<u>Management of Conflicts of Interest</u>
No individual should be present during any discussion relating to:
- any aspect of their own pay
- any aspect of the pay of others when it has an impact on them.

5. Meetings

5.1 Leadership

In accordance with the constitution, the Committee will be chaired by a Non-Executive Director Member of the Board. Committee members may appoint a ~~Vice~~ Deputy Chair from amongst the standing ICB Non-Executive members, with the exclusion of the Non-Executive Director undertaking the role of the ICB Audit Chair.

In the absence of the Chair, or ~~Vice~~ Deputy Chair, the remaining ICB Non-Executive Director members present shall elect one of their number to Chair the meeting recognising that this may not be the ICB Chair, or Audit Chair.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

5.2 Quorum

~~For a meeting or part of a meeting to be quorate a minimum of two of the ICB NED members[4] is required, with one to act as Chair.~~

For a meeting to be quorate a minimum of two ~~Non-Executive Director~~ Voting Members of the Board are required, including either the named Chair or ~~Vice~~ the Deputy Chair of the Committee. ICB Board members must form the majority of the membership at a meeting of the Committee, as compared to any members appointed to the Committee from external partners.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

~~Members drawn from the ICB Board must always be in the majority as compared to any members appointed to the Committee from external partners.~~

If on an occasion a Committee meeting is due to start but the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. Alternatively, the meeting can be called to a halt and an agreement reached to rearrange an additional meeting.

~~If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.~~

5.3 Decision-making and voting

Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

[4] Other than where specified in the constitution to assess NED remuneration where two committee members will also represent the quorum.

Decisions will be taken in accord~~ing~~ance with the Standing Orders of the ICB and within the authority as delegated to the Committee. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication. Decisions will be recorded and formally minuted and ratified at a subsequent formal meeting of the Committee.

5.4 Frequency and meeting arrangements

The Committee will meet in private.

The Committee will meet at least twice each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Remuneration Committee to convene further meetings to discuss particular issues on which they want the Committee's advice or agreement.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.5 Administrative Support

The Committee shall be supported with a secretariat function. Which will include ensuring that:

- the agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- records of conflicts of interest members' appointments and renewal dates. Provide prompts ~~and the Board is prompted~~ to renew membership and identify new members where necessary
- good quality minutes are taken in accordance with the ICBs standing orders and Corporate Standards Manual, and agreed with the chair. Keep ~~and that~~ a record of matters arising, action points and issues to be carried forward ~~are kept.~~ Minutes of the meeting will be circulated to all Committee members within 10 working days of the meeting, highlighting actions by individual members
- the Chair is supported to prepare and deliver reports to the Board
- the Committee is updated on pertinent issues / areas of interest / policy developments; and
- action points are taken forward between meetings.

5.6 Accountability and Reporting Arrangements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Chair will provide assurance reports to the Board at the subsequent meeting of the Board following a meeting of the Committee and shall draw to the attention of the Board any issues that require disclosure to the Board or require action. ~~A summary of key issues discussed and concluded shall be produced and formally submitted to the Board.~~ Reporting will be appropriately sensitive to personal circumstances and contain no personally sensitive or personally identifiable information.

The Committee will provide the Board with an Annual Report timed where possible to support finalisation of the ICB Annual Report and Accounts. The report will summarise its conclusions from the work it has done during the year.

6. Behaviours and Conduct

Benchmarking and guidance
The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

ICB values
Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality diversity and inclusion
Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

7. Review

The Committee will review its effectiveness at least annually

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Report of the Chair of the System Primary Care Committee (September 2023)

Agenda Item:	**ICB/09/23/16**
Report author & contact details	Christopher Leese c.leese@nhs.net
Report approved by (sponsoring Director/ Chair)	Clare Watson, Assistant Chief Executive Erica Morriss, Committee Chair
Responsible Officer to take actions forward	Christopher Leese c.leese@nhs.net

Report of the Chair of the System Primary Care Committee (Sept 2023)

<table>
<tr><td>Executive Summary</td><td colspan="5">The System Primary Care Committee met on the 8th September 2023. The meeting was quorate.

The Committee discussed the following business as listed:

In Part A , the meeting held in private:
• Minutes of the Extra Ordinary Meeting held in July
• Minutes of the Pharmaceutical Services Regulatory Committee
• An update from Liverpool Place regarding their recent list dispersal
• An update on work that has been undertaken in relation to minor ailments schemes across the ICB
• Orthodontic procurement recommended bidder report
• Financial Update

In Part B, the meeting held in public:

• The Primary Care Risk Register
• System Pressures and challenges
• Contracting and Commissioning Update
• The Primary Care Access Recovery Plan
• The GP Patient Survey Results
• The Primary Care Strategic Framework

The next meeting is due to be held on the 19th October 2023</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• note the contents of the report.</td></tr>
<tr><td>Key issues</td><td colspan="5">Outlined within the report</td></tr>
<tr><td>Key risks</td><td colspan="5">Key risks were noted, and mitigating actions confirmed as part of the main papers.</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>X</td><td></td><td>X</td><td colspan="2">X</td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td>X</td><td>X</td><td></td><td colspan="2">X</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Managed by the Chair</td></tr>
<tr><td>Next Steps</td><td colspan="5">As detailed in the full papers</td></tr>
<tr><td>Appendices</td><td colspan="5">None</td></tr>
</table>

Report of the Chair of the System Primary Care Committee (Sept 2023)

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
System Primary Care Committee	The role of the System Primary Care Committee shall be to oversee, coordinate and promote alignment of the functions amongst Places relating to the commissioning of primary medical services under section 82B of the NHS Act in relation to GP primary medical services and community pharmacy.	Erica Morriss

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
-	09.09.23	• an updated Committee Risk Register was presented, the risks changes were agreed, and it was noted that further work is required to ensure primary care risks from 'place' are escalated into this risk register – and the process to support that is robust. • the minutes of an Extra Ordinary Committee meeting held in July were agreed, these related to a decision taken in respect of a dental contractor – this will be followed up by the Committee with a further update at a future meeting • a further update on the ongoing work to align Minor Ailments Schemes was received- there is no funding identified to support any additionality to the current schemes, so this work has not progressed to a decision. • a general update on Primary Care Finance was received, noting further work is required in respect of how overall funding is allocated and spend is prioritised against an agreed framework. • minutes from the Pharmaceutical Services Committee were received and accepted. • Liverpool place presented a deep dive / lessons learned and their approach to their recent general

Decision Log Ref No.	Meeting Date	Issues considered
		practice list dispersal. Some of the findings will be adapted into a useful document to underpin the national policy book process and support primary care staff to discharge this work more effectively . • all four Primary Care Contractor groups gave updates via their Local Committee representatives for assurance and awareness purposes, as part of a general system pressures discussion. Challenges as we head into winter were recognised, as were the changes in the Covid 19 / Flu vaccination national policy. There was discussion regarding security and wellbeing of general practice staff following a serious incident at a practice within the ICB. It was agreed this should be picked up further both at this meeting, the primary care workforce steering group, and within the Access Recovery Plan which contains a section on staff wellbeing. • a general policy and contracting update was received in respect of dental, general practice (medical), community pharmacy and general ophthalmic services (GOS). Challenges in respect of time taken for new GOS applications via shared business services to be processed, were highlighted. It was noted a more detailed update on the Dental Improvement Plan, will return to the next Committee meeting. • a specific update was presented in respect of the ICB's response to Recovering Access to Primary Care, which the Board have discussed previously. It was noted that an Access Improvement Plan will be presented at Board on 30th November- therefore the Committee will receive this at the December meeting. It was noted that this will combine 9 place led improvement plans, with system plans in some areas such as workforce – to form one overall improvement plan. The amount of work involved was recognised by the Committee given the many staffing challenges faced by the ICB to undertake these major national policy asks within the timescales. • an overview of the results of the GP Patient Survey was presented. It was noted that overall, in most indicators there has been a fall in satisfaction, but

Decision Log Ref No.	Meeting Date	Issues considered
		this is reflected nationally and the ICB overall compares favourably with the national averages in key indicators. It was noted that patients were less satisfied generally when trying to make an appointment, particularly by telephone – but that results were better in relation to the actual consultation and aftercare received by clinicians. These results will form part of the Access Improvement Plan at both place and system level within the ICB. • the Committee agreed the Primary Care Strategic Framework noting that further chapters in relation to Dental and General Ophthalmic Services, still need to be developed and resourced.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
		• a recommended preferred bidder for an orthodontic provider was agreed.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		None

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendations
		None

6. Recommendations

6.1 **The ICB Board is asked to:**

- Note the contents of the report and the decisions therein.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Report of the Chair of the Women's Services Committee

Agenda Item No	**ICB/09/23/17**
Report author & contact details	Matthew Cunningham, Associate Director of Corporate Affairs & Governance
Report approved by (sponsoring Director/Chair)	Raj Jain, Chair of the Women's Services Committee
Responsible Officer(s) to take actions forward	Clare Powell, Programme Director

Report of the Chair of the Women's Services Committee

Executive Summary	The Women's Services Committee of the NHS Cheshire and Merseyside Integrated Care Board met on the 01 August 2023. Declarations of interest where applicable were minuted. Main items considered at the meeting via papers received or verbal update provided included: • Women's Services Programme Update • Liverpool Women's Hospital and LUFHT Partnership Board Update • Update on the Recruitment of the Women's Service programme Director and Independent Clinical SRO. • Care Quality Commission Report for Liverpool Women's Hospital • Women's Services Programme Working Groups • Programme Risks • Patient Safety Dashboard • Stakeholder Engagement and Co-Production. The next meeting of the Committee is scheduled to be held on 26 September 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		

Recommendation	**The Board is asked to:** • **note** the items covered by the Women's Services Committee at its meeting on the 01 August 2023

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
	X			X

Management of Conflicts of Interest	There were no declarations of interest made by Members or attendees at the meeting that would materially or adversely impact on matters requiring discussion and decision.
Next Steps	-
Appendices	-

Report of the Chair of the Women's Services Committee

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Women's Services Committee (Discretionary Committee)	The Committee will oversee the development and implementation over the next five years of a future care model that will ensure that services delivered across the Liverpool City Region provide the best possible care and experience for all women, babies, and families. Although these services are delivered across the Liverpool City region, this is also the tertiary centre for Cheshire and Merseyside, therefore solutions proposed will impact on the care of patients across Cheshire and Merseyside and beyond	Raj Jain

2. Meetings held and summary of "issues considered" (not requiring escalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
-	01.08.2023	**Programme Update** Committee members considered a paper that provided an update on actions to address clinical sustainability risks and to progress the programme to address the challenges in the short, medium and long term. Discussion were undertaken to ensure that future programme update reports provide a collective position across all partners and articulate the options available to all to consider. **Committee members noted the report.**
-	01.08.2023	**Liverpool Women's Hospital and LUFHT Partnership Board Update** Committee members received a report on the recent meeting of the Partnership Board, and included the Partnership Boards Terms of Reference and the joint risk register developed by both organisations. Members noted that this was a Partnership Board and not a formal joint committee of both Trusts, was not a decision making forum and had as a key remit to identify the shared risks. The Partnership Board reports directly back to the Boards of each Trust.

Decision Log Ref No.	Meeting Date	Issues considered
		Committee members asked that a Place Representative be included within the membership of the Board, which was agreed by representatives of each Trust in attendance and who took that action to progress. **The Committee noted the report.**
-	01.08.2023	**Recruitment of Programme Director and Independent Clinical SRO** Members were updated on the appointment of Claire Wilson as the Women's Services Programme Director and Dr Mandish Dhanjal as the Independent Clinical SRO for the Programme. **The Committee noted the update.**
-	01.08.2023	**Care Quality Commission Report –for Liverpool Women's Hospital** Members received an update on the recent CQC findings report, published in June 2023, of the services provided by Liverpool Women's Hospital. Member sheard that the CQC report stated that Liverpool Women's Hospital retained its overall good rating; however, the Trust's overall quality rating dropped from Good to Requires Improvement (RI). Maternity Services reduced from Good to Requires Improvement with safe rated inadequate, Gynaecology improved from Requires Improvement to Good. The well-led rating for the Trust remained unchanged at Requires Improvement, albeit the Well Led rating improved to good for Liverpool Women's Hospital as the predominant services delivered by the Trust. The report also gives details of the actions undertaken by the Trust in response to the CQC report. **The Committee noted the report.**
-	01.08.2023	**Programme Risks** Members received a draft of the Committee risk register for review and comment. Members noted that there was a clear link between the Committee risk register and that of the LWH/LUFHT Partnership Board. Further work to populate and enhance the risk register was outlined, with programme leads being engaged to populate the register further and refine the wording of the risks.

Decision Log Ref No.	Meeting Date	Issues considered
		The Committee noted the report.
-	01.08.2023	Patient Safety Dashboard Committee members were informed that the development of the patient safety dashboard for the Committee is currently underway. A data sharing agreement has been agreed and signed between Liverpool Women's Hospital and Liverpool University Hospital Foundation Trust. A joint performance dashboard would start to produce data for the Partnership Board. **The Committee noted the update and requested a further update at the next meeting of the Committee.**
-	01.08.2023	**Stakeholder Engagement and Co-Production** Member received a paper outlining proposals for training and a workshop for Committee members and staff involved in the Women's Services Programme regarding co-production. Committee members agreed that the proposals needed improvement and to not focus on theoretical training but would want more information around training on delivery. Members also discussed the process for engaging representatives of members of the public and users of women's services on the Committee and its sub-groups, and requested a further update on this at the next meeting. The Chair of the Committee agreed to produce and a Chairs briefing following the meeting to circulate to members and to publish on the ICB website at: https://www.cheshireandmerseyside.nhs.uk/your-health/liverpool-women-s-services/chair-s-briefing-august-2023/

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the Committee under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
-	-	-

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
-	-	None

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Recommendation from the Committee
-	-	None

6. Recommendations

6.1 **The Board is asked to:**

- **note** the items covered by the Women's Services Committee at its meeting on the 01 August 2023.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (July 2023)

Agenda Item No	**ICB/09/23/18**
Report author & contact details	Matthew Cunningham, ICB Associate Director of Corporate Affairs and Governance matthew.cunningham@nhs.net
Report approved by (sponsoring Director/ Chair)	Raj Jain, ICB Chair
Responsible Officer to take actions forward	Professor Ian Ashworth, ICB Director of Population Health

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (July 2023)

Executive Summary	The Cheshire and Merseyside Health and Care Partnership (HCP) met on the 18 July 2023. The meeting considered: • Revised Terms of Reference for the HCP • Marmot Beacon Indicators Update • Sustainability Update • HCP Forward Plan. All papers are available via the ICB website at: https://www.cheshireandmerseyside.nhs.uk/get-involved/meeting-and-event-archive/cheshire-and-merseyside-health-and-care-partnership/18-july-2023/ Good progress continues to be made in reaching agreement on a few priorities on which all HCP partners will commit to act on. Health and wellbeing issues related to poor housing is one of the 2 or 3 priorities that the HCP is likely to engage more on in this current planning period. The September meeting of the HCP will confirm this and refine the housing related objective to identify specifics. The importance of reaching agreement on a few priorities, for this planning period, cannot be overstated. A lot of work has been undertaken to engage partners so that the HCP gains their agreement and is able to convene programmes of action that enable the sum of the parts to be greater than individual contributions. The next meeting of the HCP is to be held on the 19 September 2023.

Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X				

Recommendation	**The Board is asked to:** • **Note** the contents of this report.
Key issues	• The draft Terms of Reference for the HCP is being circulated for consideration and approval by the nine Local Authority founding members throughout September and October, with the Terms of Reference being considered at the ICB Board at its meeting in November 2023 • HCP members heard how the Cheshire and Merseyside system is one of only three systems chosen to work on a national programme with Barnardo's and the Institute of Health Equity regarding Children and Young People. • HCP Members heard how the Cheshire and Merseyside system has been a social value accelerator area for many years and all organisations have been encouraged to sign up to become Anchor Institutions.
Key risks	None

Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**
	X		X	
	Legal	**Health Inequalities**	**EDI**	**Sustainability**
		X		X

Management of Conflicts of Interest	Not applicable
Next Steps	• Update the forward plan to include item agreed at the July 2023 meeting • HCP Members to identify who within their organisations attend the Cheshire and Merseyside Sustainability Board and ensure there Is regular dialogue between individuals • Develop an effectiveness review for the HCP
Appendices	N/A

Report of the Chair of the Cheshire and Merseyside Health and Care Partnership (July 2023)

1. Summary of the principal role of the HCP

Committee	Principal role of the HCP	Chair
HCP	Cheshire and Merseyside Health and Care Partnership – an Integrated Care Partnership – will operate as a statutory committee consisting of health and care partners from across the region, including voluntary, community, faith and social enterprise (VCFSE) organisations and independent healthcare providers. It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside. A key role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences	Cllr Louise Gittens

2. Meetings held and summary of "issues considered"

The HCP considered the following items. The committee did not require escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
-	18.07.23	**Committee Terms of Reference** Members of the HCP received an update on the development of the HCP Committee Terms of Reference. Members were informed that engagement had been undertaken with the Local Authority Heads of Legal to help shape the Terms of Reference as well as understand the governance route needed for each Council to approve them. Members provided feedback on the proposed membership of the Committee as well as areas within its remit. Members noted that the intention was for the Terms of Reference to be approved by the nine Local Authorities and the ICB by the end of November 2023. A commitment was given to inform members of the

Decision Log Ref No.	Meeting Date	Issues considered
		process timelines for approval within each Local Authority and for each Local Authority member of the HCP to link in with their Heads of Legal or equivalent to help support the passage of the Terms of Reference.
-	18.07.23	**Marmot Beacon Indicators** Members received an update from Professor Ian Ashworth, the ICB Director of Population Health, regarding the recent All Together Fairer One year on Marmot event, as well as progress with implementing the All Together Inspired programme. Members were also informed around the work underway for Children and Young People with the Institute of Health Equity and Barnardo's, noting that Cheshire and Merseyside was one of only three systems nationally working with these partners on this programme of work. Members outlined key programmes of work within their areas that have been undertaken around tackling health inequalities. Consideration was given to a proposal to hold a Cheshire and Merseyside wide week long active travel event in 2024 and members agreed that this should be looked at as a key piece of work for the HCP to support.
-	18.07.23	**Sustainability Update** Members received an update on the work of the Cheshire and Merseyside Sustainability Board. Members heard how the Cheshire and Merseyside system has been a social value accelerator site since 2018 and is the first system in the country to have developed a system wide set of themes, outcomes, and measures with the Social Value Portal. Members heard about the Anchor organisation work underway and a commitment was given that each HCP member would look to progress discussing within their respective organisations about when they can sign up to be an Anchor Institute. Members heard about the work underway around Net Zero, with example of work being raised by members of the Committee. A discussion was undertaken with regards feeding initiatives across the nine places and a suggestion that this would work better if co-ordinated across all nine. It was agreed that holding a Cheshire and Merseyside

Decision Log Ref No.	Meeting Date	Issues considered
		Food Summit would be a good ambition for the JCP to work towards, and it was agreed a discussion on this would be added to the Committee workplan.
-	18.07.23	**HCP Forward Plan** Future Items for Meeting were outlined, and the following will be added to the forward plan • Cheshire and Merseyside Food and Food Insecurities Summit • Cheshire and Merseyside Active Travel week • Evaluation of the HCP • Health and Housing • Procurement and social value

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Board consideration)

The following items were considered, and decisions undertaken by the HCP under its delegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
		N/A

4. Issues for escalation to the ICB Board

The Partnership considered the following items. The Partnership considered that theyshould be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		N/A

5. Partnership recommendations for ICB Board approval

The Partnership considered the following items. The Partnership made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Issue for escalation	Recommendation from the Committee
			N/A

6. Recommendations

6.1 **The ICB Board is asked to:**

- Note the contents of this report.

Meeting of the Board of NHS Cheshire and Merseyside
28 September 2023

Report of the Chair of the Transformation Committee

Agenda Item No	**ICB/09/23/19**
Report author & contact details	Neil Evans; Associate Director of Strategy and Collaboration neilevans@nhs.net
Report approved by (sponsoring Director/ Chair)	Clare Watson; Assistant Chief Executive
Responsible Officer to take actions forward	Neil Evans; Associate Director of Strategy and Collaboration neilevans@nhs.net

NHS
Cheshire and Merseyside

Report of the Transformation Committee Chair

<table>
<tr><td>Executive Summary</td><td colspan="5">The Transformation Committee has been established to support NHS Cheshire and Merseyside in the delivery of its statutory duties and provide assurance to the Board in relation to the development and delivery of our strategic plans. The Committee met on the 14 September 2023. The meeting was quorate and was able to undertake its business.

The meeting considered:
• the completed Specialised Services Pre-Delegation Assessment Framework PDAF was approved by the committee;
• an update on the progress of each of the Cheshire and Merseyside Transformation Programme delivery vehicles and key achievements to date, and a proposal around the ICB Transformation Programme Governance Structure and Reporting and the process in assessing bids for Transformation Programme Funding;
• an update on the Tobacco Dependency Recovery Plan was received ;
• a paper detailing proposals for the refresh of the Children and Young People Mental Health Strategy; and
• feedback on the survey completed on the effectiveness of the Transformation Committee.</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>x</td><td></td><td>x</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• Note the contents of this report and the next steps</td></tr>
<tr><td>Key issues</td><td colspan="5">• There is a need to look at what programmes are reported to the committee and what remains at Place as part of the proposed governance and assurance structure.
• Due to the increasing portfolio size of transformation programmes, there is a need to consider if this committee is now the right forum to do this or if a sub-group is needed to ensure appropriate scrutiny is in place</td></tr>
<tr><td>Key risks</td><td colspan="5">• Workforce reductions across the strategic clinical networks may impact the ability for C&M to deliver the entirety of current programme plans for these networks.
• The committee may not be focusing on the most important and strategic areas in respect to providing assurance
• The capacity and resources needed to deliver the transformation agenda may not be available.</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>x</td><td></td><td>x</td><td colspan="2"></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td></td><td>x</td><td></td><td colspan="2">x</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">Not applicable</td></tr>
<tr><td>Next Steps</td><td colspan="5">The Transformation Committee has asked for further reports to be presented to their next committee in relation to:</td></tr>
</table>

	• Submission to NHS England of the approved Pre Delegation Assessment Framework for Specialised Services (PDAF) and an update on the Specialised Services Implementation Plan and development of the future Target Operating Model • Agreement around recurrent funding to be provided from 2024/25 onwards for the Treating Tobacco Dependency (TTD) services. • Lessons learnt in relation to the transformation funding bids process • Transformation Programme Governance and Oversight arrangements including Committee Risks • The ICB Digital and Data Strategy	
Appendices	**Appendix One**	NHS C&M Pre-Delegation Assessment Framework proforma for 2024/25: Specialised Services

Report of the Transformation Committee Chair

1. Summary of the principal role of the Committee

Committee	Principal role of the committee	Chair
Transformation	Provide a leadership forum, across the system, to consider the development and implementation of the HCP strategy and policy and plans of the ICB securing continuous improvement of the quality of services Retain a focus on health inequalities and improved outcomes and ensure that the delivery of the ICP / ICB's strategic and operational plans are achieved. within financial allocations.	Clare Watson

2. Meetings held and summary of "issues considered" (not requiringescalation or ICB Board consideration)

The following items were considered by the committee. The committee did not consider that they required escalation to the ICB Board:

Decision Log Ref No.	Meeting Date	Issues considered
TC-09-14-11	14/09/23	The PDAF (Pre-Delegation Assessment Framework) was produced in December 2022 which describes the benefits of the current arrangements of the ICB's joint commissioning with NHSE (NHSE retaining overall control). The PDAF has now been updated to reflect the ICB now taking full control from April 2024. The completed PDAF was presented to the committee for sign off under its delegated authority and to be submitted to NHSE which was agreed. Further work is being carried out to develop an Implementation Plan and a Target Operating Model (TOM) to look how this will be delivered and an update on both of these will be presented at the next committee meeting. As part of this TOM process the committee is to decide whether Specialised Commissiong will continue to report through this committee or whether alternative arrangements would be recommended to the Board.
	14/09/23	The committee was updated on work being carried out around transformation programme funding, including understanding the close down position for 2022/23. The report details potential clawback of non-utilised funding of £653K to support the financial position of the organisation and offer allocation for transformation.

Decision Log Ref No.	Meeting Date	Issues considered
		There is a proposal to set up a subgroup with finance colleagues and other colleagues to review and agree activity spend and delivery on behalf of the committee. The committee gave approval for £25K of unspent funding from Q1 relating to the Respiratory Programme and challenges on recruitment around the Spirometry Services to be carried over in to Q2 to deliver the agreed plans. Progress on the transformation funding process was provided. A meeting of the Funding Panel met on 4th September, and focused on ongoing programme infrastructure funding and a further meeting is scheduled on 2nd October with the Funding Panel to come to an agreement on which other bids will be funded. A lessons learnt exercise on the process will be presented back to the committee at the next meeting.
	14/09/23	The regular Transformation Programme Assurance report was considered and key escalations raised in the report were discussed. The majority of which fell within the DTCI portfolio and many of the risks are reported through from clinical and regional networks where there is still uncertainty of the direction of travel and staffing implications affecting the ability to continue with the full range of programme plans and presents a risk. A business case for Programme Management Office software will be presented to the Associate Directors of Transformation Group for review and the committee will receive feedback from this meeting in November's meeting. There was a wider discussion around transformation programme governance and the scale of portfolio size whilst continuing to ensure scrutiny on delivering is in place. It was agreed that there needs to be further consideration on whether a subgroup is needed to support the committee in doing this. This is being looked at as part of a review of the terms of reference work and oversight and governance. There was agreement on the need to develop major programme criteria which sets out the strategic priorities, biggest areas of inequalities, commissioning challenges and financial inefficiencies to determine what is within the committee work programme as ICB transformational

Decision Log Ref No.	Meeting Date	Issues considered
		priorities.
	14/09/23	The committee was provided with an update on the Treating Tobacco Dependency Programme (TTD), including a number of KLOEs coming from NHSE which are being looked at. The update addressed concerns raised around the pace of recruitment, and in particular treating tobacco dependency advisors within each of the Trusts, due to mainly a freeze on recruitment on lack of clarity over recurrent funding. There was assurance that this is not delaying progress as there are still smoking in pregnancy and smoking cessation priorities in all Trusts. The update confirmed that each Trust has to submit compliance against ten safety actions for the Maternity Incentive Scheme and the ongoing work, including bi-monthly meetings with each trust as part of the Perinatal Surveillance Framework (a key action) and meetings with trust executives where progress is not being made. There is confidence that recurrent funding will be available for all trusts for 2024/25 and a paper will come to the next committee meeting in November for a final decision.
TC-09-14-14	14/09/23	The proposal for the Children and Young People's Mental Health Transformation Plan was presented to the committee for endorsement. This was scheduled to go to the Children's Committee on 12th September but was unable to be included on the agenda as the committee is still going through formal establishment. The expectation from NHSE is to have one Children and Young People's Mental Health Transformation Plan for C&M to replace the original 9 CCG plans by September 2021. This was published in December 2021 and based on the Logic Model Framework. The committee heard that the proposal, in line with NHSE guidance, was to submit a to publish a holding statement for 2023 which will state that the next 12 months will be spent developing a refreshed and revised Children and Young People's Mental Health

Decision Log Ref No.	Meeting Date	Issues considered
		Transformation Plan due to the complexities and ensuring it aligns with key ICB strategies and programme priorities. This was fully supported and agreed by the committee.
	14/09/23	The effectiveness of the Transformation Committee survey feedback was presented back to the Committee, with some positive feedback detailed, including timeliness of committee papers being circulated. It was felt that other feedback provided can be built upon moving forward as the committee looks to shape its terms of reference.

3. Meetings held and summary of "issues considered and approved/decided under delegation" (not requiring escalation or ICB Boardconsideration)

The following items were considered, and decisions undertaken by the Committee under itsdelegation from the ICB Board.

Decision Log Ref No.	Meeting Date	Issues considered
TC-09-14-11	14/09/2023	The submission of the Pre-Delegation Assessment Framework to NHSE was considered and agreed (Appendix One).
TC-09-14-13	14/09/2023	The Committee agreed to Q2 transformation programme funding following receipt of the actual spend plans in October 2023 and the request for the Respiratory Programme to have £25k of their £50k Q1 allocation carried over to be paid in Q2.
TC-09-14-14	14/09/2023	It was agreed for a holding statement to be submitted to NHSE detailing the plan to develop a refreshed and revised Children and Young People's Mental Health Transformation Plan over the next 12 months.

4. Issues for escalation to the ICB Board

The following items were considered by the Committee. The committee considered that they should be drawn to the attention of the ICB Board for its consideration:

Decision Log Ref No.	Meeting Date	Issue for escalation
		N/A

5. Committee recommendations for ICB Board approval

The following items were considered by the Committee. The Committee made particular recommendations to the ICB Board for approval:

Decision Log Ref No.	Meeting Date	Issue for escalation	Recommendation from the Committee
		N/A	-

6. Recommendations

6.1 **The ICB Board is asked to:**

- Note the contents of this report

7. Next Steps

7.1 The Transformation Committee has asked for further reports to be presented to the next committee in relation to:

- submission to NHHS England of the approved Pre Delegation Assessment Framework for Specialised Services (PDAF) and an update on the Specialised Services Implementation Plan and development of the future Target Operating Model
- agreement around recurrent funding to be provided from 2024/25 onwards for the Treating Tobacco Dependency (TTD) services.
- lessons learnt in relation to the transformation funding bids process
- Transformation Programme Governance and Oversight arrangements including Committee Risks
- the ICB Digital and Data Strategy.

Appendix 1

CONFIDENTIAL - DRAFT FOR DISCUSSION

NHS Cheshire and Merseyside Pre-Delegation Assessment Framework proforma for 2024/25: Specialised Services

30 August 2023

System readiness assessment for specialised commissioning

Purpose of the proforma

The questions set out in this proforma are aligned to the domains and criteria set out within the PDAF for specialised services (see **Annex 1**). In recognition of where ICBs are in their development journey, some questions look to examine strategic vision; whilst others are more focused on commissioning capacity and capability. The proforma should be completed and signed off by the ICB/s, and the relevant NHS England Regional Director of Commissioning. The responses should then be verified and signed-off by the relevant NHS England Regional Director, along with an overall assessment of whether the ICB/s is ready for delegation arrangements from April 24. The completed assessment proforma should then be sent to the national mailbox for the programme – fcmp.england@nhs.net – by **Monday 25 September 2023.**

Completing the assessment

- The proforma should be completed by the ICB/s forming the appropriate footprint to commission and plan the full set of in-scope services. We recommend that ICBs work together to draft a collective PDAF response where they are part of a wider multi-ICB footprint. Against each domain area, the response should (where relevant) consider both the overarching multi-ICB arrangement, and the individual ICBs forming that arrangement.

- If there are services that will be planned on a smaller geographical footprint (i.e. an individual ICB or a smaller group of ICBs within a wider multi-ICB footprint), this should be set out in domain 1, ‘Health and Care Geography’.

- All questions are mandatory and responses should build on the submissions made last year, reflecting on and noting where any key risks, issues or challenges that were previously highlighted have been addressed. Responses should also include reference to any new or emerging risks or issues that have been identified against each domain area and plans that are/will be in place to manage these. The responses should recognise where there are any developmental areas that will need to be addressed prior to delegation or – where applicable – when new arrangements go live.

- Regions should work with ICBs to provide support as they complete the proforma. As part of this assessment process, regional colleagues will be responsible for reviewing any evidence or further documentation supplied by ICBs, ahead of providing summarised responses below. **No additional attachments should be provided as part of the final submission to the national mailbox.**

- Examples of supporting evidence – which aim to support systems with their response in terms of what is considered 'essential' versus 'developmental' and will guide the regional assessment of system readiness – can be found in the response column in grey italics. If essential evidence is not provided, conditions should be considered to reflect this, and where this is significant, the (multi-)ICBs could be deemed as 'Category 3 (intensive support required)' against that domain. The text in italics should be deleted prior to submission.

- There is recognition that in some cases, the supporting evidence provided may include reference to policies or plans (e.g. in relation to patient and public involvement or digital inclusion) that have been developed with a broader scope than solely specialised services. Where this is the case, please confirm how these wider policies or plans will apply to specialised services.

- At the end of each domain, regions are asked to provide an assessment of the (multi-)ICB's readiness for delegation based on their responses and where applicable, note any conditions that maybe required.

- At the end of the proforma, the Regional Director will be asked to consider the responses across all the domain areas and determine where each ICB sits within the outcome categories below, as well as an overall assessment of the (multi-)ICB:

PDAF outcome categories	Description
Category 1 (delegation)	The (multi-)ICB is ready for full delegated commissioning responsibility from April 2024.
Category 2 (delegation with conditions)	The (multi-)ICB is ready for delegated commissioning responsibility from April 24 subject to developmental conditions being attached.
Category 3 (intensive support required)	Where the (multi-)ICB is not yet ready for full delegated commissioning responsibility from April 24 and needs an additional year of development and support through more intensive conditions being attached to the arrangement.

- Each ICB should be rated within each of these categories separately, and then an overall assessment of the multi-ICB footprint should be determined. Where there is variation of readiness across ICBs within a multi-ICB footprint, regions will need to take this into consideration when determining the most appropriate overall assessment of the multi-ICB footprint and could follow a majority rule (i.e. if more than half of the ICBs are in the same category).

- This document should be signed by the ICB/s and the relevant NHS England Regional Director of Commissioning ahead of being verified and signed by the relevant NHS England Regional Director.

- Alongside this process, ICBs should also work through the Safe Delegation Checklist — which sets out the key actions to be completed to support a safe and smooth transition to new delivery arrangements — between now and March 24.

- A series of FAQs are available on NHS Futures to support this exercise, alongside further resources to support preparations for delegation. If you require any further support, please contact your Regional Director of Specialised Commissioning and Health and Justice in the first instance. If any further clarification is required following this, please contact fcmp.england@nhs.net.

Name of ICB (if submission is on behalf of a multi-ICB footprint, please list each ICB that forms part of it)	NHS Cheshire and Merseyside
For completion of the Safe Delegation Checklist, please confirm that: ➢ A senior responsible officer and workstream leads have been identified in each ICB ➢ A delivery plan, including key milestones has been agreed	Yes Yes

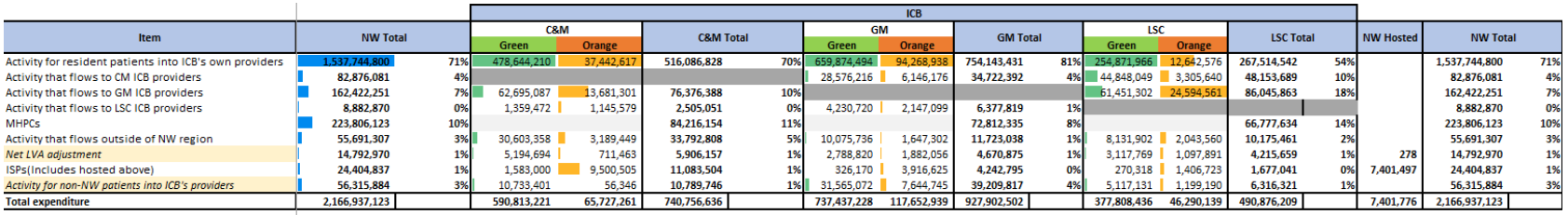
Domain 1: Health and Care Geography	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*

1a. What is the geographical footprint(s) proposed and is it appropriate to manage the in-scope services (as per the Service Portfolio Analysis). ***(400 words max)***	Work has been undertaken in the North West to support delegation of a 'segmentation of services' that are listed as being 'ready and suitable for ICS delegation'. This segmentation has examined the natural planning footprints for these services based on patient flows and categorised them as being suitable for decision making at single-ICS level; and those that will require multi ICS collaboration across all three NW ICSs. This work was informed by a review of 2019 spend within specialised services by NW providers and involved CCG spend analysis of cross boundary flows. Due to the large size of ICBs in the NW, higher volume 'in-scope' specialised services will be planned at a single ICB level. This represents approximately 50% of the 'in-scope' services and approximately two thirds of the delegated specialised commissioning budget in the NW (excluding high cost drugs and device spend). These will be managed within the three ICB Board substructures, with recommendations for any decision going to and being taken by the ICB Board. There is agreement across all three NW ICBs on the list of services that will require joint (Multi-ICS) oversight and decision making because service planning requires a NW-regional planning population due to one or more of the below reasons: 1. The paucity of workforce to support patients with rare and complex co-morbidities/diagnoses. This restricts availability across the North West and requires a networked approach for diagnosis, treatment, and ongoing management 2. Low volumes of prevalence/incidence impacting service sustainability/viability across the NW 3. Population planning – minimum case load/surgical operator requirements to achieve national 4. standards and service specifications 5. Known resilience issues within specialised services that require NW-wide solutions 6. Reducing demand for services resulting in larger planning populations to increase resilience 7. New service developments/treatments that require pathway/workforce development across the region. 8. High volume cross boundary flows 9. Co-dependent service requirements The services requiring larger planning populations will be planned collaboratively across the three North West ICBs through a Joint Committee. Where appropriate, and with mutual agreement across all three ICBs, the ability will be created to 'reclassify' services from multi-ICS planning (via the joint committee) to single ICB and vice versa.

	In terms of the three planning footprints, the GM and C&M systems are generally self-contained. In LSC 21% of specialised activity flows to GM and 12% into C&M as set out below for green services (suitable and ready) and amber services (NHSE temporarily retained). NB only the green services will be delegated for 2024/25:
1b. Are there plans in place to mitigate against any issues that arise because of significant patient flows in and out of the footprint(s) for the in-scope services - including working with	Through the service segmentation analysis in the NW, planning populations have been designed based on what is most logical based on patient flow in each service and cross boundary risk issues have been minimised. For some services, there are flows into the NW from neighbouring geographies. Any potential issues associated with patient flows will be identified and managed through the development of arrangements around service change assurance processes within the NW region and beyond. Specific consideration will be given to arrangements between ICBs in the North West where there are flows between ICBs for services in the 'single ICB list' which largely focus around particular sub geographies. These are the West Lancashire population, which is in the Lancashire & South Cumbria ICB but natural patient flows are into services in the Cheshire & Mersey ICB; and the Cheshire East area of the Cheshire & Mersey ICB but where natural patient flows are into services in the Greater Manchester ICB. These arrangements will focus on these ICBs being consultees on decisions being taken by the relevant neighbouring ICB. These arrangements will be facilitated by the Specialised Commissioning Hub Team. A similar approach will be taken on an inter-regional position relating to the more limited cross regional patient flows largely across the C&M border with ICBs in the north of the West Midlands as well as the population of North Wales. These arrangements will be

Item	NW Total		ICB population									
			C&M		C&M Total		GM		GM Total		LSC		LSC Total	
			Green	Orange			Green	Orange			Green	Orange		
Activity that flows to C&M providers	598,962,908	32%	478,644,210	37,442,617	516,086,828	80%	28,576,216	6,146,176	34,722,392	4%	44,848,049	3,305,640	48,153,689	12%
Activity that flows to GM providers	916,565,683	49%	62,695,087	13,681,301	76,376,388	12%	659,874,494	94,268,938	754,143,431	92%	61,451,302	24,594,561	86,045,863	21%
Activity that flows to L&SC providers	276,397,411	15%	1,359,472	1,145,579	2,505,051	0%	4,230,720	2,147,099	6,377,819	1%	254,871,966	12,642,576	267,514,542	64%
Activity that flows outside of NW	55,691,307	3%	30,603,358	3,189,449	33,792,808	5%	10,075,736	1,647,302	11,723,038	1%	8,131,902	2,043,560	10,175,461	2%
Net NHS LVA Adjustment(excl. Hosted)	14,792,692	1%	5,194,694	711,463	5,906,157	1%	2,788,820	1,882,056	4,670,875	1%	3,117,769	1,097,891	4,215,659	1%
Non NHS	17,003,340	1%	1,583,000	9,500,505	11,083,504	2%	326,170	3,916,625	4,242,795	1%	270,318	1,406,723	1,677,041	0%
Total Expenditure	1,879,413,340		580,079,820	65,670,915	645,750,736		705,872,156	110,008,195	815,880,350		372,691,305	45,090,950	417,782,255	
NW Hosted	7,401,776													
MHPC	223,806,123				84,216,154				72,812,335				66,777,634	
Activity for non-NW into NW providers - Green	47,415,604				10,733,401				31,565,072				5,117,131	
Activity for non-NW into NW providers - Orange	8,900,280				56,346				7,644,745				1,199,190	

Yellow highlighted items are based on the location of the provider, not the ICB population. EG LVAs between C&M providers and other regions

neighbouring geographies to manage them? ***(400 words max)***	undertaken in line with the Service Change Standard Operating Procedure (SOP) and working closely with partners in these and any other impacted systems. A finance working group has been established with the three NW ICBs, providers, and Specialised Commissioners to work through the allocations and support delegation for in-scope specialised, this will also include identifying and mitigating any financial risks associated with patient flows. The NW region is largely self-contained with 97% (including the MHPCs) NW ICBs serving the NW population as set out below for green services (suitable and ready) and amber services (NHSE temporarily retained). 

			ICB													
			C&M			GM			LSC							
Item	NW Total		Green	Orange	C&M Total	Green	Orange	GM Total	Green	Orange	LSC Total		NW Hosted	NW Total	
Activity for resident patients into ICB's own providers	1,537,744,800	71%	478,644,210	37,442,617	516,086,828	70%	659,874,494	94,268,938	754,143,431	81%	254,871,966	12,642,576	267,514,542	54%		1,537,744,800	71%
Activity that flows to CM ICB providers	82,876,081	4%					28,576,216	6,146,176	34,722,392	4%	44,848,049	3,305,640	48,153,689	10%		82,876,081	4%
Activity that flows to GM ICB providers	162,422,251	7%	62,695,087	13,681,301	76,376,388	10%					61,451,302	24,594,561	86,045,863	18%		162,422,251	7%
Activity that flows to LSC ICB providers	8,882,870	0%	1,359,472	1,145,579	2,505,051	0%	4,230,720	2,147,099	6,377,819	1%						8,882,870	0%
MHPCs	223,806,123	10%			84,216,154	11%			72,812,335	8%			66,777,634	14%		223,806,123	10%
Activity that flows outside of NW region	55,691,307	3%	30,603,358	3,189,449	33,792,808	5%	10,075,736	1,647,302	11,723,038	1%	8,131,902	2,043,560	10,175,461	2%		55,691,307	3%
Net LVA adjustment	14,792,970	1%	5,194,694	711,463	5,906,157	1%	2,788,820	1,882,056	4,670,875	1%	3,117,769	1,097,891	4,215,659	1%	278	14,792,970	1%
ISPs(Includes hosted above)	24,404,837	1%	1,583,000	9,500,505	11,083,504	1%	326,170	3,916,625	4,242,795	0%	270,318	1,406,723	1,677,041	0%	7,401,497	24,404,837	1%
Activity for non-NW patients into ICB's providers	56,315,884	3%	10,733,401	56,346	10,789,746	1%	31,565,072	7,644,745	39,209,817	4%	5,117,131	1,199,190	6,316,321	1%		56,315,884	3%
Total expenditure	2,166,937,123		590,813,221	65,727,261	740,756,636		737,437,228	117,652,939	927,902,502		377,808,436	46,290,139	490,876,209		7,401,776	2,166,937,123	

Yellow highlighted items are based on the location of the provider, not the ICB population. EG LVAs between C&M providers and other regions

Activity flows out of the NW region are to the Midlands (£36m), North East and Yorkshire (£12m) and London (£8m).

Analysis of NCDR data has identified significant cross-border flow activity from the North West (NW) to the Midlands (£36m) North East and Yorkshire (NEY) (£12m) and London (£8m) regions for services that are suitable and ready for delegation to ICBs. Collaborative arrangements will put in place across the Midlands and NEY geographies. (Work is planned to fully understand flows to London as these patient flows look atypical from the NW).

To support collaboration with Midlands and NEY Specialised Commissioning Hubs, an agreed list of services detailing patient flows will be agreed across the three regions. Arrangements for managing these flows will be described within our future operating models. This will include a tripartite approach to:

	1. The development of principles for growth to support contract planning. 2. Contract performance monitoring 3. Commissioning intentions and service change (planned or unplanned) in the agreed set of services. This will include the review of any relevant business cases. 4. Defining information flows to support quality oversight of services. 5. Overseeing and facilitating the interface points between Specialised Clinical Networks and Cancer Alliances around issues that cross geographical boundaries. 6. Creating an awareness of performance issues 7. Having a collective approach to overseeing data quality/completeness A quarterly meeting will be established for the three hubs from each region to oversee these arrangements. A single report from these meetings will be developed and taken to respective joint committees in the three regions/ICB footprints.
For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation – including as part of any multi-ICB arrangements – against the 'Health and Care Geography' domain: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required) *Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.*	
Domain 2: Transformation	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*

2a. Describe how you are going to plan for integrating delegated specialised services into wider pathways. This should include any plans to improve population health and reduce health inequalities. ***(400 words max)***	C&M ICS partners have a Transformation Programme reaching across our nine Places, and across our population and its diversity – delivering the NHS Long Term Plan in the context of local population need and in recognition that current outcomes are significantly worse when compared to the England average and we have significant inequalities across our communities. Through this document we reference how we will bring Specialised service planning into these arrangements and how our intention is to prevent rather than treat ill health and support a "shift left" in how our population need and access services. We are committed to creating a culture where silo working is broken down, bringing equity and equality to the services accessed by the population we serve. By working in partnership C&M ICS is focussed on improving both productivity and efficiency as well as crucially improving the experience and outcomes of the population and patients. All of this is expected to support broader economic development by building on and utilising the services and expertise already established (Anchor Institutions). Our population health approach (including our CHAMPS Public Health approach) using platforms such as CIPHA (Combined Action for Population Health) is world leading and an exemplar of both rich data and rapid collaboration. With social care data joining, our ability to identify inequality is unrivalled and we are embedding the approach of turning this intelligence into action (I2A). This will apply across all services, including those subject to specialised services. Cheshire and Merseyside is a Marmot Community and we have developed our All Together Fairer plans to help in reducing health inequalities. The plans identify key actions to be taken to reduce health inequalities and to tackle the major causes of ill-health and premature mortality. We have clinical leads for addressing inequalities in each of our nine Place partnerships working alongside partners, including our communities to codesign effective plans. We have a Health Inequalities Board focused on the delivery of *All Together Fairer*, recognising the importance of partnership working, aligned with the objectives of CORE20PLUS5. Prevention activity is driven forward by our Programmes, which are supported by our clinical networks and including clinical representation from across the pathway, including primary care and tertiary providers. These include Cardiac, Respiratory, Cancer Alliance, Mental Health, and Maternity programmes; all of whom report to our Population Health Board, which in turn reports to the ICB Transformation Committee. Our prevention work already includes schemes in relation to increased physical activity, alcohol reduction, smoking cessation with a coordinated approach across Cheshire and Merseyside across our nine Places. C&M providers work effectively together through two Provider Collaborative structures (Acute and Specialist Trusts and Mental Health, Learning Disability and Community Trusts). This includes a health inequalities workstream within our ICS Elective

	Recovery Programme, hosted by our CMAST Provider Collaborative with this workstream chaired by one of our ICB Associate Medical Directors.
2b. Describe how you intend to approach service transformation, service prioritisation and service sustainability across the in-scope services. This should include ensuring these align to national policy and service standards, as well as ensuring linkages with clinical networks.	In January 2023 the Integrated Care Partnership (ICP) published an interim strategy and in June 2023 our ICB Five Year Joint Forward Plan. Our strategic plans include the national/regional priorities in relation to specialised services, integrated with our wider plans so that we ensure horizontal and vertical integration of services. Oversight of our plans sits inside our Transformation Committee, a subcommittee of the ICB Board. This committee also has responsibility to oversee the transition of delegation for the commissioning of Specialised Services into the ICB embedded in its terms of reference and workplan. We are taking the opportunity, within our revised strategic plans, to align these multiple work programmes into focussed priorities, learn from good practice, reduce duplication, maximising system wide approaches where possible and make our resources the most effective and efficient they can be. Many services within scope are already on transformation journeys and we are developing an improvement methodology that pulls on multiple varied data sources (e.g. GIRFT, AQUA, HES/HED, patient surveys) to provide robust and sophisticated assurance that the changes we make result in genuine, and lasting improvement. Within our Joint Forward Plan we have identified, with Specialised Commissioning Leads, a number of areas where we would focus on the specialised element of pathways as part of a whole pathway improvement approach led from the ICB Clinical Directorate: • Renal Service Transformation Programme • Neurorehabilitation – integrated case management • Optimisation of the Stroke Pathway from 999 to Thrombectomy An additional local focus on: • Transition from Specialised Paediatric Services to Adult Services Our Joint Forward Plan also outlines our approach to clinical and care professional leadership and engagement through both a Constitution and our established Clinical and Care Leadership Framework (see section 3C).

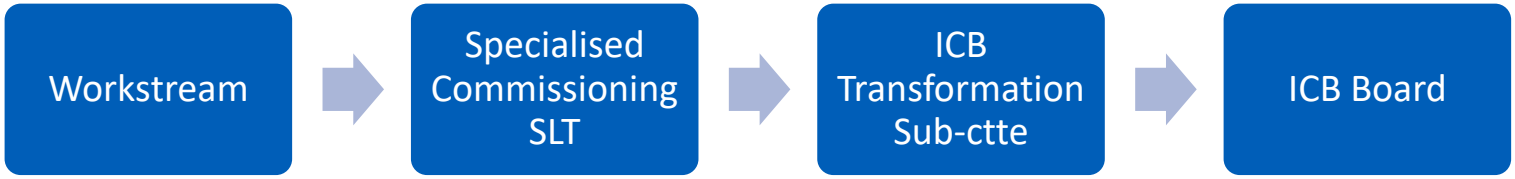
(400 words max)

	We have a clinical pathways programme established, which is coordinated by our CMAST Provider Collaborative and this provides an opportunity to take an end to end approach to optimising pathways. This will include the clinical and "commissioning" service specialists who are experts in the tertiary part of the pathway along with our wider community including general practice and service users. We will work with colleagues from the Specialised Services Hub Team to identify future priorities within this programme. Through the North West Specialised Services (Joint) Committee we are able to work collaboratively, through our joint working agreement, at a regional level for services where we agree it is more appropriate to work on a wider footprint than a single ICB. Section 3c outlines how our Clinical Networks have a direct local reporting route through the Medical and Nursing and Care Directorates and from a decision making and governance route into the ICB Transformation Committee, or other relevant committees e.g. Quality and Performance. The ICB Specialised Services Joint Committee representatives (see 3a) are also members of the Transformation Committee: Executive Lead for Specialised Services is Chair, our clinical lead (Associate Director of Transformation /Deputy Medical Director), Director of Finance, assigned Non-Executive Director. Directors from both of our Provider Collaboratives, and Cancer Alliance are members of this Committee.
2c. How do you intend to involve people and communities (including those with lived experience) in the commissioning of the in-scope	The Health and Care Act 2022 requires ICBs to make arrangements to involve and consult patients and the public in: • The planning of commissioning arrangements and provision of services • The development and consideration of proposals for changes in the way services are provided • Decisions to be made by ICB that impact or affect how services are run Cheshire and Merseyside is committed to working effectively with our people and communities and has already published a framework which is in the process of being refreshed, and has been adopted by the ICB. This includes the launch of Citizens Panels whom can help us in engaging around our services in our local communities. There are ten principles that underpin how the Cheshire and Merseyside ICS will work with people and communities. We will: 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

specialised services from April 2024, including meeting legal duties around involvement? ***(400 words max)***	2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions. 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect. 4. Build relationships with excluded groups, especially those affected by inequalities. 5. Work with Healthwatch and the voluntary, community faith and social enterprise (VCFSE) sector as key partners. 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust. 7. Use community development approaches that empower people and communities, making connections to social action. 8. Use co-production, insight, and engagement to achieve accountable health and care services. 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities. 10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places. The ICB has also published our Equality and Diversity Strategy outlining our approach to delivering both statutory duties and applying best practice approaches to engaging with all members of our communities, including people from disadvantaged groups. It is our working assumption that consultation and engagement on specialised health services will be led by the ICB Communications and Engagement Function, working with system and community partners at system, Place, and local community levels. The work programme and associated resourcing will be assessed as part of the TOM development over the coming months. The ICB has established strong relationships with local Health Scrutiny Committees, including the establishment of a Cheshire and Merseyside Joint Health Scrutiny Committee to support initiatives which are broader than a single Place. We intend to discharge S13Q responsibilities relating to delegated specialised services alongside our existing S14Z45 responsibilities.
For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements - against the 'Transformation' domain: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)	

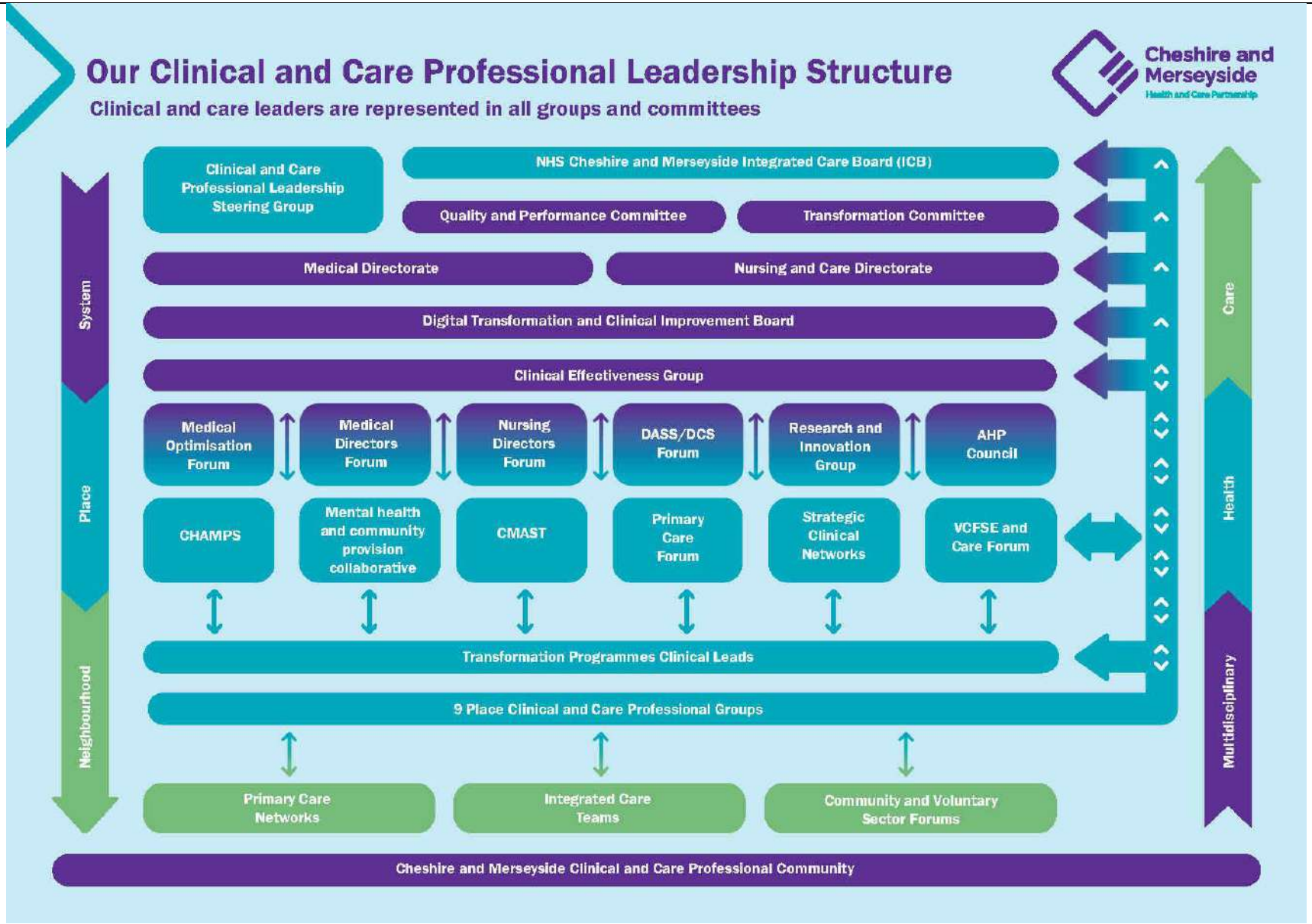
Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 3: Governance and Leadership	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate.*
3a. Describe the governance arrangements you will put in place for the oversight and management of in-scope specialised services. This should include the arrangements for specialised services with regard to Board and Committee structures and	As described above in the response to Domain 1, the three ICBs in the North West are taking a common approach to planning geographies which will see a subset of the list of services ready and suitable to be delegated being planned and commissioned at a North West level through the three ICBs working jointly together (further described in the answer to 3b) with the remainder being planned and commissioned by each ICB separately (which is possible due to the large size of all three ICBs in the NW Region). For those services that are going to be planned and commissioned in the NW at a single ICB level, Cheshire & Mersey ICB Board have agreed that the detailed oversight and consideration of decisions for all aspects of the commissioning cycle for these services (quality; finance; strategy; performance; etc) will take place at the Transformation sub-committee of the ICB Board. The Transformation Committee will have delegated authority from the Board to make decisions in relation to Specialised Commissioning but can also seek approval from the ICB Board for decisions when required. This process will be supported as part of the gestation of papers being considered by the Senior Leadership Team of the NW Specialised Commissioning Team prior to being received by Transformation Sub-Committee. As such the development and decision making path for any papers/decisions

Executive and senior management leadership. ***(400 words max)***	relating to Single ICS delegated services is as follows :  Cheshire & Mersey ICB have identified that the Assistant Chief Executive (Clare Watson) will be the Executive Lead for Specialised Commissioning. Clare is a Core Member of the North West Specialised Services Committee, with the following discretionary members also on the committee: • Claire Wilson (ICB Director of Finance) - Finance representative • Dr Fiona Lemmens (ICB Associate Medical Director for Transformation and Deputy Medical Director) – Clinical representative • Neil Large (ICB Non-Executive)_- Non Executive representative • Louise Shepherd (Chief Executive of Alder Hey Foundation Trust) – Provider representative The North West Specialised Services Committee has an agreed Terms of Reference and commenced meeting in Quarter 1 2023-24. A work plan has been identified to oversee the joint commissioning at a North West level during the current year as well as the work to establish transfer of commissioning arrangements for specialised services functions from 2024-25. This will include revising the joint working agreement and terms of reference during the second half of 2023-24. As described in section 2 in Cheshire and Merseyside the ICB Transformation Committee, a sub-committee of the ICB Board, has operational responsibility for supporting the integration of specialised services into our planning and implementation arrangements. All transformation activities, including the work of Clinical Networks are overseen by this committee. A working group comprising of subject matter experts is working to support development of the target operating model and to agree how to optimise the working relationships between ICB and Specialised Services teams. This will include the ICB reviewing and updating our SORD and

	Standing Financial Instructions to reflect the final agreed model for decision making authority by the Transformation Committee or the ICB Board, and reflective of the role of the Hub Team working on behalf of the ICB(s) As the target operating model develops, we will finalise the flows of information that provide assurance in relation to the arrangements and delivery of delegated services. This will include ensuring relevant information and reporting is provided to the ICB Board and through other relevant sub committees of the Board which can be seen in the schematic in the link below (*to be updated*): https://www.cheshireandmerseyside.nhs.uk/media/caxfszcj/functions-and-decisions-map.pdf
3b. Describe the governance arrangements you will put in place for the establishment and oversight of any multi-ICB commissioning arrangements and the powers and responsibilities delegated to multi commissioning arrangements.	The approach being taken in the NW is that higher volume delegated specialised services (representing about 50% of the services on the 'suitable and ready' list) will be planned on a single ICS footprint – the 'Delegate 1' List. Decisions in relation to these services will be taken at ICB level For the other 50% of services, these will be planned collaboratively across the three North West ICBs (Delegate 2 list) – which reflects the significant majority of patient flows for these services. This will be undertaken through a Joint Committee. The Delegate 2 Services will form distinct and separately agenda-ed segment of the Joint Committee between the three NW ICBs which will also look at issues such as service changes which will potentially have cross boundary impacts. Terms of Reference for the Specialised Section of the Joint Committee have been agreed that include membership; mechanism of decision making; mechanism for financial contribution into budget for Delegate 2 services; management of actual and potential conflicts of interest, frequency of meetings and reporting; and identification of issues to be escalated to constituent member ICBs. This reflects the delegation of decisions for Delegate 2 services to the Joint Committee in the governance documents of each ICB. The Joint Committee has appointed a Non-Executive Director by way of ensuring independent scrutiny. In addition, there are a small number of scenarios where a Delegate 1 list of services that may have cross-boundary considerations. Specifically, patients from the former East Cheshire CCG area of the Cheshire and Merseyside ICB typically

(400 words max)	receive tertiary services in GM rather than Cheshire; and there are flows for Women's & Children's Services from Staffordshire & Stoke-on-Trent ICB; and the Staffordshire, Telford and Wrekin ICB. Where changes to services in these scenarios are being considered, there will be dialogue with the relevant ICB(s) as described in the Specialised Service Change Assurance Process. An agreed list of services detailing significant patient flows from/to The North West (NW), North East and Yorkshire (NEY) and the Midlands will be agreed across the three regions. A quarterly meeting will be established for the three hubs from each region to oversee these arrangements. A single report from these meetings will be developed and taken to respective joint committees in the three regions/ICB footprints.
3c. Describe the clinical governance, accountability and leadership that will be in place to oversee in-scope specialised services. How will clinical leadership be developed and maintained? ***(400 words max)***	Through the established Joint Committee, with all ICBs represented, oversight and assurance of services will be via an integrated performance report. For 23/24 further work to formalise governance arrangements for oversight, assurance and risk will be developed in line with the Target Operating Model. As outlined in the response to 2b we will ensure that the expertise within teams delivering and commissioning specialised services is fully engaged in developing end to end provision of services. Our two Provider Collaboratives (Mental Health, Community and Learning Disability and C&M Acute and Specialist Trusts – CMAST), Clinical Networks and our Cheshire and Merseyside Cancer Alliance feed into our Medical and Nursing a Care Directorates and Clinical and Care Leaders are represented in all of the groups shown below in the Clinical and Care Professional Leadership structure which shows our approach within the ICB that includes all Board decision making committees. Our clinical networks will be pivotal in developing reviewing service specification, the development of pathways to deliver services and workstreams to improve and develop end to end pathways. The Clinical Pathways programme embedded in the CMAST provider collaborative is a good example of this. We already ensure that relevant representation from the Clinical Reference Groups are involved in designing pathways and the delegation of specialised services will further enhance the cross system visibility of plans and in ensuring the right clinical involvement in developing and implementing them.


Our Clinical and Care Professional Leadership Structure
Clinical and care leaders are represented in all groups and committees
Cheshire and Merseyside
Health and Care Partnership
Clinical and Care Professional Leadership Steering Group
NHS Cheshire and Merseyside Integrated Care Board (ICB)
Quality and Performance Committee
Transformation Committee
Medical Directorate
Nursing and Care Directorate
Digital Transformation and Clinical Improvement Board
Clinical Effectiveness Group
Medical Optimisation Forum
Medical Directors Forum
Nursing Directors Forum
DASS/DCS Forum
Research and Innovation Group
AHP Council
CHAMPS
Mental health and community provision collaborative
CMAST
Primary Care Forum
Strategic Clinical Networks
VCFSE and Care Forum
Transformation Programmes Clinical Leads
9 Place Clinical and Care Professional Groups
Primary Care Networks
Integrated Care Teams
Community and Voluntary Sector Forums
Cheshire and Merseyside Clinical and Care Professional Community
System
Place
Neighbourhood
Care
Health
Multidisciplinary

	Cheshire and Merseyside Cancer Alliance is hosted by Clatterbridge Cancer Centre and is already embedded into the Cheshire and Merseyside ICS with processes that ensure their plans and the delivery of these are fully aligned with the ICB and through our CMAST Provider Collaborative plans e.g. close links and embedded plans supporting diagnostics and health inequalities programmes of work.
3d. Describe the quality governance, accountability and leadership that will be in place to oversee in-scope specialised services. ***(400 words max)***	The Specialised Commissioning Quality team provide Clinical Leadership to, and oversight of all Specialised Services across the Northwest inclusive of Mental Health, Acute services and Heath and Justice. Clinical leadership and strategic direction are provided by the Medical Director (MD) and Director of Nursing (DON), with the management of quality concerns or significant events being led by the Head of Quality informed by the three quality managers with day-to-day escalation to the DON and SLT. The DON will work with the ICB Clinical Leadership teams allowing for the triangulation of information relating to providers and systems, enabling comprehensive oversight and horizon scanning. As an integral part of the three Northwest ICBs Systems . in Cheshire and Merseyside the governance will be through reporting to the C&M System Oversight Board onto the Quality And Performance Committee (they will inform any decision making and assurance processes regarding specialist services with escalation to Regional SQG for the multi ICB perspective and England Quality Group for national attention). During 2023-24 the Quality Team are coproducing a framework for quality assurance and significant event management with the ICBs inclusive of the RASCI matrix to ensure responsibilities and accountabilities are clearly defined.
3e. Describe the mechanisms you will put in place to enable risks to be identified and monitored, including	The North West Specialised Commissioning Team will continue to hold a comprehensive risk register containing all risks relating to the planning and delivery of specialised services in the North West and for patients originating from the North West. Streaming and escalation of Risks will be via the appropriate channels as follows: • For Risks relating to Delegated List 1 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of between 12 and 15, the Specialised Commissioning Team will provide details of the

describing the potential impact on delegated specialised services. How will these mechanisms allow for the agreement and management of mitigating actions ***(400 words max)***	risk for information to ICB Transformation Committee, and via other relevant Committees e.g. Quality and Performance Committee (see 3d) • For Risks relating to Delegated List 1 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of between 16 and 19, the Specialised Commissioning Team will brief the ICB Strategic Sub Committee and the Risk will be discussed and explored by the Sub-Committee. • For Risks relating to Delegated List 1 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of 20 or greater, the Specialised Commissioning Team will brief the ICB Strategic Sub Committee and the Risk will be discussed and explored by the Sub-Committee prior to being reported to the ICB Board. • For Risks relating to Delegated List 2 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of between 12 and 15, the Specialised Commissioning Team will provide details of the risk for information to Joint Committee • For Risks relating to Delegated List 2 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of between 16 and 19, the Specialised Commissioning Team will brief the Joint Committee and the Risk will be discussed and explored by the Joint Committee. • For Risks relating to Delegated List 2 services, or Risks relating to overall operation of the Specialised Commissioning Team, identified as having a score of 20 or greater, the Specialised Commissioning Team will brief the Joint Committee and the Risk will be discussed and explored by the Joint Committee prior to being escalated to the three ICB Boards. The Cheshire & Mersey ICB will handle risks that form part of the Specialised Risk Streaming process in a way consistent for all other identified risks.
For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation – including as part of any multi-ICB arrangements – against the 'Governance and Leadership' domain: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)	

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.	
Domain 4: Finance	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*
4a. How will specialised commissioning be embedded within the financial governance and accountability framework of the ICB, including multi-ICB working where applicable? e.g. Who will be accountable for the budget?	From a financial governance perspective, funding and spend associated with specialised commissioning will be managed through the normal financial processes of C&M ICB, allowing for the fact that this funding may be hypothecated for specific purposes. All delegated specialised commissioning budgets will have a nominated budget holder, expenditure will be monitored and reported monthly to any appropriate operational forum such as Executive Management Team, Finance, Investment and Resources Committee, and C&M ICB Board. All expenditure will be subject to C&M ICB policies and procedures to ensure value for money, effective control, and management. There would be consistency in how C&M ICB monitor, and report allocation / spend with the services C&M ICB already have commissioning responsibility for. A financial risk share with NHSE & other ICBs in the Northwest region has been proposed and will need to be considered when managing the overall financial position of the C&M ICB. Any financial risk share arrangement agreed would need to be monitored and reported monthly to ensure each of the parties to the agreement were aware of their respective commitment/ obligations. Any agreement reached will need to be transparent and equitable to all the participating parties. In 2023/24 a Joint Commissioning Committee was established with membership comprising of NHSE and the three individual ICBs. Responsibility for funding of services is retained by NHSE. The Committee has enabled the ICBs to test out the financial arrangements and shadow monitor actual spend against nominal allocations. The joint commissioning committee will also agree

What is the ICB arrangement for governing financial risk and sharing these across multi-ICB footprints as appropriate? ***(400 words max)***	how multi ICB services will be managed for 2024/25, this will include an agreed approach to managing financial risk for these services.
4b. How will you manage the financial and contractual transactional elements of specialised commissioning? Please give consideration as to how this will relate to existing processes and	The finance subgroup has agreed initial principles for managing the financial transactional elements of delegated specialised commissioning for 2024/25 (these principles will be reviewed in line with updated guidance) and will make recommendations to the joint commissioning committee and ICB Finance committees as appropriate. The roles and responsibilities of each ICB and the Northwest Hub will be clearly outlined in a documented financial governance and accountability framework, ahead of 1st April 2024. For 2024/25 the Northwest Hub will lead the annual financial planning round in liaison with each individual ICB in conjunction with the finance subgroup and joint commissioning committee, reporting key information and agreeing how risks are managed at regular intervals. Financial plans will be agreed by ICB CFOs ahead of submission and formally endorsed by the joint commissioning committee and each ICB as appropriate. Financial transactions will be maintained on individual ICB financial ledgers, with processing on individual ICB ledgers completed by the Northwest Hub and approval of expenditure expected to be restricted to approved individuals within the relevant ICBs. The Hub will provide reporting services for the delegated specialised commissioning function to each ICB individually, and Northwest joint commissioning committee, using a single agreed approach to maintain an efficient process.

agreements and the set-up of your local support Hub. ***(400 words max)***	The finance sub-group will recommend principles (these will be consistent with the financial planning principles) for developing the contracting approach for delegated specialised services from 2024/25 onwards and will make recommendations to the joint commissioning committee and ICB as appropriate. The roles and responsibilities of the Northwest hub and how they will work with ICB's will be clearly outlined in the contracting approach ahead of 1st April 2024. This will include the recommended approach for delegated and retained specialised services as well as how the Hub will deal with other direct commissioned services usually included in the NHSE contracts. It is expected the Northwest Hub will lead the contracting round for 2024/25 in liaison with each ICB and the Finance subgroup, reporting key information and agreeing how risks are managed at regular intervals. Updates will be agreed by ICB CFOs ahead of submission and formally endorsed by the joint commissioning committee and each ICB as appropriate. The Hub will provide reporting services for the delegated specialised commissioning function to each ICB individually, as well as the Finance Working Group and Partnership Board, using a single agreed approach to maintain an efficient process. All services will be managed as per the commissioning and financial SOPs developed by NHSE. The Northwest Hub will work with each ICB to develop a consistent approach to the management of future procurements. All ICBs will agree a consolidated procurement mechanism to be utilised in the future to support the Multi ICB services, this will be agreed through the finance subgroup before services are delegated in April 2024. This will initially be based on current Hub Team practice to support continuity and planned procurement and contracting needs/timelines. Over time, new ways of working may need to be scoped and tested in line with the ICBs
4c. Has the finance function developed a model to support	There are 11 joint priority transformation programmes agreed with the Northwest ICBs in 2023/24. These programmes are being managed as projects, with progress against these programmes reported through the joint commissioning committee. These programmes are being developed and the ICBs and the Northwest hub and should be fully established this year.

commissioning led changes to specialised service flows in the ICB or multi- ICB footprint, and the 3-5 transformation programmes identified through 23/24 Joint Committee working? Are financial risks and opportunities, such as the impact of allocation convergence, clearly understood and is appropriate mitigation identified? Is	The finance model to support these programmes is as follows: ➢ Named individuals will be identified to work with programme teams, providing financial expertise and information. ➢ Financial analysts will review data and understand financial flows, draw conclusions, and model the financial impact of proposed changes to pathways. ➢ As pathway changes are identified, the financial impact on providers and ICBs within the NW region and other regions will be understood and the national SOPs regarding service change will be adopted to ensure a pace of change to avoid destabilising providers where activity may increase or decrease substantially. ➢ The financial impact of transformation changes will be discussed at the finance sub-group with recommendations put to the joint commissioning committee for consideration and agreement. All financial risks will be reviewed and shared with the finance sub-group and ICB CFOs. An initial approach to financial planning and risk management has been agreed for 2024/25. In the autumn, the finance sub-group will look to understand and review potential approaches and risk for 2025/26 and beyond. It is unknown how the proposed needs-based formula will impact on individual ICBs, however, once understood, the Northwest Hub will work with ICBs to understand the impact at an individual ICB level. It is, however, expected that any impact would be managed through a gradual ‘distance from target’ approach. A financial risk sharing approach across ICBs may be considered across the Northwest Hub geography to manage the financial risk of service volatility. It is our working assumption that Procurement support and Legal advice in relation to commissioning specialised services will be available from NHSE to ICBs following delegation in April 2024. This will be clarified in finalising our TOM

this in line with the commissioning change management business rules? ***(400 words max)***	
4d. Can the ICB or multi-ICB footprint demonstrate ongoing financial sustainability and a plan for sound financial management and performance within current NHS finance and business rules? ***(400 words max)***	For 22/23 C&M ICB delivered an agreed deficit financial position which was a significant achievement, particularly given the level of risk reported earlier in the year. However, it needs to be noted that while the target was met in full for both the ICB and across providers on an in-year basis, recurrent efficiency achievement was low and was less than originally planned for. Delivering the majority of savings for 2022/23 non-recurrently compounds the financial challenge going forward. The financial outlook for 2023/24 and beyond looks extremely difficult. Identification of new, recurrent, transformational savings schemes to address financial challenge need to be a priority for the system going forwards. The agreed deficit plan of £51m is predicated on several assumptions and management of risk, and specifically requires the delivery of £335.6m savings across the whole ICS. From a specialised commissioning perspective for 22/23 it delivered a balanced position and has submitted a balanced plan for 23/24. C&M is a system of 9 Places and 16 NHS providers – one of the most complex in the country and does have a track record of reasonable financial management and operational performance. Specialised commissioning has a good track record of partnership working within C&M, with a recognised history of resolving allocation alignment issues, most notably issues arising from the 2013 establishment of NHS England, but also identifying and understanding benchmarking outcomes. Specialised Commissioning, CCG teams and C&M Health and Social Care teams have worked together through devolved accountability to develop a robust understanding of service lines, and the drivers of costs. This

	has been particularly helpful to identify areas for transformation and deliver efficiencies or improvements to the patient pathway. Work has been undertaken through multiyear projects which included an appropriate retracting (or investment) of funding, notice and transition period.
For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements -against the 'Finance' domain: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required) *Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.*	
Domain 5: Workforce Capacity and Capability	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*
5a. What is the staffing model you are proposing to support the delivery of functions delegated to	In the NW, the three ICBs are committed to continuing with a central Specialised Commissioning team in the form of the 'Specialised Commissioning Hub' which will provide support to all ICBs and NHS England. This model has been developed collaboratively and it is proposed that the Hub will be hosted by Lancashire and South Cumbria ICB, which has been agreed with the three ICB Chief Executives. The future model will focus on the closer integration of the team within ICB structures to create mechanisms/an approach for the team to be to 'doing with' rather than 'doing for' ICBs. A Target Operating Model is being collaboratively developed by NHSE and the three ICBs which will detail the roles and responsibilities of all partners, including those of the ICB Host and the Hub team. This work has identified 10 core functions of the Specialised Commissioning Hub, listed below. - Business Intelligence, Data and Analytics

ICBs? ***(400 words max)***	- Contracting and Finance - Health Inequalities, Needs Assessment and Planning - Inter-ICB Relationships and Cross-Boundary Decision Making - Management of Provider Relationships - Mental Health, Learning Disability and Autism - Pharmacy and Medicines Management - Quality - Service Strategy, Transformation and Change - Strategic Alignment For each function we have described the current state, future state and what will be different in the new model. There is ongoing work to determine the resource required and the interface points between the Hub and its constituent stakeholders, including the required involvement of other ICB staff. As part of the development of the TOM we are working to collectively set out the degree to which ICBs will be involved in the detail of tactical decisions required in relation to specialised services and to what extent the Hub will have the authority to make decisions on their behalf. Similarly the operational processes and responsibilities in relation to how statutory and oversight functions, e.g. complaints, FOIs, SUI, are also being finalised. Once this has been determined, individual ICB governance will be reviewed and amendments made accordingly, including detailed mapping of supporting governance arrangements and how this links to the North West Specialised Services Committee. Whilst the Specialised Commissioning team will remain as a single team, there will be a requirement for some senior staff to be jointly employed by the host ICB and NHSE to facilitate decision making for retained services. These will be supported by operational staff within the Hub who will be employed by the host ICB.
5b. Please set out any risks around the proposed staffing model, with regards to	The lack of clarity in relation to the national position on the organisational form of a commissioning hub means it is difficult to accurately assess the impact on staff at this stage. In line with the Target Operating Model development, People Impact Assessments will be completed at the appropriate point in the process alongside relevant HR procedures. This will be supported by additional work such as detailed staff engagement and OD activities. It is anticipated that any further risks and issues will be identified as part of this process.

whether it will provide sufficient capacity, skills and knowledge to enable ICBs to carry out the delegated functions? ***(400 words max)***	The TOM will continue to be developed during 2023/24 and will take into account the significant change agenda in the next 12-24 months which will need to draw on the skill, knowledge of expertise of the team. Specialised Commissioning Hub model will support continuity, capacity, and capability within specialised services, recognising that the retention of these specialist skills and operational resilience during a period of change and beyond will be crucial. There is a risk that there may be duplication of effort across all the four Hub stakeholders and it is expected that the system will work closely together to minimise this, particularly within the wider context of ICB reductions in running costs. A fundamental design principle of the TOM is that where possible there is consistency across ways of working which meet each "stakeholders" needs while maintaining efficiency and effectiveness and recognising differing structures within ICBs.

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements against the 'Workforce Capacity and Capability' domain:

☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 6: Data, Reporting and Analytics Infrastructure	
Question	**Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*
6a. Describe your approach	A joint programme with our Direct Commissioning Business intelligence team (DCBI) and ICB representatives has been established to integrate specialised commissioning Business Intelligence within ICB population health management (PHM) tools.

to integrating specialised services into (existing) population health management analytics. This should provide assurances of the intended data and analytical framework, and CSU support that is required for the delegation of specialised services. ***(400 words max)***	The programme of work has involved exploring existing reporting tools to understand the processes currently used and opportunities for the inclusion of the Specialised data. The work has started to explore specific workstreams and identify gaps to link data across entire patient pathways. The programme focus, but not limited to includes: - Identification of gaps in information to support population health analytics. This builds on work to define information requirements to inform the inequalities agenda. Where appropriate, there will be a focus on data quality improvement. This will include a review of clinical databases, the access available and quality of information held. - Ensuring accurate data to enable effective delegation at a specialised service level. This involves the development and monitoring of improvement plans to address gaps in data. This work will also highlight variation in contracting arrangements for some services and identify local rules or local commissioning arrangements. A register of gaps, risks and actions has been created to support the integration of data reporting. - Understanding inequalities at a service level. The NW DCBI team will support this work and are structured in a way that has enabled service-specific subject matter expertise to be developed. The team have developed knowledge around the information, data and contractual arrangements that support these services. Our joint programme has started the journey to help us understand the current flows of activity and link data to population demographics and deprivation levels across all services. - Dashboard development and establishing requirements to support quality assurance and oversight of services. This has built on current work programmes and reporting mechanisms, where we can utilise existing outputs and tools to enable specific service and population reporting. Cheshire and Merseyside ICB have a number of population health tools and analytical products available for use across the system including the Combined Intelligence for Population Health Action (CIPHA) portal. CIPHA is aimed at improving the health of an entire population by delivering actionable dashboards and making use of public, national, and local data flows. Specialised services

	data can be incorporated into these dashboards as required. An existing dashboard that could lend themselves to using specialised services data is the Waiting List Insights dashboard. There is also the ability to design with the specialised services team new dashboards using specialised services data, subject to Data Sharing Agreements, and usual prioritisation of developments in CIPHA.
6b. How are the ICB/s planning to use data to support transformation and service redesign for delegated specialised services? ***(400 words max)***	Our joint programme established to integrate specialised commissioning data within ICB population health management analytics will also support transformation and service redesign. This will include a review of data with existing tools, including modelling techniques and mapping visuals to understand pathways and patient flows across services and geographical footprints. Through close joint working with clinical networks, local commissioners and Providers, commissioning data will be used to identify potential pathway issues/opportunities and make the links across separately commissioned services, for example Diabetes, Chronic Kidney Disease and Vascular services. Utilising full patient pathway analysis, regardless of commissioning responsibility will enable complete and impactful analysis to support areas of transformation. A key focus also being around the key clinical priority areas that have been chosen (population health and prevention themes) based on analysis of existing outcomes: CVD, Cancer, Respiratory Disease, Mental Health, Falls, and Children, Young People and Maternal Health. Service specific models will be defined from a data perspective, using the commissioning arrangements, i.e. single ICB or multi ICB commissioned services to understand the required governance structure to support data sharing. Data sharing and access will be pivotal in getting the transformation agenda right and we are currently working with national colleagues and CSUs to ensure the relevant governance is in place at a national level for data sharing across organisations and commissioners included in our joint work programme is the implementation of streamlined analysis across Services to identify areas of unmet need for Specialised Services across the ICB footprint and provide analysis for some of the potential factors that are the cause. This will link to demographic information and other contributing population data that can impact the prevalence of conditions. Secondly a key piece of analysis will be to benchmark information to understand any variance in Services across the ICB or neighbouring ICB's. The Cheshire and Merseyside ICB Joint Forward Plan describes clear ambitions for our services between 2023-28 to ensure we continue to improve for the benefit of our population. The annual plan for this year has several elements that relate to Specialised

	Services (see section 2b). In addition there are wider opportunities, for example influencing the development of plans to respond to the findings in the Liverpool Clinical Services Review of acute and specialised services.
6c. Describe your plan to ensure there will be appropriate access to data and reporting infrastructure across the system in relation to the delegated services. This should include the requirements as set out in the NHS Standard Contract and Information Schedule. ***(400 words max)***	Data Processing Reporting Units (DRPU) across the country have already worked together to ensure systems have access to data at the required level. Access to other data sources, such as clinical databases still require further understanding to work through the governance implications, this will be addressed as part of our joint working arrangements across ICBs and existing DCBI teams with NHSE. Many of the national clinical datasets have been established with specific use case statements, these need to be understood and the relevant governance arrangements put in place if not already covered within the ICB. A catalogue of existing data flows (outside core contract monitoring flows and SUS) is currently being drafted to understand any additional data sharing agreements that may need to be drafted or any amendments to existing agreements. The current DCBI team within NHSE manage the data and reporting requirements within the standard NHS England contract and have a full understand of Schedule 6 and lead negotiation of contract agreement for this schedule and any local requirements. Compliance with national contracting data sets is well established for core data flows and is shared with all Providers. Discussions have already commenced in discussing how Schedule 6 and associated documents such as Data Quality Improvement plans should be agreed for 24/25, agreeing a collaborative and ICB approach regardless of Commissioner should be used. The ICB will have access to specialised services existing clinical quality monitoring tool 'Quality Surveillance Information Systems' (QSIS). This system is currently being refined and renamed as the Data Collection Framework (DCF). Each Provider with a specialised service is required to complete quarterly quality indicators, which are analysed and benchmarked. This will continue to support the assessment of compliance and quality against the national service specification and quality indicators. Access to C&M ICB products and tools will be made available to colleagues from Specialised Commissioning to support their work. The North West SDE is a collaboration between the three North West ICB's (LSC, GM and C&M) to provide a federated Secure Data Environment for research. Federation of the different assets across the three ICB's will be more efficient and standardised if the data is within a standard format. A Data Asset Audit has been undertaken across the three ICB's to ascertain the current assets held and their status. The national assets are available for all ICBs and will conform to a standard, however the local assets listed e.g. primary care will be in different structures. A work programme to confirm local assets where feasible has been produced.

	Deliverables of the SDE project include: • A set of tables within each ICB data store that map the assets • A set of standard queries to run on data assets • A technical mapping document that outlines the approach and mappings • A community of practice that has built knowledge and can share and disseminate approach The setup of SDE is anticipated to take six months, and mobilisation is dependent upon recruitment which is in turn reliant on allocation of national funding.
For completion by regional colleagues: With consideration of the responses above, please indicate the ICB's readiness for delegation - including as part of any multi-ICB arrangements – against the 'Data, Reporting and Analytics Infrastructure' domain: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required) *Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.*	

Signatories

This document should be signed by the ICB(s) and the relevant NHS England Regional Director of Commissioning.

It should also be verified and signed by the relevant NHS England Regional Director.

For completion by the ICB Chief Executive(s) for the geographical footprint to manage the full set of in-scope services (and, where different, the duly authorised signatory of the delegation or as defined by the ICB Scheme of Reservation and Delegation):

I confirm that the information provided is accurate and complete. Where applicable, supporting evidence has been provided to the regional team. This submission indicates our willingness to proceed with delegation arrangements.

NHS [Insert name] Integrated Care Board

[Insert name]

[Insert title]

Signature: [insert scanned image of handwritten signature]

Date: [Click or tap to enter a date.]

[Insert name]

[Insert title]

Signature: [insert scanned image of handwritten signature]

Date: [Click or tap to enter a date.]

For completion by the NHS England Regional Director of Commissioning:

I confirm that the information provided is accurate and complete. Where appropriate, supporting evidence has been provided by the ICB/s and reviewed by the regional team.

[Insert name]

[Insert title]

Signature: [insert scanned image of handwritten signature]

Print Name:

Date: [Click or tap to enter a date.]

For completion by the relevant NHS England Regional Director:

Based on the information provided, I am satisfied with the following assessment of system readiness for the (multi-)ICB to take on delegated commissioning responsibility for the in-scope services, from April 2024.

Please check box as appropriate to provide an assessment of each ICB within the footprint:

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

[Insert ICB name]: ☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

Please check box as appropriate to provide an overall assessment of the (multi-)ICB footprint:

☐ Category 1 (delegation) ☐ Category 2 (delegation with conditions) ☐ Category 3 (intensive support required)

Please provide any further comments below. If ‘Category 2 (delegation with conditions) or Category 3 (intensive support required) has been selected as the overall assessment, please summarise the rationale behind this decision, set out what the conditions are, and include any actions, plans or support needed along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

[Insert name]

[Insert title]

Signature: [insert scanned image of handwritten signature]

Date: [Click or tap to enter a date.]

Annex 1: Pre-Delegation Assessment Framework: Specialised Services

Introduction and context

In May 2022, NHS England set out the next steps for the delegation of NHS England direct commissioning functions, including the roadmap for integrating specialised services with Integrated Care Systems.

The pre-delegation assessment framework (PDAF) has been developed to support ICBs prepare for delegation arrangements; and will underpin the assessment of system readiness. It is aligned to the framework developed for the delegation of primary care Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services commissioning functions, but has been tailored specifically for specialised services commissioning.

It is structured around six domains, each of which has its own underpinning criteria, designed to support systems on building wider system capacity and capability. It is therefore not intended to be used on a service-by-service basis.

The criteria set out the areas that ICBs should have considered, undertaken or have in place by April 2024 in order to be 'ready' to take on delegation arrangements. These criteria should be used to support ICBs – both on an individual basis and as part of multi-ICB footprints - as they develop, plan, and prepare for the new arrangements.

ICBs are being asked to complete and submit the assessment proforma above with the support of their NHS England regional team, which will be used to inform the system readiness assessment in September. These submissions will be reviewed by a National Moderation Panel in October 2023, which will provide a recommendation to the NHS England Board in December 2023, before any final decisions around delegation are made for 24/25.

Principles of the Pre-Delegation Assessment Framework

Domain	Principle
Health and care geography	There is a meaningful geographical footprint which takes into account key patient flows, with clear plans in place to manage and mitigate against any risks.
Transformation	There is a clear understanding of how receiving each new responsibility will benefit population health outcomes, deliver improved care quality, reduce healthcare

	inequalities, improve preventative capacity, and increase efficient use of resources.
	There is a shared understanding across all ICS partners on the benefits of delegation.
Governance and leadership	Governance enables safe, high quality delivery.
	Clinical leadership combines the specialist expertise to lead and scrutinise individual functions, and the collaborative working necessary to identify, enable, and oversee clinical improvements.
Finance	Major financial risk factors and issues are clearly understood and mitigated, and there is a track record of delivering a balanced budget.
Workforce capacity and capability	There is an understanding of the workforce and capability and capacity requirements, with any major risks understood and processed for mitigation.
Data, analytics and reporting infrastructure	There is a clear understanding of the level of digital maturity required, with any gaps identified and prioritised for improvement.

Domains and criteria

1. Health and care geography	
Domain description	**Criteria**
The ICB/s has a health and care geography with a population footprint(s) large enough to sustainably commission the services in question with the appropriate supporting infrastructure in place. Any impact on other populations should be considered, including appropriate safeguards for users of local	• A specific, sustainable health and care geography has been identified and has the appropriate supporting infrastructure in place. The partnership reflects the (multi-)ICBs and other relevant planning footprints (e.g. cancer alliances, clinical networks, provider collaboratives) within this geography - including where this spans multiple regions and/or ICBs. • The (multi-)ICB footprint(s) is appropriate for the services in scope of delegation and has been informed by the Service Portfolio Analysis and patient flows. Significant patient flows in and out of

services from outside the relevant geography.	the footprint(s) have been identified, and the ICB/s has plans in place to work with neighbouring footprints to manage these. • Ongoing engagement with neighbouring footprints and NHS England is planned to ensure that other areas of the country do not receive a detrimental service because of the commissioning arrangements being proposed. • The impact of any commissioning changes on the sustainability of providers has been considered and there are plans to mitigate against any risks.

2. Transformation	
Domain description	**Criteria**
The ICB/s is developing clear, feasible plans to improve population health outcomes where these are compatible with the use of the delegated functions. These plans will be underpinned by realistic and sustainable financial assumptions and reflect patient priorities and engagement.	• The ICB/s is developing plans which demonstrate how it could use the functions to improve population health, deliver improved care quality, reduce health inequalities (including by tackling unwarranted variation and in line with the Core20PLUS5 approach), improve preventative capability, co-produce services with patients, and increase efficient use of resources. • The ICB/s has demonstrated an understanding of how the functions could be integrated into wider pathways, including interfaces with provider collaboratives, for patient benefit. It will also demonstrate how this transformation aligns with national policy where appropriate. • The ICB/s has an understanding of the complexity and diversity of the specialised services they will be taking on, including in relation to scale and quality. They are also aware of the appropriate routes and methods for accessing clinical advice, leadership, and support around these services, e.g. via Clinical Reference Groups. • The ICB/s has plans for how clinical networks and provider collaborations will lead service continuity planning and transformation, to ensure optimal service provision for patients.

	• The ICB/s have arrangements in place for involving people and communities in the commissioning of specialised services, including meeting legal duties around involvement. • The ICB/s is aware of the NHS England legal duties they must comply with when exercising the functions.

3. Governance and leadership	
Domain description	**Criteria**
The ICB/s will have a clear governance structure in place. This must involve the expertise necessary to scrutinise Specialised Services, and to oversee integrated planning and service development. Executive and clinical leadership should be robust and embedded in the delivery of Specialised Commissioning functions. Engagement mechanisms should enable people who use services to influence commissioning decisions.	• The ICB/s will have clear quality assurance and risk management systems and supporting policies in place with accountability clearly defined and transparent, standardised processes for management. • The ICB/s will have sufficient relevant board expertise and experience embedded in their leadership to ensure that all commissioning, quality, risk, safety, finance and performance functions can be undertaken. Standardised processes will be evident. This will include early identification and management of risk with timely mitigation put in place. • The ICB/s will have governance structures that enable oversight of patient safety including identification and management of serious incidents and never events, compliance with the duty of candour and relevant safeguarding processes in place. • The ICB/s will have demonstrable capacity to utilise data and metrics relating to quality governance, healthcare inequalities and quality assurance and improvement for the in-scope services. • The ICB/s will have cross-functional governance and accountability structures which can direct and manage integrated pathways, and which align with other stakeholders to support integration and co-commissioning. This will include cross boundary working and integration.

4. Finance	
Domain description	**Criteria**

The ICB/s will have developed a distinct plan for identifying critical financial risk factors and issues. The (multi-)ICBs financial plans enable the wider improvement objectives.	• The ICB/s will have developed a financial risk management strategy which identifies and mitigates all critical risks associated with the function.
	• The ICB/s will have scrutinised key delegation-related decisions for their degree of financial risk throughout its governance and accountability structures and can demonstrate ongoing financial sustainability of those services.
	• The ICB/s have identified and agreed financial plans that will enable the transformation and improvement benefits identified in the relevant planning processes.
	• The ICB/s can demonstrate transactional readiness with regards to standard operating procedures from a finance and contracting perspective, such as reporting, managing cash flows and raising invoices, and the level of workforce required to transact these, and a robust operating approach to use of the support Hubs where appropriate – and demonstrate clear financial governance procedures.
	• The ICB/s have developed a strategy and implementation and improvement plans in relation to severe financial management issues, which identifies and mitigates against critical issues associated with the function. This will also set out escalation processes.
	• The ICB/s will have plans for:
	  ○ managing the cross-border impact of other local systems' decisions, including identifying potential risks and financial uncertainties;
	  ○ ensuring other systems are notified and aware of the ICB's decisions where there will be cross border impacts; and
	  ○ managing the impact of any NHSE decisions around retained services as well as ensuring NHSE are notified where the ICB's own decisions may impact on retained services

	• The ICB/s is committed to reducing unwarranted variation and improving value for money across core services and high cost drugs and devices, and are set up to act upon it where necessary or appropriate. • The ICB/s has a track record of good financial management, including the delivery of balanced budgets or the identification and achievement of financial improvement plans

5. Workforce capacity and capability	
Domain description	**Criteria**
The ICB/s will assess the capability development and capacity needed to deliver the function, and to ensure a smooth transition for staff (in alignment with the applicable regional workforce model).The workforce model enables and supports the four aims for ICSs. Evidence of consideration of the wider needs of staff – for example, OD and cultural integration – will be necessary.	• The ICB/s has assessed its current workforce capabilities through a People Impact Assessment (or similar) and is confident that there is adequate capacity needed to deliver the function, with joint OD planning with NHSE where relevant to enable new ways of working and capability development. • The ICB has assessed the impact of the interim and future operating model for complaints as part of their People Impact Assessment (or similar). • The ICB/s have an understanding of the current external support in place and have agreed sustainable plans for the immediate future and outlined future transformation opportunities. • The ICB/s have a robust and agreed workforce plan in place with joint OD planning with NHSE where relevant and any appropriate management of change process clearly identified where necessary. • The ICB/s have considered, and identified to what extent, capacity in existing job roles within ICB structures (including corporate roles) may need to be amended to reflect the responsibilities relating to the delegation, and integration of the planning, of specialised services.

6. Data, analytics and reporting infrastructure	
Domain description	**Criteria**
The ICB/s has a robust data sharing and reporting infrastructure across organisations to ensure data access and visibility along the clinical pathway. Data infrastructure must be cognisant of the need to maintain a single version of truth, so not duplicating systems and processes in existence elsewhere. In the case of Specialised Commissioning services, utilising analytical subject matter expertise held centrally (within NHS England) to aid interpretation and support local analysis.	• The ICB/s will have a robust approach to Information Management, utilising the NHS Contract to stipulate reporting requirement (e.g. detailed Information schedule), enforcing data requirements with contractual sanctions where appropriate and active user of Data Quality Improvement Plans to drive data quality improvement in a managed manner. • The ICB/s will contribute to the development and maintenance of a single version of truth within the system recognised by all stakeholders. • The ICB/s will adopt of population health management analytics / tools and statistical techniques to aid identification of service delivery models requiring transformation. • The ICB/s will have considered how data can be used to support service transformation and redesign. • The ICB/s has a Data Privacy Impact Assessment document in place articulating the data flows and their uses supporting the commissioning of delegated services.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside
28 September 2023

Clinical and Care Constitution

Agenda Item No	**ICB/09/23/20**
Report author & contact details	Carole Spencer Carole.Spencer@innovationagencynwc.nhs.uk Dr Fiona Lemmens Fiona.lemmens@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director)	Professor Rowan Pritchard Jones
Responsible Officer to take actions forward	Professor Rowan Pritchard-Jones

Clinical and Care Constitution

<table>
<tr><td>Executive Summary</td><td>Many of the partners within the Cheshire and Merseyside Integrated Care System (ICS) will have a Clinical Strategy or Care Strategy. Before this Constitution there were no principles that bound the direction of these strategies together, nor which gave them a common direction of travel. This paper sets out the proposed Cheshire and Merseyside ICS Clinical and Care Constitution which is intended to be the overarching direction of travel for the ICS as we develop our plans for the transformation of services.

It has been socialised widely with clinical and managerial leaders across the system and refined from comments received.

The Clinical and Care Constitution sits alongside the ICS Clinical and Care Professional Leadership Framework (Appendix One) to form the foundation of our developing overall ICS clinical strategy.

If approved the Constitution will be launched across the ICS with an expectation that all strategies and plans align to the principles within it. A launch event for the Constitution and supporting Clinical and Care Leadership Framework is planned for 01 November 2023.</td></tr>
<tr><td>Purpose (x)</td><td><table>
<tr><th>For information / note</th><th>For decision / approval</th><th>For assurance</th><th>For ratification</th><th>For endorsement</th></tr>
<tr><td></td><td>X</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Recommendation</td><td>The Board is asked to:
• approve the Clinical and Care Constitution for the Cheshire and Merseyside system with the expectation that it will then guide the direction of travel of all transformation and commissioning plans.</td></tr>
<tr><td>Key issues</td><td>The issues that may arise from the application of this Constitution are:
• there will be a requirement to include the Constitution within the business planning processes and decision-making processes of the ICB
• to align the work programmes of all Places and Programmes with the Constitution may require more cross programme collaboration.
• to ensure maximum impact from the Constitution there may be a need for greater clinical input and leadership time.
• there will be a need to define the accountability process if the Constitution is not being followed in order that the ICB maintains an overall direction of travel.</td></tr>
<tr><td>Key risks</td><td>No immediate risks</td></tr>
<tr><td>Impact (x)
(further detail to be provided in body of paper)</td><td><table>
<tr><th>Financial</th><th>IM &T</th><th>Workforce</th><th>Estate</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><th>Legal</th><th>Health Inequalities</th><th>EDI</th><th>Sustainability</th></tr>
<tr><td></td><td>X</td><td>X</td><td></td></tr>
</table></td></tr>
<tr><td>Route to this meeting</td><td>The Clinical Care Constitution has been reviewed by several clinical groups including the ICB Clinical Directorates, Place Clinical Directors, ICS Medical Directors, the ICB Digital team and it has also been shared with PCNs via the Primary Care team.
More formally, it has been presented to the ICB Executive Team, CMAST Chief Executive Group and the Clinical Effectiveness Group the minutes of which were then shared with Quality and Performance Committee.</td></tr>
</table>

Management of Conflicts of Interest	No conflicts of interest have been identified	
Patient and Public Engagement	Specific engagement with the public has not taken place at this point.	
Equality, Diversity, and Inclusion	The purpose of this constitution is to create clear planning and delivery principles that will be used alongside EIAs for specific plans and proposals. One of the principles seeks to strengthen the EIA in each project: “Where there are multiple demands, prioritisation (of decision making and resources) will be via a robust, clinically led methodology based on the principle of proportionate universalism”	
Health inequalities	The Constitution is built upon principles of reducing Health Inequalities	
Next Steps	A launch of the Constitution is planned for November 2023.	
Appendices	**Appendix One**	ICS Clinical and Care Professional Leadership Framework
	Appendix two	ICS Clinical and Care

Clinical and Care Constitution

1. Executive Summary

1.1 This paper sets out the proposed Cheshire and Merseyside Integrated Care System (ICS) Clinical and Care Constitution which is intended to provide the overarching direction of travel for the ICS as we develop our plans for the transformation of services.

1.2 Many of the partners within the Cheshire and Merseyside ICS will already have a Clinical Strategy or Care Strategy. Before this Constitution there were no principles that bound the direction of these strategies together, nor which gave them a common direction of travel.

1.3 The Clinical and Care Constitution sets out the guiding principles that we will adopt across Cheshire and Merseyside in our Place and Programme activities as we plan and deliver our clinical and care strategies, business plans and projects. It is proposed as an agreement made between us that we adopt this consistent direction and approach.

1.4 The draft Constitution has been socialised widely with clinical and managerial leaders across the system and refined from comments received.

1.5 The Clinical and Care Constitution sits alongside the ICS Clinical and Care Professional Leadership Framework (appendix 1) to form the foundation of our developing overall ICS clinical strategy.

1.6 If approved the Constitution will be launched across the ICS with an expectation that all strategies and plans align to the principles within it. A launch event for the Constitution and supporting Clinical and Care Leadership Framework is planned for 1st November 2023.

2. Introduction / Background

2.1 Our clinical and care system is complex. It has multiple nodes of clinical leadership (Appendix Two), and many different clinical and care strategies underpin its development. These strategies have previously been written in isolation from each other and may not always align. It is also recognised that to make continual progress to develop and transform services in and amongst a highly stressed delivery system will always be challenging.

2.2 Our Constitution aims to agree and bring into use in all parts of the system, a set of commonly agreed and understood principles for how we will design and deliver our services in the future to best support the populations we serve. It is there to remind us of the direction of travel we have committed to as an ICB and should enable challenge if plans and proposals do not line up to the Constitution to best effect.

3. Clinical Constitution explained

3.1 The Constitution can be summarised as a plan on a page. For the purposes of this report the plan is then expanded:

3.2 What is the Constitution?

Our Clinical and Care Constitution is a set of principles that underpin all we do. It has been written by clinicians with input from clinical and care colleagues to support the Cheshire and Merseyside Integrated Care System (ICS) to develop with our partners an overarching population health approach, driven by the needs of our communities, with a clear focus on addressing health inequalities.

3.3 The following four principles will underpin our approach to all areas of work across the ICS

1. **We will shift the paradigm from reactive to proactive healthcare.**

2. **We will integrate clinical and care professionals in decision-making at every level of the ICS, creating a culture of shared learning, collaboration, and innovation, working alongside patients and local communities.**

3. **We will evidence the return on investment in improving health through measures of both quality and effectiveness.**

4. **We will influence the wider determinants of health through collaboration, education, and modernisation.**

3.4 Adopting these principles will require the ICS, its programmes, and places to reflect on the approach they are taking currently, for example,

- the Clinical and Care Professional Leadership Framework has been developed in parallel to the Constitution to ensure we have a cohort of clinical leaders able to lead the significant challenges ahead. However, do all programmes have clinical and care leaders embedded in their planning and in their decision making?
- the provider collaboratives are driven by a performance delivery framework that may keep them in the current model of reactive healthcare, with little time to design proactive or anticipatory care delivery models. Would they need to change to align with principle 1?
- the Digital programme will need to be open to and be able to respond to the priorities set out in the clinical transformation proposals.
- it will require the system to consider the accountability processes that may be needed if the Constitution is not being followed, for example:
  - would transformation funding be affected?
  - would the performance status of the Place or Programme be affected?
  - would there be a joint leadership response if collaboration was not evident?

3.5 There are four pledges within the Constitution. These pledges are agreements made between us to guide how we will work together in the future.

Pledge 1: Quality

Designing and delivering high quality resilient services through an evidence based approach

- **all clinical recommendations will be evidence-based.**
- **we will make consistent use of intelligence to drive and evidence the impact of action.**
- **where there are multiple demands, prioritisation will be via a robust clinically led methodology based on the principle of proportionate universalism (Marmot Review 2010, 2020).**
- **we will routinely contribute to the evidence base via high quality research.**

Pledge 2: Collaboration

Working collaboratively with relentless patient focus

- collaboration not competition informs all our endeavours.
- the primary/secondary care interface will be actively considered in all our programmes.
- through relentless patient focus we will eliminate silo working.
- we will empower our population to support our shared goals.
- we will use co-production with patients and the public to develop our plans.
- where we agree new approaches in any one part of our system, we will ensure that there is no detrimental impact on other stakeholders and the population they represent.

Pledge 3: Health

Improving health outcomes

- the wider determinants of health will be considered in all our programmes and promote collaboration with local authorities.
- our efforts will improve health not simply respond to sickness. Prevention is better than cure.
- our population will be offered equitable and fair access to services.
- we will train, develop, and support our workforce to deliver the highest quality care and services.
- we will support all of our organisations in every sector to be safe, effective, caring, responsive and well led.

Pledge 4: Value

Transformation for value

- all projects and schemes must evidence their positive impact on health inequalities.
- we will use consistent improvement methodology.
- as an integrated system we are all committed to working differently when assured that change adds value to the health and wellbeing of our communities.
- all our work will improve quality effectiveness and patient experience whilst ensuring best use of resources.

3.6 **Enabling Activities**. The following enablers will be required across the system to support the successful implementation of the principles and pledges:

Wide engagement across the health, social care and the voluntary, community, faith, and social enterprise sectors

Clinical Strategy informed by the richest intelligence and supported by QI methodology

World-class research and innovation in partnership with our academic institutions

Clinical and care professional leadership framework will have a focus on workforce/leadership development?

4. Recommendations

4.1 The Board is asked to approve the adoption of this Constitution as a set of guiding principles and pledges across all parts of the ICB.

5. Next Steps

5.1 A communication programme will commence to share the Constitution widely and to 'road-test' how it will be used. There is currently an intention to formally launch the constitution at a C&M Clinical and Care Professional Leaders conference on 1st November 2023. It is recognised that challenges of implementation and accountability are possible, and we commit as the clinical and care system leaders to collaborate to identify and resolve those issues.

6. Officer contact details for more information

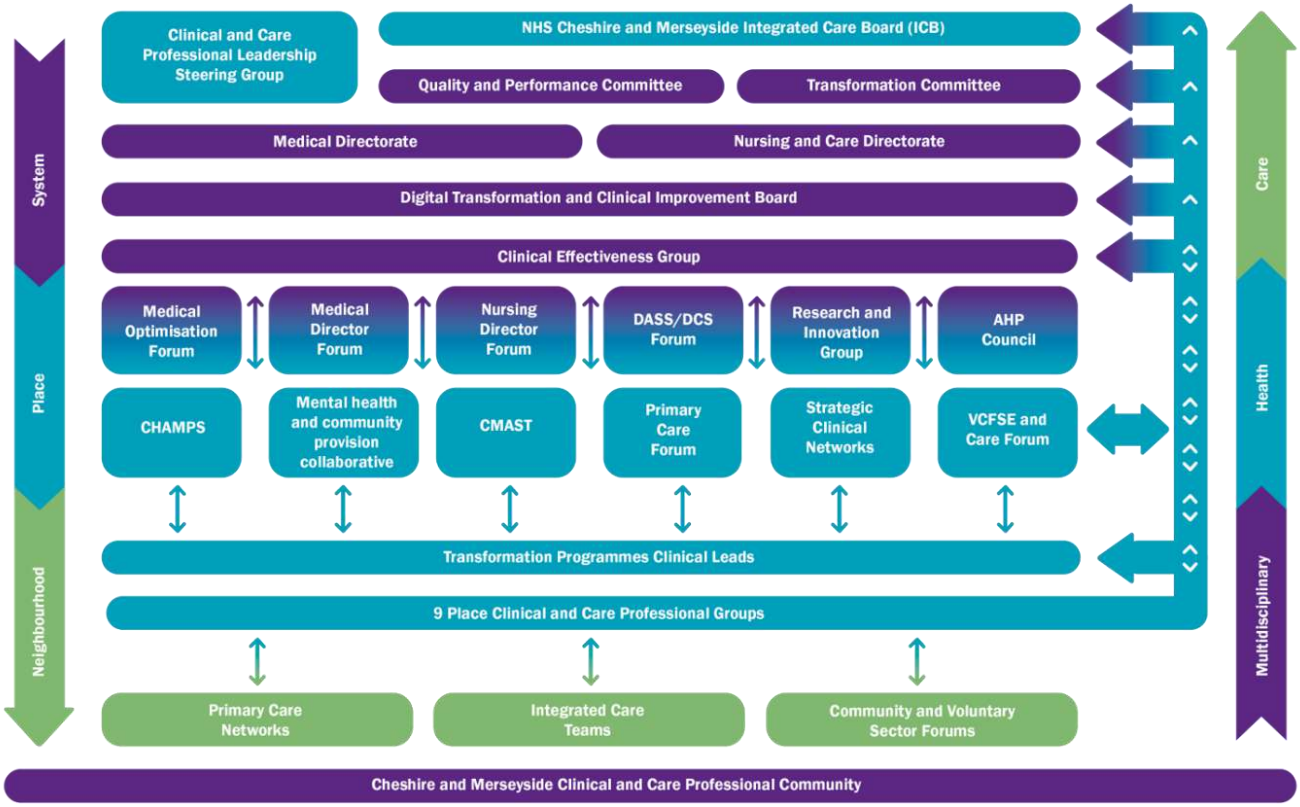
Professor Rowan Pritchard-Jones, ICB Medical Director
RowanPJ@cheshireandmerseyside.nhs.uk

APPENDIX ONE

CLINCIAL AND CARE PROFESSIONAL LEADERSHIP FRAMEWORK

APPENDIX TWO

CLINICAL AND CARE PROFOFESSIONAL LEADERSHIP STRUCTURE



Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Cheshire and Merseyside Winter Plan

Agenda Item No	**ICB/09/23/21**
Report author & contact details	Andy Thomas, Associate Director of Planning
Report approved by (sponsoring Director)	Anthony Middleton, Director of Performance & Planning
Responsible Officer to take actions forward	Andy Thomas, Associate Director of Planning

Cheshire and Merseyside Winter Plan

<table>
<tr><td>Executive Summary</td><td colspan="5">The ICB is in the process of finalising its plans for winter 2023/24, as part of a wider national winter planning exercise.

It is recognised that the winter of 2022/23 was extremely challenging across the health and social care sector, and a system wide focus will be required to meet the challenges of winter 2023/24.

Plans are well developed at this stage, and system performance is more robust than at the same time last year, however there are a range of risks in relation to ongoing industrial action, wider workforce and market pressures, urgent and emergency care demand, and system capacity to mobilise mitigating responses.

The focus will now be shifting from planning into delivery, with targeted actions across the system to address issues identified as part of the planning process.</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td>X</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• Note the context and approach taken to development of the winter plan.</td></tr>
<tr><td>Key issues</td><td colspan="5">See executive summary</td></tr>
<tr><td>Key risks</td><td colspan="5">Key risks encompass ongoing industrial action, wider workforce and market pressures, urgent and emergency care demand, and system capacity to mobilise mitigating responses.</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>X</td><td></td><td>X</td><td colspan="2"></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td></td><td>X</td><td>X</td><td colspan="2"></td></tr>
<tr><td>Route to this meeting</td><td colspan="5">The winter planning process has been coordinated through a time limited Winter Planning Group, with progress reported to the Executive Committee.</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">No</td></tr>
<tr><td>Patient and Public Engagement</td><td colspan="5">No</td></tr>
<tr><td>Equality, Diversity, and Inclusion</td><td colspan="5">No. An Equality Impact assessment (EIA) will be completed once the plans are finalised and have been through external assurance with NHS England.</td></tr>
<tr><td>Health inequalities</td><td colspan="5">The Winter Plans respond to a specific nationally agreed set of requirements, building on the NHS Delivery plan for recovering urgent and emergency care services, which is aimed at increasing system capacity and ensuring access for all patients to the right care.</td></tr>
</table>

Cheshire and Merseyside Winter Plan

1. Executive Summary

1.1 The ICB is in the process of finalising its plans for winter 2023/24, as part of a wider national winter planning exercise.

1.2 It is recognised that the winter of 2022/23 was extremely challenging across the health and social care sector, and a system wide focus will be required to meet the challenges of winter 2023/24.

1.3 Plans are well developed at this stage, and system performance is more robust than at the same time last year, however there are a range of risks in relation to ongoing industrial action, wider workforce and market pressures, urgent and emergency care demand, and system capacity to mobilise mitigating responses.

1.4 The focus will now be shifting from planning into delivery, with targeted actions across the system to address issues identified as part of the planning process.

2. Winter Planning Process

2.1 NHS England issued its winter guidance *Delivering operational resilience across the NHS this winter*, on 27 July 2023. This was followed by the winter letter for adult social care from the Department of Health and Social Care (DHSC) on 28 July 2023. Together, these set out the key priorities for health and social care, roles and responsibilities for each part of the system, and a requirement to submit plans.

2.2 ICBs were required to submit narrative and numerical plans at an ICB level on 11 September 2023, which are subject to an assurance process with NHS England, with the final plans to be submitted week commencing 25 September 2023.

2.3 This has been coordinated at ICB level but led locally by Place as the convenor of system conversations on winter planning. The organising principle is the implementation of the national Urgent and Emergency Care (UEC) Recovery Plan issued in January 2023, along with the Primary Care Recovery Plan and the Elective Recovery Plan.

2.4 Whilst recognising that winter has an impact across health, social care and voluntary, community and social enterprise (VCSE) sectors, the headline measures signalled in the NHS England letter are for two key ambitions:

- 76% or more of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to improve to 30 minutes or better on average over 2023/24, with further improvement in 2024/25.

3. Urgent and Emergency Care Context

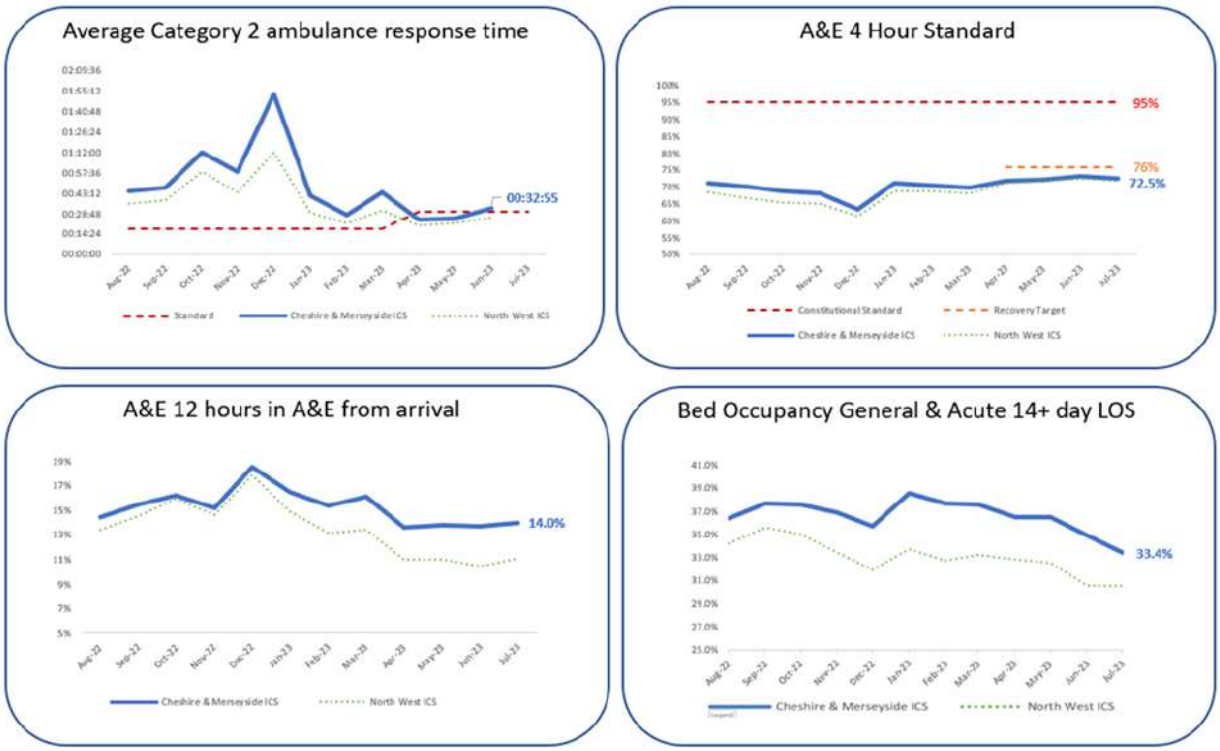
3.1 It is widely recognised that the winter of 2022/23 was incredibly challenging. Both nationally and locally the operational context was one of high rates of infectious disease, industrial action, and capacity constraints due to challenges discharging patients, especially to social and community care. The Board has already received a winter debrief in June 2023.

3.2 All of these factors will continue to present a challenge for the coming winter, however, there have been improvements in performance which put the Cheshire and Merseyside system in a more robust position compared to last year.

3.3 As per Figure 1 there has been progress towards the 76% 4-hour ED target, and whilst still challenged relative to NW regional peers, for Category 2 response times there has been an improvement of over 10 minutes from the same time last year and a recovery from the extremely long waits seen during winter 2022/23.

3.4 In terms of bed pressures, the proportion beds occupied by patients that have spent 14 days or longer in hospital is still higher than regional or national rates, but better than the same time last year, and sitting behind this, the number of patients no longer meeting the criteria to reside (NCTR) has seen a marked reduction from 1,314 in December 2022 to 968 in July 2023.

Figure 1:



4. Acute Demand and Capacity

4.1 Providers worked with Place partners to review and adjust their 2023/24 operational plans, informed by the latest performance and local intelligence.

4.2 At an aggregate level, the sum of provider plans for C&M indicates the following as per Table 1 below:

Table 1:

Category	Projected change on 23/24 Plan
Adult Critical Care Bed Occupancy	Anticipated critical care bed numbers and occupancy remain almost the same: 204 beds, 79% occupancy
General and Acute Overnight Bed Occupancy – Adult	Plan for 5,577 beds (compared to 23/24 Plan of 5,623, and actuals of 5,712 as at Dec 2022). Potential additional escalation capacity is 98 beds Average anticipated occupancy 93.61% (compared to 23/24 Plan of 94.3%)
General and Acute Overnight Bed Occupancy – Paediatric	Average 362 beds (compared to 23/24 Plan of 364) Average Occupancy remains the same at 78.1%
Non-elective spells	Provider returns project 16,495 compared to original plan of 16,610 average NEL spells (LOS 0/+1).
A&E attendances and 4-hour performance	Providers are projecting an average of 41,727 compared to an original plan of 42,122 March ambition of 76% remains the same
Number of beds occupied by patients no longer meeting the criteria to reside (NCTR)	Providers project average of 1,092 beds occupied (19.2%) compared to an original plan of 1,150 (20.9%) over the winter months. Recognition that planned bed base is lower than last year.
Community beds	No material change to plan
Virtual ward capacity and occupancy	Rebased plan with a lower number of beds to reflect current take-up, but predicting achievement of planned % bed occupancy level

4.3 In terms of occupancy, revised winter plans indicate a slight improvement (i.e., reduction) in anticipated average bed occupancy from 94.3% to 93.61%, however delivery of this with the available bed base is dependent on Cheshire & Merseyside keeping NCTR numbers at around the current level i.e., circa 1,000 or lower, and maximising use of available virtual ward capacity.

4.4 This will require a sustained effort throughout the winter period, spanning hospitals, mental health, community and social care as well as VCSE support to discharge.

5. Community & Mental Health

5.1 Pressures on mental health beds and community services will as a minimum be at current, already challenged, levels through winter 2023/24.

5.2 The lack of capacity and solutions to resolve delayed packages of care and housing issues across the system means that numbers of mental health patients who are Clinically Ready for Discharge are still excessive and a system approach to managing this risk is required.

5.3 Key priorities within the out of hospital and mental health winter plans can be categorised into 5 broad themes:

- **Protection and prevention, and staff wellbeing**: Includes flu and Covid vaccination for staff, supporting infection prevention and control in the community and care homes, supporting staff resilience
- **Better co-ordinated care**: Support to care homes and better end of life care.
- **Improved discharge and flow:** Care transfer hubs, which will contribute to a reduction in NCTR; a focus on intermediate care including reducing length of stay and step-down mental health beds; reduction in acute hospital bed stays for mental health patients.
- **Avoiding unnecessary attendances and admissions:** Increasing UCR activity, virtual ward utilisation; using Walk in Centres and Urgent Treatment Centres to support EDs and minimising referrals to EDs; mental health triage cars.
- **Agility and responsiveness:** adapting incident management approaches to the management of winter. In order to support this, it has been agreed to implement the Adult Mental Health Escalation (AMHE) Framework in each Place in Cheshire and Merseyside, via the System Coordination Centre (SCC). This will provide system oversight and situational reporting.

6. Primary Care

6.1 Winter plans in Primary Care are being developed in line with the aims of the national Primary Care Recovery Plan.

6.2 SDF funding has been released to Place to support winter pressures which includes funding for Acute Respiratory Infection (ARI) hubs.

6.3 PCN Capacity and Access Improvement Plans have been agreed which cover the winter period to March 2024 and are intended to account for 'winter surges' in each practice/PCN.

6.4 All PCNs are on target to deliver their workforce plans in line with the national contract, and it is a key priority to maximise ARRS roles this year and to ensure staff are in place to add extra resilience by the winter.

6.5 All Places have established primary care operational plans for 2023/24 with proactive elements such as the development of integrated community teams adopting a preventative or proactive care response with physical health, mental health or social care needs.

6.6 The aim is to move away from time critical reactive care, and as part of this care navigation training has been delivered to help ensure patients access the most appropriate services, including VCSE support offers.

7. Social Care

7.1 The local authority response to the DHSC and NHS winter planning guidance is coordinated via Directors of Adult Social Services, who have an integrated work programme with a programme lead jointly funded between the ICB and Councils.

7.2 The programme is currently focusing on winter planning and discharge to assess (D2A)

7.3 Current challenges and risks in relation to winter can broadly be understood in terms of acuity, and the fragility of the social care market.

7.4 As part of the funding settlement in the adult social care winter letter (see section 9 below), targeted local authorities in Cheshire & Merseyside are required to provide by 28 September 2023 a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter.

7.5 More widely the new social care discharge funding is directed at markets and workforce and waiting lists with a view to supporting winter preparedness.

7.6 DASS's will be working with ICB Place Leads on these areas to join up winter plans and delivery with Councils and describe how funding is used to both sustain services and provide additionality.

8. Voluntary, community and social enterprise (VCSE)

8.1 Voluntary, community and social enterprise partners are working closely with the ICB on maximising their support to the system across winter. The ICB has enabled the sharing of best practice examples across the system, for example where VCSE partners are supporting discharge services in specific areas.

8.2 Liaison and engagement with VCSE partners is led at Place partnership level with the aim to ensure the potential for support is maximised.

8.3 Care Navigation Training is effectively rolled out to staff across Cheshire & Merseyside in General Practice, which will enable effective social prescribing and community level assets being fully utilised to keep C&M residents well over the winter period.

9. Finance

9.1 Cheshire & Merseyside ICB received the following funds in addition to overall 2023/24 allocations as part of the operational planning round:

- Discharge Fund £18.1m
- Capacity Monies £13.7m
- UEC monies £34.9m
- Virtual Wards £24.7m.

9.2 These allocations were notified during the 2023/24 planning process and were distributed across the Cheshire & Merseyside system during the planning period.

9.3 Within those allocations, additional bed capacity that was funded non-recurrently for part-year 22/23, has been funded recurrently on a full-year basis, therefore systems are expected to maintain this capacity.

9.4 The adult social care winter letter sets out how £600m of national funding held back from initial allocations will be utilised. Primarily this will be through a new £570m MSIF workforce fund, a grant which will allow local authorities to boost adult social care capacity and support the social care workforce, including on pay.

9.5 The remaining £30 million is being made available to local authorities on a targeted basis as outlined in Section 7 above.

10. Risks

10.1 System risks identified across Cheshire & Merseyside places and providers constituting the ICB can largely be summarised under four main themes:

- **Industrial action**
- **Workforce**
- **UEC demand** increasing beyond expected levels, in particular the impact of respiratory illnesses, e.g., flu season, Covid variants of concern/waning protection from vaccines, RSV
- **Mobilisation** of capacity/flow initiatives, or initiatives not having desired impact.

11. Next Steps

11.1 A key principle as winter is imminent is to move from planning into delivery from October onwards with a focus on those actions which we know will be most impactful.

11.2 As part of the winter planning process, a number of areas have been identified as requiring further development to strengthen resilience:

- Acute Respiratory Infection hubs – implementation of a consistent offer
- Increasing 2 Hour urgent care response (UCR) activity
- Increasing utilisation of virtual ward capacity

- Mental health discharge – focus on solutions to resolve delayed packages of care and housing issues
- Plans for use of targeted social care monies (due 28 September 2023)
- Development of local escalation framework to tie in with the revised national Operational Pressures Escalation Levels (OPEL) Framework that is being introduced from 01 November 2023
- Where possible accelerating elective activity to get ahead of winter demand.

11.3 Work is ongoing through the Winter Planning Group to take these areas forward.

12. Recommendations

12.1 The Board is asked to:

- Note the context and approach taken to development of the winter plan.

13. Officer contact details for more information

Andy Thomas, Associate Director of Planning

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

Cheshire and Merseyside ICS Digital and Data Strategy Update

Agenda Item No	**ICB/09/23/22**
Report author & contact details	John Llewellyn, Chief Digital Officer
Report approved by (sponsoring Director)	-
Responsible Officer to take actions forward	John Llewellyn, Chief Digital Officer

Cheshire and Merseyside ICS Digital and Data Strategy Update

1. Purpose of the Report

1.1 The purpose of this report is to provide an update to the Cheshire and Merseyside ICB Board on progress with delivery against the key commitments outlined in the ICS Digital and Data Strategy which was endorsed by the ICB Board in November 2022. This update report highlights:

- What has been achieved and what is currently in progress against the key commitments outlined in the strategy
- Changes to the strategic landscape within which the strategy sits, which has impacted on the prioritisation and implementation planning for our future digital and data strategic commitments
- An overview of the key strategic risks arising during the first 8 months of the strategy period and our response to them.

2. Executive Summary

2.1 The ICS Digital and Data Strategy was endorsed by the ICB Board in November 2022.

2.2 Since the strategy was endorsed, a number of the strategy commitments that were due to be delivered in the 22/23 financial year have been completed, and progress has been made against some of the commitments due by March 2024 and March 2025.

2.3 However there have been a number of changes in the strategic landscape, both nationally and locally, that impact some of the agreed commitments in the strategy, putting at risk their delivery in the previously agreed timescales. These changes do not impact the digital and data vision, mission and goals outlined in the strategy, but only the specific target dates for delivery of key elements of the strategy.

2.4 Combined with the key risks regarding strategy delivery around resourcing and funding availability, there is a need to:

- Amend some of the dates associated with national targets in the strategy that have been formally changed through more recent NHS England / government publications, namely:
  - The target for 100% of NHS Trusts in England to have minimum standard Electronic Patient Records (EPRs) by March 2025 is to be amended to 95% by March 2025 and 100% by March 2026 (outside of the current strategy period).
- Add any additional national targets to the strategy commitments where these have been mandated through more recent documentation, namely:
  - All trusts to adopt barcode scanning of high risk medical devices by March 2024

  - Inclusion of the key ICS commitments outlined in the Cyber Security strategy for Health and Social Care, the Primary Care Access Recovery Plan and the NHS Planning Requirements for 23/24.
  - Inclusion of any targets for new in-year national digital priorities including Bed Management Systems and System Control Centres, and an update to existing targets impacted by in-year funding (such as PEPs).
- Review all other strategy commitments (nationally mandated and locally agreed) and prioritise based on availability of resource and funding, and their value and achievability (using the ICB Prioritisation Tool)
- Finalise the updated digital and data investment plan for ICB Board approval
- Review the commitments again in six months to ensure they remain up to date in terms of both national and local priorities.
- Note the progress on a series of sub- strategies which are being developed to address specific themes.

3. Ask of the Board and Recommendations

3.1 **The Board is asked to:**

- **ENDORSE** the plan of action for amending strategy commitments directly linked to changes in national targets and reviewing the other commitments in line with evolving ICB priorities and affordability.
- **NOTE** the progress made to date with delivery of the existing strategy commitments.

4. Reasons for Recommendations

4.1 The Board are asked to endorse the recommendations above to ensure that:

- Cheshire and Merseyside is delivering its key digital and data ambitions in line with national timeframes that have changed since the strategy was published.
- New national requirements are reflected in the strategy commitments.
- As national and local priorities evolve, the digital and data investment plan associated with delivery of the strategy can be adjusted accordingly.

4.2 If the Board were not to endorse the recommendations, then the ICS will be delivering the digital and data strategic commitments against an outdated set of national and local requirements and timeframes, which would make delivery of all the strategic commitments unachievable.

5. Background

5.1 **Introduction.** The Cheshire and Merseyside ICS Digital and Data Strategy was endorsed by the ICB Board in November 2022 following recommendation for approval by the ICB Transformation Committee and extensive consultation and engagement in its development.

5.2 The strategy contains three strategic goals and over 30 strategic commitments phased over 3 years. The strategic commitments are a mix of national requirements and local ambition. They support three key strategic themes:

- Levelling up systems and infrastructure
- Putting intelligence into action
- Turning the dials on outcomes for people and populations due to digital and data investment.

5.3 **Progress to date.** Some of the strategy commitments related to the 22/23 financial year, and good progress has been made against many of these early strategic commitments including:

- developing increased provision of access to ICS wide person level health and care linked datasets through the CIPHA platform, and further embedding this in the System P transformation programme of work.
- procurement and early-stage roll-out of a common online/video consultation platform for use in primary care (PATCHS)
- development and early-stage adoption of the Digital Inclusion Impact Assessment toolkit for all existing and new digital and data initiatives
- implementation of ICS wide Capacity and Demand reporting for urgent care
- embedding unified performance reporting and service planning tools across the ICS.

5.4 However, the majority of strategy commitments relate to the 23/24 and 24/25 financial years and the focus of effort has been on confirming funding and resources to deliver against these commitments. There has also been good progress in a number of 23/24 and beyond commitments already including:

- the decision to procure a single Laboratory Information Management System (LIMS) to support development of the system wide pathology network.
- implementation of a single Picture Archiving and Communications Systems (PACS) solution and associated infrastructure to support developments in system wide radiology working.
- implementation of Patient Empowerment Portals (PEPs) in acute, non-specialist trusts to deliver both patient and clinical benefits for secondary care and across Places.
- providing digital and data support into waiting list initiatives (such as the C2AI project)
- implementation of an accredited Digital Social Care Record in five residential care and nursing homes in Sefton with plans in place to implement in another 30 care providers this financial year.
- work to scale up and roll out Robotic Process Automation (RPA) to improve the efficiency of repetitive administrative processes (which has recently been shortlisted for an HSJ Award)
- scaling up of the ICS wide remote monitoring platform to support an increased number of virtual ward beds as well as more widespread telehealth support for long term condition management.
- Continued rollout across care settings and increased availability of care information through the C&M Shared Care Record platform.

5.5 It should be noted that a number of these developments have been undertaken in conjunction with the Provider Collaboratives and relevant Transformation Programmes across the ICB.

5.6 Sub-Strategies - As well as delivery of specific strategy commitments, work has also commenced on developing a series of more detailed digital and data sub-strategies that underpin key areas for future development at a system level. This includes maternity, primary care, cyber security, data architecture and digital workforce development.

5.7 **Primary Care Digital Strategy**. This work is being clinically led by our Primary Care Digital Clinical Leads supported by the Digital team and will provide a baseline view of digital maturity across the Primary Care system, set a clear vision for System/Application use, infrastructure, Use of data and the development of Digital Skills and leadership. It will provide specific strategic focus around the use of available digital tools to support Primary Care Access Recovery (for example how the fully exploit the benefits of Digital telephony) and clarify the approach to national clinical system re-procurement for GP systems which is currently underway. A first draft for wider consultation is planned for December

5.8 **Digital Maternity Strategy**. Working with colleagues from the Local Maternity and Neonatal System (LMNS), the digital team have produced a first draft of a sub strategy which now needs to be more widely socialised with key stakeholders. The sub-strategy considers the guidance and targets from the national 3 year plan for maternity and neonatal services; alongside local priorities and individual provider digital strategies to create a vision and roadmap to use technology most effectively to support clinical ambitions. The long-term vision is to converge around common electronic record solution, but the strategy also looks at more immediate tactical ambitions to streamline a system-wide Triage process ; provide technology solutions to support the establishment of women's' health hubs; and find immediate interoperability solutions to support continuity of care across different care settings.

5.9 **Digital Workforce Strategy.** A key critical success factor set out in the Digital and Data Strategy to 'develop and retain a highly skilled workforce'. A national Digital workforce plan is due for publication in Autumn 2023 and our final sub strategy will align with that, so until that is received, we have worked with the Health CIOs in C&M set out commitments and pledges (ICB and providers) which all are signed up to and is being develop into a programme of work . the areas of focus include Professional development (increase in professional registration).; accreditation– all providers to achieve the ISDN Excellence in Informatics Accreditation to a minimum of level 1 this year; explore opportunities to create shared resource models for hard to fill specialisms (EPR deployment ,Cyber Security etc.).

5.10 Further work is planned to identify synergies with wider People Strategy to look at raising digital literacy across all staff groups, develop bespoke development offers and consider how technologies such as AI and automation can help mitigate some of the systems wider workforce pressures.

5.11 **Cyber Security Strategy.** The National Cyber Security Strategy for Health and Care to 2030, published in March emphasises the criticality of this agenda and

outlines clear tiers of responsibility form individual organisations up to national level. The strategy is based around Five Pillars which each organisation must plan against to ensure a cohesive integrated response.

5.12 It also sets out very specific responsibilities for each tier of the system. ICS's must for example: define a local strategy and associated delivery plan; create and fund a system-wide Cyber Security capability; set standards and manage system suppliers against those; and many more.

5.13 C&M has an establish Cyber Group and have used some national funding from previous years to develop a local Cyber Security Strategy (with support from Deloitte). This is complete and is current under review to consider options for delivery and workforce models to support. There is some national funding in year but not sufficient to create a resilient service, so a range of options are being considered to create the required capability.

5.14 **Infrastructure Strategy.** This work is in its early stages but is an ambitious agenda exploring opportunities for shared cloud hosting with associated support models and a consequent reduction in data centre footprints with significant potential recurrent savings.

5.15 **Changes in the national strategic landscape impacting the ICS Digital and Data Strategy.** Since the digital and data strategy was endorsed last year, there has been a number of significant changes in the national strategic landscape, both for digital and data specifically and also for the NHS more broadly. These are summarised below:

- Government mandate to the NHS (June 2023) – this document outlines that technology is one of the three top priorities for the government and introduces some changes to national targets (the target for 100% of NHS Trusts in England to have minimum standard Electronic Patient Records (EPRs) by March 2025 is reduced to 95%, and a new target for all trusts to adopt barcode scanning of high-risk medical devices is introduced for March 2024)
- NHS planning guidance 23/24 (December 2022) – from a digital perspective, the planning guidance introduces new requirements in digital and data including the adoption of national and local Federated Data Platforms (FDPs) as they become available following a national procurement process, development of a Secure Data Environment (SDE) on a regional basis to support making appropriate data available for research purposes, and the Faster Data Flows (FDF) programme to enable increased automation of central data returns
- Primary Care Recovery Access Plan (May 2023) – this document makes a number of commitments related to digital including the roll out of digital telephony solutions in primary care and the provision of digital tools to support implementation of 'Modern General Practice Access' (including improved online access tools for patients).
- Health and Social care cyber strategy (March 2023) – this strategy outlines a number of requirements (based on five core pillars) for systems to improve the overall approach to cyber security by 2030. The requirements outlined for ICS' in particular align well with the Cheshire and Merseyside Cyber sub-strategy but require significant investment and adoption of a number of commitments not outlined in the current ICS digital and data strategy.

- Hewitt Review of ICS' (April 2023) – places a strong focus on data and intelligence into action for Population Health Management and prevention, as well as encouraging the development and adoption of Shared Care Records in particular.
- NHS Assembly NHS 75 report (June 2023) - reinforces many of the existing digital and data commitments but also makes increasing reference to adoption of Artificial Intelligence (AI) to improve operational efficiency.
- Relicensing of Academic Health Science Networks (AHSNs) into Health Innovation Networks (HINs) from October 2023, with a key focus of these organisations being the development and adoption of innovation, for which digital and data has a key role going forward across systems.
- NHS England/Digital/Health Education England merger, leading to a 30 – 40% headcount reduction with a significant number of these changes affecting former NHS Digital colleagues (and senior digital leaders in NHS England)
- Reduction of in-year national digital funding as a result of the requirement to fund the various NHS pay awards and the need to focus on reducing elective waits and preparation of the NHS for next winter. This has led to some changes in digital and data targets, including (most significantly) the date for 100% rollout of EPRs in NHS Trusts to be pushed back to March 2026 (from 2025) as Frontline Digitisation funding is reprofiled.
- Funding provision for new government priorities. To date in 23/24, this has included funding to support the deployment of Patient Empowerment Portals (PEPs) in non-specialist acute trusts by September 2023, financial support for Electronic Bed Management Systems (with LUHFT and Warrington and Halton Hospitals being in the first phase of this programme) and the introduction of automated System Control Centres ahead of the forthcoming winter).

5.16 **Changes in regional and system context.** In addition to the national changes outlined in Section 5.3 above, there have also been some significant changes in regional and ICS context which have impacted the commitments outlined in the Digital and Data strategy. These include:

- Development of the 23/24 operational plan and the five-year Joint Forward Plan (JFP), the former making extensive reference to digital throughout the various sections of the document and the latter focussing on the adoption and utilisation of Shared Care Records across all care settings
- Liverpool Clinical Services Review, which from a digital perspective has led to follow on work regarding how the Liverpool Trusts can more effectively align their EPR systems (and other digital developments) in future as the other recommendations from the review move forward.
- Better understanding of NHS Provider and ICS level digital maturity through completion of the national Digital Maturity Assessment (DMA) exercise. Follow on work has also been undertaken with the Trust Chief Information Officers (CIOs) to understand their requirements for levels of digital maturity by 2025 (end of the current digital and data strategy period) and 2027 as well as the priorities for investment in a resource constrained environment. This work places an emphasis on the need to prioritise developments in EPR, cyber security, shared care records, population health platforms and the development of capacity and capability in the digital and data workforce to support the increasing requirements from digital by organisations.

- Development of Places and Place based plans, with an increasing understanding of how digital and data can best support delivery of those plans (although there is further work to do around more detailed planning alignment with the ICS level digital and data strategy)
- 30% running cost reduction target for ICBs which has impacted the ICB digital team significantly as there have been delays in getting an initial substantive digital team into post, and due to the timings of these appointments, the agreed structure is currently carrying a number of vacancies making it difficult for the team to deliver against agreed requirements.

6. Link to ICB Strategic Priorities

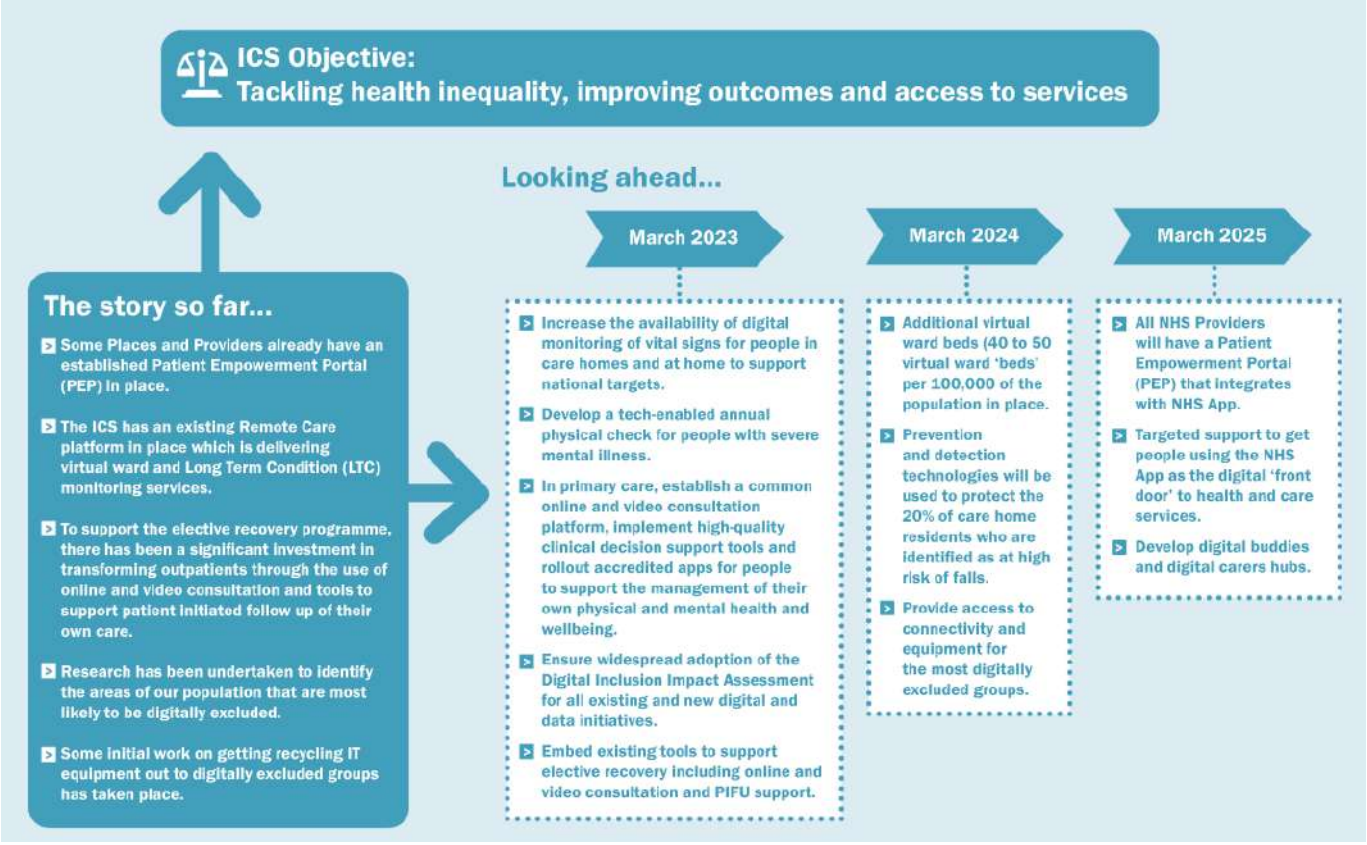
6.1 The mapping between the ICB Strategic Priorities and the digital and data strategy commitments is outlined below. This alignment work can also be found in Section 10 of the strategy published last November.

6.2 A review of the strategy commitments against these priorities highlights that:

- The vision, mission and goals outlined in the strategy remain valid and do not require refreshing.
- Due to changes in national landscape and funding, some of the target dates associated with the strategy commitments linked to key national priorities referenced in the strategy need updating. These include:
  - NHS Provider adoption of minimum standard Electronic Patient Records needs adjusting to 95% of Trusts by March 2025 and 100% of Trusts by March 2026 (with the 90% target by December 2023 being removed completely)
  - Inclusion of a commitment for all trusts to adopt barcode scanning of high-risk medical devices by March 2024
  - Inclusion of the key ICS commitments outlined in the Cyber Security strategy for Health and Social Care, the Primary Care Access Recovery Plan and the NHS Planning Requirements for 23/24
  - Inclusion of any targets for new in-year national digital priorities including Bed Management Systems and System Control Centres, and an update to existing targets impacted by in-year funding (such as PEPs).
- Some of the locally agreed strategy commitments will be difficult to deliver in the timeframes outlined in the strategy due to:
  - Lack of specified and/or recurrent funding streams to support delivery.
  - Lack of resource to support implementation.
  - Changing local priorities as outlined above.

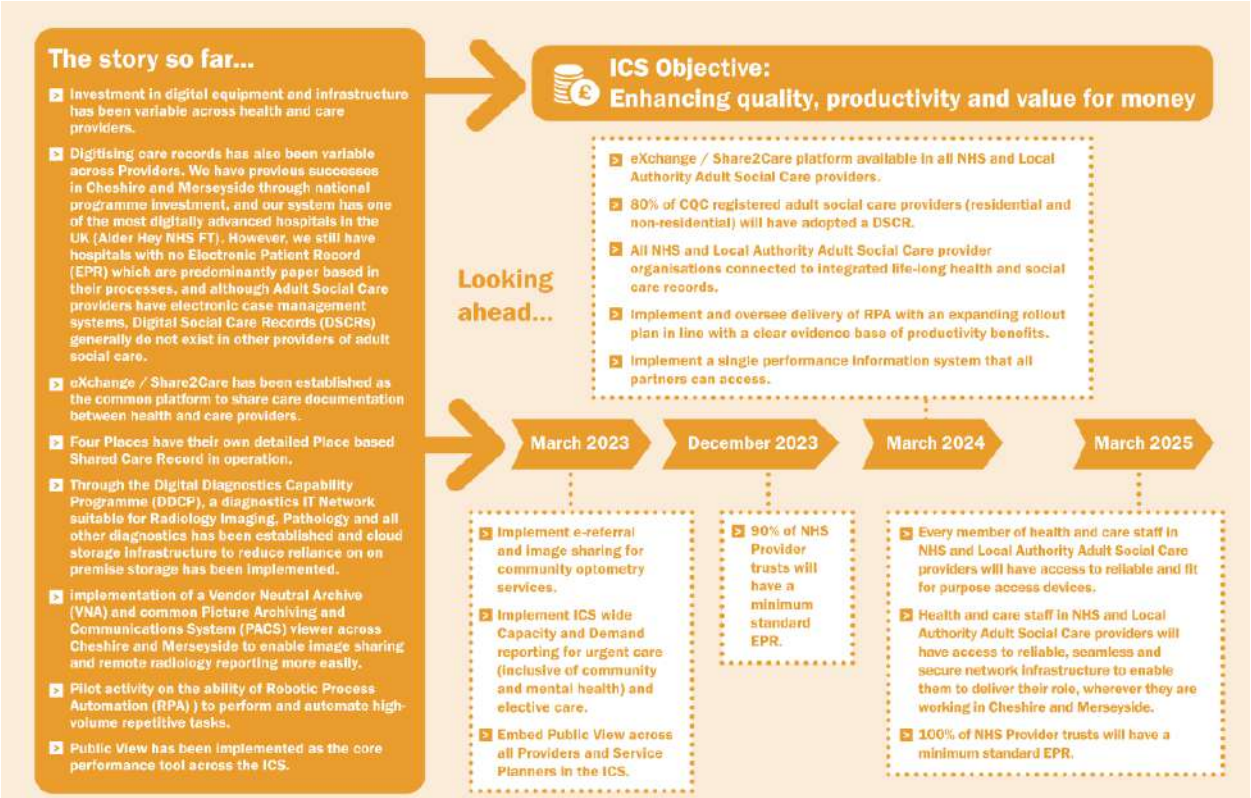
6.3 These commitments will require detailed review, risk assessment and an agreement to change target date (through the appropriate governance route) where applicable.

Priority One: **Tackling Health Inequalities in access, outcomes and experience.**

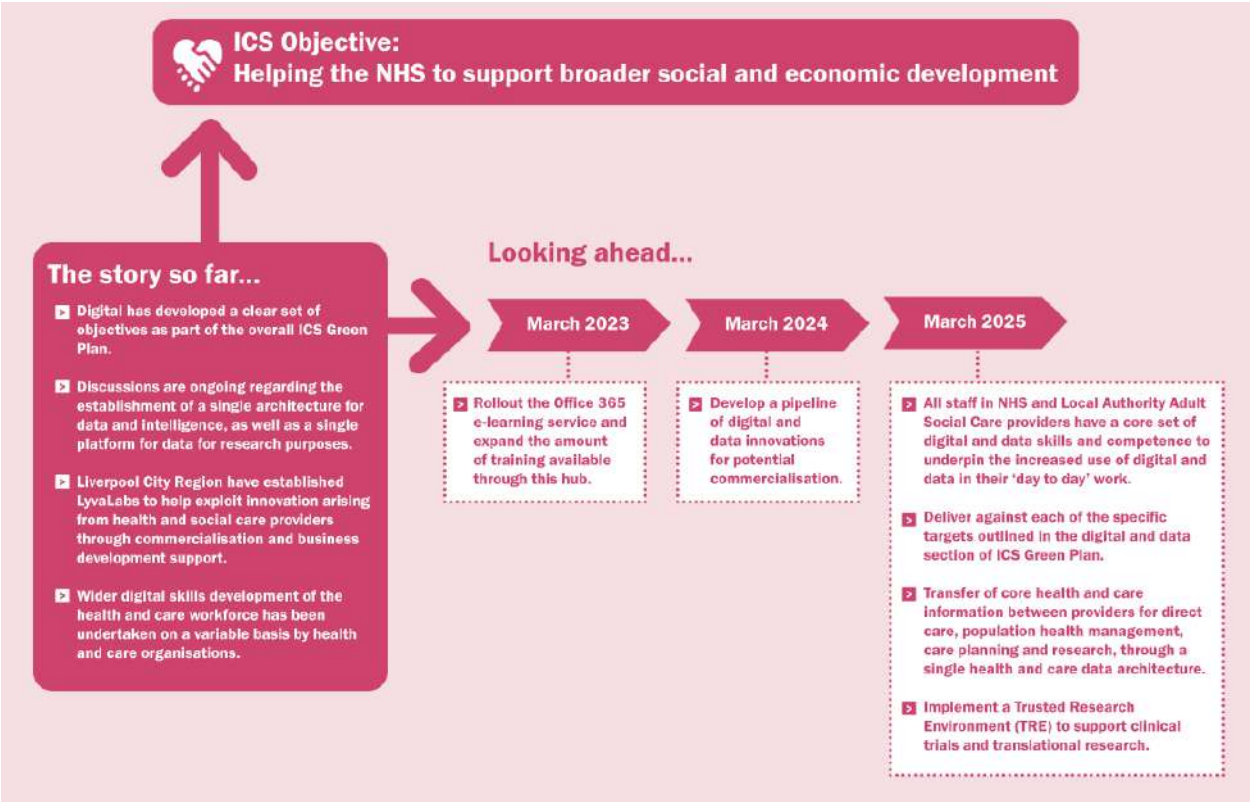


Priority Two: Improving Population Health and Healthcare

Priority Three: Enhancing Productivity and Value for Money

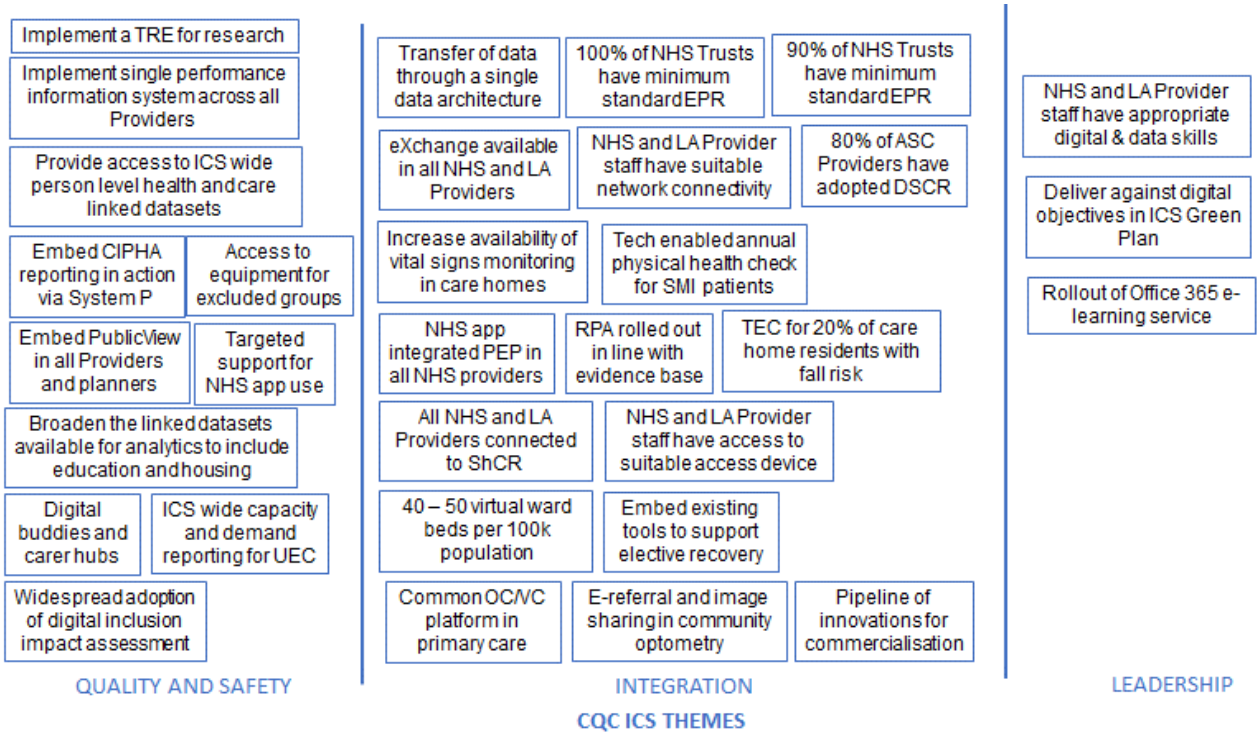


Priority Four: Helping to support broader social and economic.



7. Link to CQC ICS Themes and Quality Statements

7.1 An initial mapping between the CQC ICS themes and the digital and data strategy commitments is outlined below. Further, more detailed mapping work will be undertaken in due course to clearly demonstrate how the strategy supports the quality and safety, integration and leadership agendas.



8. Risks

8.1 The key risks to delivery of the existing strategy commitments are:

- ICB Corporate Risk 4DR: Lack of national funding (capital and revenue) to support delivery of nationally mandated digital and data targets. If the ICB is unable to obtain external funding, predominantly through the Frontline Digitisation programme and matched with local investment, then there is a risk that digital maturity will not improve to deliver Minimum Digital Foundations as defined in the What Good Looks Like framework and referred to in the 2023/4 NHS Priorities and operational planning guidance. This would ultimately impact on delivery of significant elements of the digital and data strategy, which means there is a risk that target dates for delivery will not be met.
- ICB Corporate Risk 5DR: Lack of system funding to support investment into locally agreed priorities in the current digital and data strategy. As per the other key funding risks, this means that there is a risk that locally determined digital and data priorities will not be delivered in the timeframes required.
- ICB Corporate Risks 8DR – 10DR: Lack of access to skilled capacity and capability to support existing and newly identified targets, with a particular focus on access to capability to support system wide cyber security developments (Risk 8DR). Without this, there is a risk of a cyber-attack on individual

organisations and / or multi organisation systems which would severely impact the ability to deliver safe, high quality patient care.

8.2 If one or more of these risks materialise, this would mean that the ICB would be unable to meet:

- its statutory obligations around digital maturity.
- its own objectives endorsed through the digital and data strategy and.
- nationally prescribed digital obligations through the operational planning guidance.

9. Finance

9.1 When the ICS Digital and Data strategy was endorsed in November 2022, it was noted that a detailed investment plan to underpin delivery of the strategy commitments was in development.

9.2 Further work has been undertaken at a high level to map out the current sources of funding (capital and revenue, recurrent and non-recurrent) for each of the strategy commitments along with a high level risk assessment of the financial gap and the impact on both the delivery of the strategy commitment and current operational services of that funding not being made available on a sustainable basis (bearing in mind that a number of digital programmes in particular have been funded either through capital (without the associated on-going revenue costs) or on a non-recurrent basis.

9.3 Based on this assessment, the focus of action has been on ensuring that business cases are developed and approved for those digital and data systems and programmes that carry the biggest risk to the system if they didn't continue and/or require an investment decision most urgently. A good example of this is confirming on-going investment to support the development of CIPHA and the associated provision of a platform to support Place based implementation of shared care records. However, there is a need to develop an up-to-date and detailed digital and data investment plan that reflects all the current and proposed new strategy commitments to inform a discussion around priorities for investment based on value, achievability and the latest priorities of the ICB. The digital team will use the ICB Prioritisation Tool to ensure future investment priorities are targeted appropriately.

10. Communication and Engagement

10.1 There has been no additional engagement regarding any update to the strategy commitments outside of the formal digital and data governance and reporting arrangements that are currently in place (i.e., through the Digital Transformation and Clinical Improvement Assurance Board, which reports into the ICB Transformation Committee.

10.2 As noted, when the strategy was endorsed in November last year, the three year digital and data strategy was developed following extensive engagement with a

wide range of stakeholders including representatives from patient and public groups.

11. Health Inequalities, Equality, Diversity and Inclusion

11.1 As noted at the time the strategy was endorsed:

- The development of the strategy was undertaken in line with Public Sector Equality Duty principles.
- Addressing health inequalities is at the heart of the digital and data strategy, outlining how we plan to put 'intelligence into action' through the use of increasingly sophisticated ways of understanding the health and care needs of our population, and then finding and intervening for those in greatest need to 'turn the dials' on improvement in their health and care outcomes in an equitable way.
- The strategy also addresses digital exclusion, and building on research that has already taken place, a number of actions are proposed to ensure that proactive steps are taken to ensure that everyone who struggles to access and engage with digital technologies has the opportunity to do so or is provided with an alternative means of service (to ensure we retain equity of provision). for health and care.

12. Workforce

12.1 As with environmental sustainability outlined in Section 12 above, the ICS Digital and Data Strategy has 'Developing and retaining a highly skilled workforce' as one of its Critical Success Factors. This section includes a number of commitments for developing digital and data specialists as well as digital and data skills in the wider workforce.

12.2 Any changes in strategy commitments will have limited impact on existing digital workforce commitments.

13. Next Steps and Responsible Person to take forward

13.1 Following Board endorsement, the next steps are to:

- Update the agreed list of strategy commitments based on the changes outlined in this document and continue to report progress and issues through the Digital Transformation and Clinical Improvement Assurance Board in the first instance (with summary reporting through to ICB Transformation Committee as required)
- Review the other outstanding strategy commitments and undertake a prioritisation exercise (using the ICB Prioritisation Tool) with a wide range of stakeholders to ensure that the limited resources and funding are utilised to have the greatest impact on the ICB strategic priorities. This will be recommended for approval by Digital Transformation and Clinical Improvement Assurance Board and approved by Transformation Committee

- Develop a detailed digital and data investment plan to confirm the funding and resources required to deliver against the agreed priority strategy commitments arising from the prioritisation exercise outlined above. This will be reviewed and endorsed by ICB Transformation Committee and then approved by the ICB Finance, Investment and Resources Committee.
- Develop and implement an agreed process to review and prioritise the strategy commitments on a six monthly basis, taking any proposed changes through ICB Transformation Committee and ICB Board as required.

13.2 These actions will be taken forward through the office of the Chief Digital and Information Officer in the ICB.

14. Officer contact details for more information

John Llewellyn, Chief Digital and Information Officer, Cheshire and Merseyside ICB.

NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 September 2023

ICB Operational Scheme of Delegation Update

Agenda Item No	**ICB/09/23/23**
Report author & contact details	Charlotte Hinchliffe – Senior Finance Manager – Planning charlotte.hinchliffe@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director)	Claire Wilson, Executive Director of Finance
Responsible Officer to take actions forward	Rebecca Tunstall, Associate Director of Finance (Planning and Reporting)

ICB Operational Scheme of Delegation Update

<table>
<tr><td>Executive Summary</td><td colspan="5">The Board first agreed an update to the ICB's Operational Scheme of Delegation at its meeting in January 2023. 1.2 As the organisation has passed the 12 months milestone a review has been undertaken of the existing limits and several amendments have therefore been proposed to help improve / clarify a number of areas of decision making for the organisation. The changes proposed will:

• Support delegation of authority and accountability to place teams in line with the refreshed ICB Operating Model
• Support effective working of the ICB committees following feedback from recent effective reviews undertaken.
• Correct for anomalies and gaps identified in the current SORD during the ICBs first year of operation.

This will be further supported by a roll out of further training on aspects of the Operational Scheme of Delegation alongside further finance, contracting and procurement training and education to ensure effective approach for the organisation.</td></tr>
<tr><td rowspan="2">Purpose (x)</td><td>For information / note</td><td>For decision / approval</td><td>For assurance</td><td>For ratification</td><td>For endorsement</td></tr>
<tr><td></td><td>X</td><td></td><td></td><td></td></tr>
<tr><td>Recommendation</td><td colspan="5">The Board is asked to:
• APPROVE the updates to NHS Cheshire and Merseyside ICB Operational Scheme of Delegation.
• NOTE the authorised signatory list has been updated to reflect the updated Operational Scheme of Delegation.
• NOTE the intention to roll out further training on aspects of Operational Scheme of Delegation alongside further finance, contracting and procurement training and education to ensure effective approach for the organisation.</td></tr>
<tr><td>Key issues</td><td colspan="5">• Planned review of Operational Scheme of Delegation has taken place and will be kept under review as organisational requirements continue to develop.</td></tr>
<tr><td>Key risks</td><td colspan="5">• Further training required across organisation to increase knowledge and understanding on aspects of Operational Scheme of Delegation alongside further finance, contracting and procurement training.</td></tr>
<tr><td rowspan="4">Impact (x)
(further detail to be provided in body of paper)</td><td>Financial</td><td>IM &T</td><td>Workforce</td><td colspan="2">Estate</td></tr>
<tr><td>X</td><td></td><td>X</td><td colspan="2"></td></tr>
<tr><td>Legal</td><td>Health Inequalities</td><td>EDI</td><td colspan="2">Sustainability</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Route to this meeting</td><td colspan="5">A version of this report was considered on the 05 September 2023 by the ICBS Audit Committee, where support for the proposed changes was received by the Committee.</td></tr>
<tr><td>Management of Conflicts of Interest</td><td colspan="5">No known implications – to kept under further review as changes are implemented and monitored operationally. Any conflicts will be addressed with due consideration of the ICB Conflict of Interests policy.</td></tr>
<tr><td>Patient and Public Engagement</td><td colspan="5">Not Required.</td></tr>
</table>

Equality, Diversity, and Inclusion	No known implications – to kept under further review as changes are implemented and monitored operationally.	
Health inequalities	No known implications – to kept under further review as changes are implemented and monitored operationally.	
Next Steps	Once the updated to the Operational Scheme of Delegation are approved the document will be cascaded to all levels of the organisation along with the updated Authorised Signatory List. Relevant training on the Operational Scheme of Delegation and Authorised Signatory List will be carried out, alongside further finance, contracting and procurement training to educate all relevant staff, ensuring the organisations corporate governance controls are adhered to.	
Appendices	**Appendix One**	Updated Operational Scheme of Delegation – September 2023
	Appendix Two	List of proposed changes to delegation limits within the Operational Scheme of Delegation

ICB Operational Scheme of Delegation Update

1. Executive Summary

1.1 The Board first agreed an update to the ICB's Operational Scheme of Delegation at its meeting in January 2023. As the organisation has passed the 12 months milestone a review has been undertaken of the existing limits and several amendments have therefore been proposed to help improve / clarify a number of areas of decision making for the organisation. The changes proposed will:

- Support delegation of authority and accountability to place teams in line with the refreshed ICB Operating Model
- Support effective working of the ICB committees following feedback from recent effective reviews undertaken.
- Correct for anomalies and gaps identified in the current SORD during the ICBs first year of operation.

1.2 This will be further supported by a roll out of further training on aspects of the Operational Scheme of Delegation alongside further finance, contracting and procurement training and education to ensure effective approach for the organisation.

2. Introduction / Background

2.1 The purpose of the ICBs Scheme of Reservation and Delegation (SORD) is to set out where, or to whom, functions and decisions have been delegated.

2.2 The SORD sets out:

- those functions that are reserved to the board;
- those functions that have been delegated to an individual or to committees and sub committees; and
- those functions delegated to another body or to be exercised jointly with another body.

2.3 The ICB agreed its SORD at the inaugural board meeting on the 01 July 2022, noting that only the Board may agree the SORD and amendments to the SORD may only be approved by the board. In support of this an 'Operational Limits' SORD (OSORD) is produced in order to help with the implementation of the agreed delegations at an operational level and setting out the limits for committee/ officers as part of agreeing the organisations approach to decision making. The Board also has the retained authority to approve the OSORD.

2.4 Given that the organisation has reached its 12 months milestone, the OSORD has been reviewed to reflect any required changes in terms of the developing ICB operating model and based on operational effectiveness review of the current approach to delegation. The set of changes are proposed in this paper will continue to be kept under review on a regular basis.

2.5 A programme of work has been ongoing over the last six months to develop and articulate the ICB Operating Model. The changes to the OSORD are intended to support place colleagues in the day to day operation of place and the management of place budgets whilst balancing the need to maintain financial control particularly in relation to expenditure outside of agreed plans/contracts and where agency/consultancy is required.

3. Review of Change

3.1 The specific proposed changes to the previously agreed OSORD are set out below and highlighted in Appendix One of the paper:

Delegation Limits
A table detailing the proposed changes to the OSORD limits can be found in Appendix Two. All changes proposed aim to reflect further developments in the ICB governance structure and operating model.

Additions
An additional section has been added, Ref R – Individual Packages of Care – providing limits for approval of care packages.

Deletions

- Original Ref F4 - Recharges from other public sector bodies not included within agreed annual budgets.
  Reason - Separate section not required, this section will fall under revised sections F and H.

- Original Ref F6 - Approval of all other non-healthcare requisitions
  *With appropriate consideration of procurement requirements.
  Reason – Within the revised section F4.

- Original Ref H4 - Secondary Care Capital Expenditure Approval (within ICB allocation) NB - Capital Plan to be approved by the ICB for each financial year.
  Reason – Not relevant to the ICB, the ICB currently has no Secondary Capital allocation (Primary Care Capital separate).

- Original Ref I4 - Approval of ICB Procurement Plan etc.
  Reason – Duplicate of Original Ref K8.

- Original Ref K4 - Approval to issue a Formal Tender In compliance with 'Public Contract Regulations 2015 and amendments'.
  Reason - Within the revised sections K2.

- Original Ref K6 - Non-Healthcare -Expenditure below quite threshold (quotes still recommended to secure VFM)
  Reason - Within the revised sections K2.

3.2 In addition to the detailed changes in 3.1 the order of the individual categories has been revised to improve the overall flow of the document and the processes the OSORD supports.

4. Post Audit Committee Endorsement

4.1 A version of this report was considered on the 05 September 2023 by the ICBs Audit Committee, where support for the above proposed changes was received by the Committee. Following the committee there has been further engagement / feedback received and the following minor changes have been proposed:

- Correction to Ref B NHSLA (NHS Litigation Authority) should be NHSR (NHS Resolution).
- Delegation Limits Ref B, Litigation Claim Payments – propose ICB Executive Director of Finance limit to change from 'up to £50k' to 'up to £500k'.
- Ref P1, Approve Complaints Responses and Letters to Politicians and Media Responses – include ICB Executive Director of Finance and Associate Director of Corporate Affairs and Governance as additional contingency cover as and when required.
- Ref P2, Approve Public Consultation Material – delegation added for the ICB Board and removed for the ICB Chief Executive and ICB Assistant Chief Executive.
- Update Ref P4 narrative to include 'Approve FOI Responses and Subject Access Requests', plus change of title within Other named ICB Officers from 'Corporate Affairs / Governance Lead' to 'Associate Director of Corporate Affairs and Governance'.
- Ref P5, Approve Annual Engagement & Communication Plan – reference to delegation of authority removed for the ICB Assistant Chief Executive, as that authority is retained by the Board.

5. Recommendations

5.1 **The Board is asked to:**

- **APPROVE** the updates to NHS Cheshire and Merseyside ICB Operational Scheme of Delegation.
- **NOTE** the authorised signatory list has been updated to reflect the updated Operational Scheme of Delegation.
- **NOTE** the intention to roll out further training on aspects of Operational Scheme of Delegation alongside further finance, contracting and procurement training and education to ensure effective approach for the organisation.

6. Next Steps

6.1 Once the updates to the OSORD are approved, the document will be cascaded to all levels of the organisation along with the updated Authorised Signatory List.

6.2 Relevant training on the OSORD and Authorised Signatory List will be carried out, alongside further finance, contracting and procurement training to educate all relevant staff, ensuring the organisations corporate governance controls are adhered to.

7. Officer contact details for more information

Charlotte Hinchliffe
Senior Finance Manger -Planning
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Section	Description	Reserved By:												
		Integrated Care Board (ICB)	Finance, Investment & Resources Committee	Transformation Committee	Quality & Performance Committee	Primary Care Committee	Place Committees	ICB Chief Executive	ICB Executive Director of Finance	ICB Deputy Director of Finance	ICB Executive Directors (Nursing / Medical)	Other ICB Directors (Named as Applicable)	Place Directors	Other named ICB Officer (or as per ICB authorised signatory list)
A	**ACCEPTANCE OF GIFTS, HOSPITALITY & SPONSORSHIP** (Governance Lead to maintain a register of declared gifts and hospitality received)							Gifts over £50	Gifts over £50		Gifts up to £50	Gifts up to £50	Gifts up to £50	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
B	**LITIGATION CLAIM PAYMENTS** Medical negligence and other litigation payments made on the advice of NHS Resolution	Over £1,000,000						Up to £1,000,000	Up to £500,000					
C	**LOSSES & SPECIAL PAYMENTS** (CFO to maintain a register of losses and special payments (including bad debts to be written off). All payments to be reported to the Audit Committee.	Over £500,000	Up to £500,000					Up to £100,000	Up to £50,000	Up to £5,000				
D	**PETTY CASH FLOAT**													
D1	Authorisation to set up float							Over £300	Over £300	Up to £300 float				
D2	Replenish petty cash float													Head of Financial Services (or equivalent role)
D3	Issue petty cash								Up to £50	Up to £50				Associate Director of Finance (Place)
E	**CREDIT CARD**													
E1	Account signatories (who can make changes to the account, authorise additional card holders, amend card limit)							X	X	X				
E2	Authorise single transaction (single transaction limit £2,500)							X	X	X	X	X	X	X
F	**REQUISTIONING GOODS & SERVICES: NON-HEALTHCARE**													
F1	Utilisation of External Agency Staff (based on total expected cost as per below notes) Supporting Notes: a) Prior approval from the ICB Vacancy Panel must be sought for all consultancy requests regardless of value. b) Prior approval from NHSE must be sought for: · Any appointments over £600 per day; or · any appointments for over a 6 month period, or · any appointment with significant influence (e.g. ICB roles). c) prior to recruitment HR must conduct and sign off with relevant Director acknowledgement of IR35 compliance and/or status confirmation and in line with agreed ICB IR35 policy	Over £500,000	Over £150,000					Up to £150,000	Up to £150,000	Up to £25,000	Up to £25,000	Up to £25,000	Up to £25,000	Up to £25,000
F2	Utilisation of Consultancy (based on total expected cost as per below notes). Supporting Notes a) Prior approval from the ICB Vacancy Panel must be sought for all consultancy requests regardless of value. a) Prior approval from NHSE must be sought for: ·Any expenditure above £50,000: or Any appointments over £600 per day; or · Any appointments for over a 6 month period, or · Any appointment with significant influence (e.g. ICB roles) b) prior to recruitment HR must conduct and sign off with relevant Director acknowledgement of IR35 compliance and/or status confirmation and in line with agreed ICB IR35 policy	Over £500,000	Up to £500,000					Up to £150,000	Up to £150,000		Up to £25,000	Up to £25,000	Up to £25,000	
F3	Services including IT, maintenance, and support services (over lifetime of contract) where not included within agreed annual budgets	Over £2,000,000	Up to £2,000,000					Up to £1,000,000	Up to £500,000		Up to £250,000	Up to £250,000	Up to £250,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List

Section	Description	Reserved By:												
		Integrated Care Board (ICB)	Finance, Investment & Resources Committee	Transformation Committee	Quality & Performance Committee	Primary Care Committee	Place Committees	ICB Chief Executive	ICB Executive Director of Finance	ICB Deputy Director of Finance	ICB Executive Directors (Nursing / Medical)	Other ICB Directors (Named as Applicable)	Place Directors	Other named ICB Officer (or as per ICB authorised signatory list)
F4	Approval of non-healthcare payments within agreed budget *With appropriate consideration of procurement requirements							Up to £2,000,000	Up to £2,000,000	Up to £500,000	Up to £500,000	Up to £500,000	Up to £500,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
G	**RELOCATION EXPENSES** In line with Policy approved by ICB Remuneration Committee							Over £8,500	Up to £8,500					
H	**DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES**													
H1	Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations (e.g new in-year) c) other identified income streams (e.g other agencies / recharges)	Over £10,000,000	Up to £5,000,000	Up to £1,000,000		Up to £1,000,000 *Primary Care Related		Up to £5,000,000	Up to £3,000,000	Up to £1,000,000	Up to £1,000,000	Up to £1,000,000	Up to £1,000,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
H2	Where not included in approved financial plan (but still subject to ICB Executive / Place Leadership Team Approval) N.B any material underspend / variation from plan at individual budget holder level cannot be reinvested / redirected (see Virement Policy - Section L) without Executive team approval due to overall financial management requirements of the ICB.	Over £5,000,000	Up to £1,000,000			Up to £500,000 *Primary Care Related		Up to £500,000	Up to £500,000		Up to £250,000	Up to £250,000	Up to £250,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
H3	Primary Care Capital Expenditure Approval (within ICB allocation) NB - Capital Plan to be approved by the ICB for each financial year	Over £1,000,000				Up to £1,000,000 *Primary Care Related		Up to £1,000,000 (in urgent cases)	Up to £500,000 (in urgent cases)					
I	**CONTRACTING**													
I1	Signing of Healthcare Contracts including S75 agreements. S75 approval via place governance processes in line with S75 agreements operational policy. (Annual Contract Value)							Over £500,000,000	Up to £500,000,000	Up to £75,000,000			Up to £100,000,000	
I2	Approval of Healthcare Contract Payments All healthcare contract payments must be supported by signed contract (see I1).							As per agreed plan / budget value	As per agreed plan / budget value)	As per agreed plan / budget value)		As per agreed plan / budget value	As per agreed plan / budget value	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
I3	Signing of Non-Healthcare Contracts (Annual Contract Value)							Over £10,000,000	Up to £3,000,000	Up to £1,000,000		Up to £1,000,000	Up to £1,000,000	Up to £100,000
J	**APPROVAL OF OTHER HEALTHCARE PAYMENTS WITHIN BUDGET** See authorised signatory list for approval limits for other officers.							Over £1,000,000	Up to £1,000,000	Up to £100,000	Up to £250,000	Up to £250,000	Up to £250,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
K	**QUOTATIONS AND TENDERS HEALTHCARE / NON-HEALTHCARE**													
K1	Approval of ICB Procurement Plan		X											
K2	Procurement Route Decision Whether to put Healthcare Service Out to Tender (Annual Contract Value)	X (For Novel or Contentious issues escalated by FIR Committee)	X (Novel or Contentious Procurement Decisions to be escalated to the Board)			Up to £3,000,000		Up to £5,000,000	Up to £3,000,000	Up to £1,000,000				
K3	Approval of Quote		£20,000 to procurement thresholds in line with delegated limits for expenditure type Minimum of three written quotes required											
K4	Quotation Waiver Approval (Total Contract Value – see detailed financial policy on tendering when permissible)		£20,000 to procurement thresholds in line with delegated limits for expenditure type											
K5	Procurement through approved national / local framework agreement (in line with call off rules)		From £20k to delegated budgeted limit for expenditure type (with approval from procurement team) Above delegated budgeted limits, subject to Finance, Investment & Resources Committee Approval											
K6	Tender Waiver Approval	In line with limits for procurement route decisions N.B. Reporting of all Tender Waiver Approval to Audit Committee												
K7	Opening of Tender Documentation (where not received electronically) (at least 2 people from list)							X	X	X	X			

Section	Description	Reserved By:												
		Integrated Care Board (ICB)	Finance, Investment & Resources Committee	Transformation Committee	Quality & Performance Committee	Primary Care Committee	Place Committees	ICB Chief Executive	ICB Executive Director of Finance	ICB Deputy Director of Finance	ICB Executive Directors (Nursing / Medical)	Other ICB Directors (Named as Applicable)	Place Directors	Other named ICB Officer (or as per ICB authorised signatory list)
L	**VIREMENT**	Relating to a transfer of funds from an unspent or underspent budget to another; within virement rules to allow greater financial flexibility in using available resources All Transfers must be: • affordable within budget; and • agreed by both budget holders Virements may not be used to create new budgets												
L1	Within Existing Approved Pay or Non-Pay Budgets							Over £1,000,000	Up to £1,000,000	Up to £500,000		Up to £250,000	Up to £250,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
L2	With regards to transfers from reserves (including distribution of new in-year resource / capital allocations)								Up to £70,000,000	Up to £25,000,000				As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List
M	**DISPOSALS AND CONDEMNATION** All assets disposed at market value.	Over £50,000						Up to £50,000	Up to £10,000	Up to £5,000				
N	**CHARITABLE FUNDS** (Not applicable to ICB)													
O	**HUMAN RESOURCES**													
O1	Approve HR Decisions Not Covered By ICB HR Policies or Is Exceptional To Policies (e.g. additional compassionate leave or exceptional carry forward of leave days)							X	X	X	X	X	X	
O2	Decisions As Set Out Within HR Policies (where there is some management discretion e.g. study leave authorisation)							X	X		X	X	X	
O3	Approval of Operational Structure (re staffing and departments), and in accordance with organisation change policy							X						
O4	Approval of Appointment to Posts Below Executive Directors (following approval at Vacancy Panel)								X	X	X	X	X	X
O5	Approval of the below arrangements as required by the the ICB: · Approval of the arrangements for discharging the ICB statutory duties as an employer · Approve human resources policies for ICB employees and for other persons working on behalf of the ICB · Approve any other terms and conditions of services for ICB AFC employees · Approve disciplinary arrangements for ICB employees · Approve arrangements for staff appointments (excluding matters detailed within the Constitution) · Approve the ICBs organisational development plans		X (following endorsement of the People Committee)											
P	**EXTERNAL COMMUNICATIONS & REPORTING**													
P1	Approve Complaints Responses and Letters to Politicians and Media Responses							X	X			X (Assistant Chief Executive)		X Associate Director of Corporate Affairs and Governance
P2	Approve Public Consultation Material	X												
P3	Approve Public & Staff Engagement Material inc Website							X				X (Assistant Chief Executive)		
P4	Approve FOI Responses and Subject Access Requests											X (Assistant Chief Executive)		X Associate Director of Corporate Affairs and Governance
P5	Approve Annual Engagement & Communication Plan	X												
Q	**FINANCE**													
Q1	Approval of Operational Policies as required by the organisation		X											
R	**INDIVIDUAL PACKAGES OF CARE**													

Section	Description	Reserved By:												
		Integrated Care Board (ICB)	Finance, Investment & Resources Committee	Transformation Committee	Quality & Performance Committee	Primary Care Committee	Place Committees	ICB Chief Executive	ICB Executive Director of Finance	ICB Deputy Director of Finance	ICB Executive Directors (Nursing / Medical)	Other ICB Directors (Named as Applicable)	Place Directors	Other named ICB Officer (or as per ICB authorised signatory list)
R1	Approval of Individual Packages of Care (Annual Value)												Over £260,000	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List

Revised Operational Scheme of Delegation Reference		Column	Original	Proposal
A	ACCEPTANCE OF GIFTS, HOSPITALITY & SPONSORSHIP	ICB Executive Directors (Nursing / Medical)	Gifts over £50	Gifts up to £50
C	LOSSES & SPECIAL PAYMENTS	Integrated Care Board (ICB)	Over £100,000	Over £500,000
C	LOSSES & SPECIAL PAYMENTS	Finance, Investment & Resources Committee	Nil	Up to £500,000
E2	CREDIT CARD	ICB Chief Executive	Nil	X (ability to have a credit card and authorise a signal transaction - limit £2,500)
E2	CREDIT CARD	ICB Executive Directors (Nursing / Medical)	Nil	X (ability to have a credit card and authorise a signal transaction - limit £2,500)
E2	CREDIT CARD	Place Directors	Nil	X (ability to have a credit card and authorise a signal transaction - limit £2,500)
F1	Utilisation of External Agency Staff	ICB Chief Executive	Up to £75,000	Up to £150,000
F1	Utilisation of External Agency Staff	ICB Executive Director of Finance	Up to £50,000	Up to £150,000
F1	Utilisation of External Agency Staff	Place Directors	Up to £25,000 (within place based structure)	Up to £25,000
F2	Utilisation of Consultancy	Integrated Care Board (ICB)	Over £150,000	Over £500,000
F2	Utilisation of Consultancy	Finance, Investment & Resources Committee	Over £150,000	Up to £500,000
F2	Utilisation of Consultancy	ICB Chief Executive	Up to £75,000	Up to £150,000
F2	Utilisation of Consultancy	ICB Executive Director of Finance	Up to £50,000	Up to £150,000
F3	Services including IT, maintenance, and support services	Integrated Care Board (ICB)	Over £1,000,000	Over £2,000,000
F3	Services including IT, maintenance, and support services	Finance, Investment & Resources Committee	Over £500,000 and Up to £1,000,000	Up to £2,000,000
F3	Services including IT, maintenance, and support services	ICB Chief Executive	Up to £500,000	Up to £1,000,000
F3	Services including IT, maintenance, and support services	ICB Executive Director of Finance	Up to £250,000	Up to £500,000
F3	Services including IT, maintenance, and support services	ICB Executive Directors (Nursing / Medical)	Up to £100,000	Up to £250,000
F3	Services including IT, maintenance, and support services	Other ICB Directors (Named as Applicable)	Up to £100,000	Up to £250,000
F3	Services including IT, maintenance, and support services (over lifetime of contract) where not included within agreed annual budgets	Place Directors	Nil	Up to £250,000
F4	Approval of non-healthcare payments within agreed budget	Integrated Care Board (ICB)	Over £1,000,000	Nil
F4	Approval of non-healthcare payments within agreed budget	Finance, Investment & Resources Committee	Over £500,000	Nil
F4	Approval of non-healthcare payments within agreed budget	Primary Care Committee	Over £500,000	Nil
F4	Approval of non-healthcare payments within agreed budget	ICB Chief Executive	Up to £500,000	Up to £2,000,000

Revised Operational Scheme of Delegation Reference		Column	Original	Proposal
F4	Approval of non-healthcare payments within agreed budget	ICB Executive Director of Finance	Up to £250,000	Up to £2,000,000
F4	Approval of non-healthcare payments within agreed budget	ICB Deputy Director of Finance	Up to £100,000	Up to £500,000
F4	Approval of non-healthcare payments within agreed budget	ICB Executive Directors (Nursing / Medical)	Up to £100,000	Up to £500,000
F4	Approval of non-healthcare payments within agreed budget	Other ICB Directors (Named as Applicable)	Up to £100,000	Up to £500,000
F4	Approval of non-healthcare payments within agreed budget	Place Directors	Up to £100,000	Up to £500,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	Integrated Care Board (ICB)	Over £1,000,000	Over £10,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	Finance, Investment & Resources Committee	Up to £1,000,000	Up to £5,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	Transformation Committee	Nil	Up to £1,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	ICB Chief Executive	Up to £1,000,000	Up to £5,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	ICB Executive Director of Finance	Up to £1,000,000	Up to £3,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	ICB Deputy Director of Finance	Up to £100,000 (within approved budget)	Up to £1,000,000

Revised Operational Scheme of Delegation Reference		Column	Original	Proposal
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	ICB Executive Directors (Nursing / Medical)	Up to £250,000 (within approved budget)	Up to £1,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	Other ICB Directors (Named as Applicable)	Up to £250,000 (within approved budget)	Up to £1,000,000
H1	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where funding is: a) available and identified within agreed financial plan or b) from additional notified resource allocations c) other identified income streams	Place Directors	Up to £250,000 (within approved budget)	Up to £1,000,000
H2	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where not included in approved financial plan	ICB Chief Executive	Up to £250,000	Up to £500,000
H2	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where not included in approved financial plan	ICB Executive Director of Finance	Up to £100,000	Up to £500,000
H2	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where not included in approved financial plan	ICB Executive Directors (Nursing / Medical)	Up to £100,000	Up to £250,000
H2	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where not included in approved financial plan	Other ICB Directors (Named as Applicable)	Up to £100,000	Up to £250,000
H2	DECISION TO APPROVE 'NEW' INVESTMENT BUSINESS CASES Where not included in approved financial plan	Place Directors	Up to £100,000	Up to £250,000
I1	Signing of Healthcare Contracts including S75 agreements.	ICB Chief Executive	Over £150,000,000	Over £500,000,000
I1	Signing of Healthcare Contracts including S75 agreements.	ICB Executive Director of Finance	Up to £150,000,000	Up to £500,000,000
I1	Signing of Healthcare Contracts including S75 agreements.	ICB Deputy Director of Finance	Up to £50,000,000	Up to £75,000,000
I1	Signing of Healthcare Contracts including S75 agreements.	Place Directors	Nil	Up to £100,000,000
I3	Signing of Non-Healthcare Contracts	ICB Chief Executive	Nil	Over £10,000,000
I3	Signing of Non-Healthcare Contracts	ICB Executive Director of Finance	Up to £250,000	Up to £3,000,000
I3	Signing of Non-Healthcare Contracts	ICB Deputy Director of Finance	Up to £100,000	Up to £1,000,000

Revised Operational Scheme of Delegation Reference		Column	Original	Proposal	
I3	Signing of Non-Healthcare Contracts	Other ICB Directors (Named as Applicable)	Up to £100,000	Up to £1,000,000	
I3	Signing of Non-Healthcare Contracts	Place Directors	Up to £100,000	Up to £1,000,000	
I3	Signing of Non-Healthcare Contracts	Finance, Investment & Resources Committee	Over £250,000	Nil	
J	APPROVAL OF OTHER HEALTHCARE PAYMENTS WITHIN BUDGE	Integrated Care Board (ICB)	Over £1,000,000	Nil	
J	APPROVAL OF OTHER HEALTHCARE PAYMENTS WITHIN BUDGET	Finance, Investment & Resources Committee	Up to £1,000,000	Nil	
J	APPROVAL OF OTHER HEALTHCARE PAYMENTS WITHIN BUDGET	Primary Care Committee	Up to £1,000,000 *Primary Care Related	Nil	
J	APPROVAL OF OTHER HEALTHCARE PAYMENTS WITHIN BUDGET	ICB Chief Executive	Up to £1,000,000	Over £1,000,000	
K2	Procurement Route Decision Whether to put Healthcare Service Out to Tender	ICB Chief Executive	Nil	Up to £5,000,000	
K2	Procurement Route Decision Whether to put Healthcare Service Out to Tender	ICB Executive Director of Finance	Nil	Up to £3,000,000	
K2	Procurement Route Decision Whether to put Healthcare Service Out to Tender	ICB Deputy Director of Finance	Nil	Up to £1,000,000	
K2	Procurement Route Decision Whether to put Healthcare Service Out to Tender	Primary Care Committee	Nil	Up to £3,000,000	
K3	Approval of Quote	All sections exc Board and Audit Committee	Up to delegated limit for additional expenditure within budget £20,000 to Threshold Minimum of three written quotes required	£20,000 to procurement thresholds in line with delegated limits for expenditure type Minimum of three written quotes required	
K4	Quotation Waiver Approval	All sections exc Board and Audit Committee	From £20k to delegated limit for additional expenditure within budget	£20,000 to procurement thresholds in line with delegated limits for expenditure type Minimum of three written quotes required	
L2	VIREMENT With regards to transfers from reserves	ICB Executive Director of Finance	Up to £50,000,000	Up to £70,000,000	
R1	Approval of Individual Packages of Care (Annual Value)	Place Directors	Nil	Over £260,000	
R1	Approval of Individual Packages of Care (Annual Value)	Other ICB Directors (Named as Applicable)	Nil	As delegated by Chief Executive/ CFO at the limits outlined within the Authorised Signatory List	
B	LITIGATION CLAIM PAYMENTS Medical negligence and other litigation payments made on the advice of NHS Resolution	Description	NHSLA	NHS Resolution	*Updated after Audit Committee*
B	LITIGATION CLAIM PAYMENTS Medical negligence and other litigation payments made on the advice of NHS Resolution	ICB Executive Director of Finance	Up to £50,000	Up to £500,000	*Updated after Audit Committee*
P1	Approve Complaints Responses and Letters to Politicians and Media Responses	ICB Executive Director of Finance	Nil	X	*Updated after Audit Committee*
P1	Approve Complaints Responses and Letters to Politicians and Media Responses	Other named ICB Officer (or as per ICB authorised signatory list)	Nil	X Associate Director of Corporate Affairs and Governance	*Updated after Audit Committee*
P2	Approve Public Consultation Material	Integrated Care Board (ICB)	Nil	X	*Updated after Audit Committee*
P2	Approve Public Consultation Material	ICB Chief Executive	X	Nil	*Updated after Audit Committee*
P2	Approve Public Consultation Material	Other ICB Directors (Named as Applicable)	X (Assistant Chief Executive)	Nil	*Updated after Audit Committee*
P4	Approve FOI Responses and Subject Access Requests	Description	Approve FOI Responses	Approve FOI Responses and Subject Access Requests	*Updated after Audit Committee*
P4	Approve FOI Responses and Subject Access Requests	Other named ICB Officer (or as per ICB authorised signatory list)	X Corporate Affairs / Governance Lead	X Associate Director of Corporate Affairs and Governance	*Updated after Audit Committee*
P5	Approve Annual Engagement & Communication Plan	Other ICB Directors (Named as Applicable)	X (Assistant Chief Executive)	Nil	*Updated after Audit Committee*