Thursday 25 May 2023
09:00am-11:45am
Ellesmere Port Civic Hall, Civic Way,
Ellesmere Port, Cheshire, CH65 0AZ

NHS
Cheshire and Merseyside

Meeting of the Integrated Care Board

Agenda

Chair: Raj Jain

The ICB Board meeting 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 ICB Board meeting is live streamed and recorded.

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
09:00am	**Preliminary Business**			
ICB/05/25/01	Welcome, Introductions and Apologies • confirmation of quoracy	Chair	Verbal	-
ICB/05/25/02	Declarations of Interest *(Board members are asked to declare 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	Verbal	-
ICB/05/25/03	Minutes of the previous meeting: • 27 April 2023.	Chair	Paper Approval	Page 4
ICB/05/25/04	Board Action Log	Chair	Paper For note	Page 18
ICB/05/25/05	Board Decision Log	Chair	Paper For note	Page 25
09:10am	**Standing Items**			
ICB/05/25/06	Chairs Announcements	Chair	Verbal	-
ICB/05/25/07	Report of the Chief Executive	GPU	Paper For note	Page 29
ICB/05/25/08	Report of the Place Director	LMA	Paper For note	Page 41
ICB/05/25/09	Resident / Staff Story	-	Presentation For note	-
09:40am	**ICB Key Update Reports**			
ICB/05/25/10	Executive Director of Nursing & Care Update Report	CDO	Paper For noting	Page 70
ICB/05/25/11 **09:50am**	Cheshire & Merseyside ICB Quality and Performance Update Report	AMI	Paper For noting	Page 81
10:00am	**ICB Business Items**			
ICB/05/25/12	NHS Cheshire and Merseyside ICB Financial Plan / Budget 2023 - 2024	CWI	Paper For approval	Page 133
ICB/05/25/13 **10:20am**	Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative - Annual Work Plan 2023-2024	AMA	Paper For Endorsement	Page 155
ICB/05/25/14 **10:40am**	Cheshire & Merseyside ICB Board Assurance Framework	CWA	Paper For approval	Page 190

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PAGE NUMBER
ICB/05/25/15 **11:00am**	Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year	CWA	Paper For information	Page 254
11:10am	**Sub-Committee Reports**			
ICB/05/25/16	Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee	TFO	Paper For noting	Page 262
ICB/05/25/17	Report of the Chair of the Cheshire & Merseyside ICB Audit Committee	NLA	Paper For noting	Page 269
ICB/05/25/18	Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Resources Committee	CWI	Paper For noting	Page 277
ICB/05/25/19	Report of the Chair of the Cheshire & Merseyside ICB System Primary Care Committee	TFO	Paper For noting	Page 282
ICB/05/25/20	Report of the Chair of the Cheshire & Merseyside ICB Women's Services Committee	RJA	Paper For approval	Page 287
11:40am	**Other Formal Business**			
ICB/05/25/21	Closing remarks, review of the meeting and communications from it	Chair	Verbal	-
11:45am	**CLOSE OF MEETING**			

Date and time of next meeting:
29 June 2023 09:00am Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD
A full schedule of meetings, locations, and further details on the work of the ICB can be found here: www.cheshireandmerseyside.nhs.uk

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

AMA	Ann Marr, Partner Member, C&M ICB
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
LMA	Laura Marsh, Acting Place Director (Cheshire West), C&M ICB
NLA	Neil Large, 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

Integrated Care Board Meeting held in Public

Held at Boardroom, The Department, Lewis's Building,
2 Renshaw Street, Liverpool, L1 2SA
Thursday 27 April 2023
9.30am to 11.40pm

UNCONFIRMED Draft Minutes

MEMBERSHIP		
Name	**Initials**	**Role**
Raj Jain	RJA	Chair, Cheshire & Merseyside ICB **(voting member)**
Tony Foy	TFO	Non-Executive Director, Cheshire & Merseyside ICB **(voting member)**
Neil Large	NLA	Non-Executive Director, Cheshire & Merseyside ICB **(voting member)**
Hilary Garratt CBE	HGA	Non-Executive Director, Cheshire & Merseyside ICB **(voting member)**
Erica Morriss	EMO	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)**
Ann Marr OBE	AMA	Partner Member, Chief Executive, St Helens & Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital Trust **(voting member)** (up to item ICB/02/23/13)
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)**
Prof. Joe Rafferty CBE	JRA	Partner Member, Chief Executive Office, Mersey Care NHS Trust, **(voting member)**
Prof. Steven Broomhead	SBR	Partner Member, Chief Executive, Warrington Borough Council **(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
Warren Escadale	WES	Chief Executive, Voluntary Sector North West **(Regular Participant)**
Louise Murtagh	LMU	Corporate Governance Manager, Cheshire & Merseyside ICB (minutes)
Prof. Ian Ashworth	IAS	Director of Public Health representative **(Regular Participant)**
Jayne Parkinson-Loftus	JPL	Healthwatch St Helens
Claire White	CWH	Liverpool CVS

APOLOGIES NOTED – there were no apologies for absence received

Item	Discussion, Outcomes and Action Points	Action by
9.000am	**Preliminary Business**	
ICB/04/27/01	**Welcome, Introductions and Apologies**	
	RJA welcomed all present at the meeting. Attendees were advised that this was a meeting held in public. There were no apologies for absence received.	
ICB/04/27/02	**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 Board.	
ICB/04/27/03	**Minutes of the last meeting – 30 March 2023**	
	Members reviewed the minutes of the meeting held on 30 March 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 30 March 2023.**	
ICB/04/27/04	**Action Log**	
	The Board acknowledged the completed actions and updates provided in the document. Actions ICB-AC-22-24, 25, 34 and 35 were listed on the log as completed and members agreed to close the entries. **The Integrated Care Board noted the Action Log.**	
ICB/04/27/05	**Decision Log**	
	Members reviewed the decision log. It was noted that the full table of contents had not been transferred to the agenda pack. Decisions made since October 2022 had not been included. Members confirmed that the information presented was an accurate record of substantive decisions made by the Board up to 27 October 2022.	

	It was further noted that there were no emergent actions arising from those decisions that were due for review at this meeting. **Action: MCU to circulate the full decision to members.** **The Integrated Care Board noted the Decision Log.**	**MCU**
9.10am	**STANDING ITEMS**	
ICB/04/27/06	**Chair's Announcements (Raj Jain)**	
	RJA advised that the ICB Board needed resilience in its process and to assist with this the organisation needed a Deputy Chair. To retain independence in the role the non-executive members had been approached and as a result of this Tony Foy had agreed to be the new ICB Deputy Chair.	
ICB/04/27/07	**Report of the Chief Executive (Graham Urwin)**	
	GPU presented the Chief Executive Report to the Committee and commented on the following items: **<u>Operational System Pressures</u>** As previously reported nationally, Cheshire and Merseyside (C&M) had been highlighted as an outlier due to the high proportion of patients with no criteria to reside currently occupying beds. Representatives from NHS England, the Department of Health and Social Care, the Association of Directors of Adult Social Services, Local Government Association, and the Better Care Fund Programme Team visited the area for an Integrated Discharge summit. Feedback was expected shortly but early shared findings were that the ICS did not have commonality for both hospital and social care. There was no standard offer in some of our processes. A system approach was needed and an improvement plan to cover firstly the whole C&M footprint and then Place level was to be developed. This improvement plan would be presented to the Board in June 2023. SBR added that the visit highlighted the many things that the system was doing right, but this was about what was wrong. There was a need for an intermediate care strategy to cover (C&M). **<u>Industrial Action Update</u>** GPU handed over to AMI to update on industrial action. Members were advised of the wholesale action that had taken place across sectors since December 2022 and that C&M had been disproportionately affected due to numbers who voted to strike. There were concerns around the latest wave of strikes as this time there were no derogations locally. Staffing in critical care, secure units, end of life care, for example would be challenging. In preparation the system had been working together and had an escalation process in place GPU added that consistently the system released a warning message to residents that services would be affected but that emergency provision was	

	still operating. Input from AMI, CSA and the medical teams had been invaluable; however, their time should have been spent elsewhere. The last strike resulted in over 8,000 appointments cancelled, but in reality, 10,000s of patients needed appointment re-organising. This resulted in lots of man hours that could have been spent more productively. **Hewitt Review** Headlines from the review were included in the report. From a personal perspective GPU found the report to be really well rounded and almost provided a mission statement. The document would transcend any change of government if this were to happen and would help to 'shift left' focus on health by getting upstream of health care problems. The full report was available online in time would be presented to the Board. It would form the basis of the work of the Health Care Partnership. **All Age Continuing Healthcare Review** GPU confirmed that there were a number of pieces of work ongoing and details were included in the report. Examples were given to attendees of two residents receiving the same package of care from the same provider, but the cost differed for both, and reviews of packages were provided in some geographies but not in others. These practices needed review to ensure consistency across C&M, but simultaneously a lot of this had to happen in place. Therefore, a single approach with a model that recognises places would be needed. Other updates included in the report covered: • Annual Assessment of Integrated Care Board • Defence Employer Recognition Scheme • NIHR Network Update • Breathing Point' lung health website launched • Covid-19 Update • Eurovision 2023 • Decisions undertaken by the Executive Team. **ACTION: Operational System Pressures - no criteria to reside (NCTR) improvement plan to be presented to the Board in June 2023.** **The Integrated Care Board noted the contents of the report**	
ICB/04/27/08	**Resident/Staff Story**	
	CSA introduced Suzanne Burrage who was an ICB employee. In doing so highlighting that one in three people recognised themselves as carers. Suzanne had recorded a video that was played to attendees. In this she spoke of her struggles of being a carer to a parent with dementia whilst also holding down a full-time job. The recording started with Suzanne sharing personal information about her mum's diagnosis and the pressures that she felt as an only child. Her mum's condition deteriorated in 2019 and she was finding it increasingly	

	harder to look after both parents and hold a senior role in her full-time job. Unfortunately, technical difficulties were encountered, and attendees were unable to continue watching the recording. RJA confirmed that the video was available online (via YouTube) and urged individuals to view following the meeting. PCU questioned what the ICB was doing for unpaid carers and referred to the work carried out by GPs where practices had been asked to identify these people. Unpaid carers made up 10-11% of the population so they needed firstly to be identified and secondly consideration given as to what could be done to help. CWA confirmed that this piece of work had been completed and there was someone leading in the ICB on the findings. **ACTION: CWA to report to be Board on the findings and actions leading from the GP review of unpaid carers/patients.** **The Integrated Care Board noted the presentation and extended its thanks to Suzanne for sharing her experience.**	
9.30am	**ICB Key Update Reports**	
ICB/04/27/09	**Executive Director of Nursing & Care Update Report (Christine Douglas)**	
	CDO's report provided assurance from the Executive Director of Nursing & Care to the Board on the quality, safety and patient experience of services commissioned and provided across the geographical area of C&M. The report updated on: **<u>Industrial Action</u>** The report contained information relating to industrial action but as this had already been covered by GPU and AMI in Item 9 on the agenda members were asked to take the section as read. CDO provided attendees with assurance that the ICB was working with system providers. **<u>Enhancing Health in Care Homes System Collaboration Event</u>** An event had been held in St Helens on 19 April 2023 that brought together over 70 participants from a variety of agencies to look at how the system worked and would continue to work together. Challenges were highlighted in the paper and these include inconsistency of wrap around care, the 'training offer', workforce challenges, the impact of potential care home closure and the continued provision of high-quality care for residents. Workshops at the event covered dementia, falls and end of life care in a care home setting. IAS commented that the work around falls was really welcome. Ensuing discussions questioned how good quality nurses could be encouraged into working at care homes through schemes such as student clinical placements. CDO confirmed that work on this was on-going. There was also a requirement to look at existing staff and retention.	

	Liberty Protection Safeguards CDO confirmed that there had been a delay in the implementation of the Liberty Protection Safeguards (LPS) beyond the life of this Parliament. This was one of a number of decisions taken as part of prioritising work on social care. Patients who were subject to Deprivation of Liberty Safeguards often had very complex packages of care and consistency across C&M was important. CDO confirmed the need to keep our patients safe. **Continuing Health (CHC) Care Objectives 23/24** CDO advised that this item had been touched on by GPU in his report at Item 9. The approach to NHS CHC assurance was to be retained for 2023/24 with continued focus on maintained and improved performance and delivery of the following key NHS CHC Assurance Standards. Reference was made to the three key standards and to CHC budget pressures. Attendees were assured that if the organisation got Quality right then the Finance will follow. CDO confirmed that she would be working on this with the Quality and Performance Committee and Finance, Investment and Resources Committee. **The Integrated Care Board noted the Executive Director of Nursing & Care Update Report.**	
ICB/04/27/10	**Cheshire & Merseyside System Month 12 Finance Report (Claire Wilson)**	
	The report updated the Board on the financial performance of C&M ICS ("the System") for 2022/23, in terms of relative position against its financial plan as submitted to NHS England in June 2022, alongside other measures of financial performance and utilisation of available 'Capital' resources for the financial year. On 31 March 2023 (Month 12), the System reported an aggregate deficit of £29.6m against a planned deficit of £30.3m resulting in a favourable variance for the year of £0.7m. This was an improvement of £4.2m on the position reported at month 11. Cost Improvement Plan performance improved by £47.6m to £335.6m compared to planned efficiencies of £330.9m resulting in a favourable variance of £4.7m for the year. The System delivered the financial position at the end of the year comprising a £42.4m deficit on the provider side, offset by a £12.7m surplus on combined CCG/ICB side. CWI confirmed that figures were draft and had not yet been audited. There would be some technical adjustments to come and the Board would be updated of any changes. Attendees were advised that this position had been achieved through non-recurrent measures and the organisation did not have a plan in place currently to address this for 2023/24. A detailed plan would be brought to the May 2023 Board meeting.	

	EMO brought forward the verbal report of the Chair of the Finance, Investment and Resources Committee (FIRC) listed at Item 18 on the agenda. Key highlights from this were: • Resources – including staff/workforce and were critical to the ICB. A new sub-cttee was being introduced that would concentrate on this. The term of reference and workplan would be shared with the Board • Month 12 position – congratulations were extended to finance team for finalising the 2022/23 accounts. There was acknowledgement that targets had been met by non-recurrent means and that this was of concern for the ICB and the Board • Budget – the impact on the time taken to get to this point had resulted in the system not having a full budget strategy for 2023/24 CWI confirmed that there had been lots of discussion at FIRC and that the focus now was for the new year as there was a gap to be resolved. CWI added that her report was based on financial positions as result of work carried out by providers. SBR advised that local authorities spent 60-70% of its budgets on social care services and that system wide the sector was drastically, structurally underfunded. RJA questioned how this could be brought to life in a position paper, working with local authority colleagues. **ACTION: CWI and SBR to work together on the production of a position paper covering social care provision and funding.** Attendees agreed that although presented under the heading of Finance Report the issues raised were not just financial. There was a need to understand how and where support could be offered to relieve some of the pressure from Finance colleagues. An example provided related to workforce. Section 14 of the report showed Trusts with large deficits and workforce was a theme/driver of deficit. AMA added further that staff were stressed and this caused sickness. This led to those in work covering more which in turn led to further stresses and absenteeism. JRA provided his experience as a mental health services provider (where vacancies were higher than in acute trusts) and it was agreed that organisation could learn from each other. CSA confirmed that planning work was triangulated based on workforce, activity and budget. There was acknowledgement that there had been some difficulties with this during the year. Data was aggregated and discussed at system to determine confidence levels. Where levels were low, consideration was given to different ways of working. Discussions were also on-going around the level of agency staff and associated costs across C&M. RJA summarised that as discussed earlier, this was a finance report but it was not the finance question that drove the situation. **The Integrated Care Board noted the contents of this report in respect**	

	of the Month 12 ICB / ICS financial position for both revenue and capital allocations within the 2022/23 financial year.	
ICB/04/27/11	**Cheshire & Merseyside ICB Quality and Performance Report (Anthony Middleton)**	
	AMI provided an update on the C&M ICB Quality and Performance Report. This included an overview of key sentinel metrics drawn from the 2022/23 Operational plans, specifically Urgent Care, Planned Care, Cancer Care, Mental Health and Primary Care. Key issues identified in the report were listed as: **Urgent and Emergency Care** - the system continued to experience significant and sometimes severe pressure across the whole of C&M. Urgent care figures, ambulance hand over times, 12-hour admissions, attendance figures were showing improvement, but 'No Criteria to Reside' figures and bed occupancy rates remained static. Ambulance response times were recognised as the highest risk and there were discharge plans in place to help with throughput of patients. Prevention was also highlighted as in what was being done to stop patients approaching ER and making ambulance calls inappropriately. **Elective Care –** activity was returning to pre-pan levels. Long waiters over 78 weeks reduced down to 58 patients at the end of the year which was an outstanding achievement considering the starting point of over 3,500 at the start of the year. Those waiting over 65 weeks were to be looked at 2023/24. Providers and Places had signed up to this commitment to reduce numbers and mutual aid etc was becoming the norm. **Cancer** – The same confidence as reported for elective care could be seen in cancer care. Cancer treatment would be at the level were and the 62-day standard could be delivered. Cancer Alliance would be key to delivery. **Mental Health** – this sector was seeing the same pressures as elective and urgent care. Thanks was extended to Merseycare and CWP for the data that was now being sent through for reporting purposes. The reduction in the number of out of area beds was referred to. Members discussed that bed occupancy rates for the sector were often in excess of 100% and if increasing bed numbers was the answer. JRA offered that a better structured housing offer was something that would help with discharge. Also for consideration was the sector's equivalent of corridor care and what sort of treatment could be provided in a non-NHS hospital setting. With respect of out of area placements patient safety was monitored through the ICB's quality and safety processes. Further work around independent services providers was being carried out. The submitted plan for mental health placements with Merseycare showed	

	that there should be no out of area placements. For CWP some patients would be placed out of area. An example was provided that a placement in Wrexham would miss the target but Lancaster would be in area, this was due to how NHS England measured performance. However, the Wrexham placement could be the most appropriate for the patient. The mental health bed base reduced during Covid and had not returned to previous levels. Dormitory style care reduced leading to better quality. This was a positive for patients but had consequences. Additionally the organisation was working on the harmonisation of clinical policies, but this would take time. Delayed discharges for mental health should be viewed the same and as important as any other discharge. **Primary Care** – AIR and NRA were working on how data relating to non-GP services could be provided to the ICS. From GP perspective practices were offering 110% more appointments then pre-pandemic level. A report would be presented to the Board in May 2023 in reference to this. The paper put emphasis on activity data but did not contain much information on quality indicators. It would be good to get more of a narrative on this to the Board. Quality was of equal importance and how the ICB reacted when providers were not delivering quality services. Page 120 of the report referred to segmentation ratings for organisations in C&M. There was work ongoing to bring these organisations down to a maximum of level three. WES reported that C&M ICS had not had a systematic review with a Voluntary Community and Social Enterprise (VCSE) role in it. VCSE had run the pilot in Warrington and Halton Hospital Trust but thought was needed as how the lessons learned could be systematised. Information relating to this would be incorporated into the ICS Improvement Plan. GPU and CWA confirmed that this work crossed boundaries between what the Health Care Partnership and the ICB provided. Work was ongoing to review what services CCGs previously commissioned and how the additional investment by the ICB into the voluntary sector could be used. GPU commented that reports were brought to the Board for assurance and to make members curious. There was a need to consider what was routine as part of standard assurance processes and what is the data that is going to make members curious. The answer to this could be a quarterly focus on specific areas. **The Integrated Care Board noted the contents of the report and took assurance on the actions contained.**	
	ICB Business Items	
ICB/04/27/12	**Intelligence Into Action: Continued provision of ICS digital and data platforms (Rowan Pritchard-Jones)**	
	The paper and presentation by JLL and RPJ sought funding for the continued provisioning of: • the existing ICS population health and data platform with associated	

	tooling and expert resources: • the integrated C2Ai PTL tool across the 10 acute trusts, supporting risk adjusted triage and prioritisation of the Patient Treatment List (PTL). • and associated shared care record over a transition period of two years. • JLL advised subject to approval there would be a procurement exercise undertaken to replace the integrated C2Ai PTL tool. The paper provided the costs to continue with current arrangements post March 2023 and sought approval to continue to fund existing capabilities, whilst linking to a rationalisation and consolidation of shared record capabilities into a single ICS wide solution. ICBs were obliged to provide a population health analytics capability to support key objectives on improving outcomes in population health and health care and tackling inequalities in outcomes, experience, and access. Cheshire and Merseyside capability in this area would potentially be used by NHS England's Digital Maturity Programme as a blueprint for other ICSs. The capability was a key asset for the ICS and demonstrated encouraging results from live initiatives but required ongoing funding to sustain momentum and further develop expertise and capacity. The paper and associated investment was considered at the March 2023 meeting of the Finance, Investment and Resources Committee which recommended the approval of option 2 as listed in the papers. A breakdown of the costs was listed in the report. The slides provided real life examples of the programme benefits showing fuel poverty as one area that that had benefitted from turning intelligence into action. A second example of Telehealth was given that highlighted how targeted monitoring of risk stratified patient cohort drove improvements in patient outcomes. The presentation provided other examples of how insights gained through CIPHA data had led to improved outcomes for patients. JLL referred to the governance framework relating to CIPHER. C&M ICB was the second highest ranked organisation in the country in relation to assurance. Any tools or new stakeholders would be subject to the same level of scrutiny. The final slide in the presentation pack provided the indicative governance for an 'Intelligence into Action' programme. Comments received following presentation included: • The plan was exciting, realistic and ambitious. Members were asked to look at and consider the recommendation covering funding today. The programme and its benefits would be revisited • The opportunity cost was unknown. If the ICB invest in these two programmes what other programmes would miss out on funding, for example a shared care record would make the biggest difference. JLL agreed there that there was a need for a consolidate, common shared record and this was linked to this piece of work. The option appraisal for this would be carried out this financial year.	

	• All health population tools across the system were to be reviewed and would be rationalised where appropriate.
	• The funding of everything the ICS did in the digital space was complicated and not all came from the ICB budget. Some schemes were facilitated by the organisation, business cases built and referred back to NHS England to draw down funds. This was an item that the ICB had discretion over
	• There was further work required to identify benefits realisation and how the systems would be used to get best value for money.
	
	ACTION: Responses to the tabled questions had been drafted and would be shared following the meeting and added to the ICB website
	
	The Integrated Care Board
	• **approved the allocation of funds to support option 2, which will allow for:**
	  ○ **the continued provision of the existing population health and data platform and associated shared care record over a transition period of two years.**
	  ○ **the 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).**	

ICB/04/27/13	**ICB Board Assurance Framework Quarter 1 (Clare Watson)**	
	RJA referred attendees to the report circulated on behalf of CWA and advised that the Board would consider this at its next meeting.	
ICB/04/27/14	**NHS Cheshire and Merseyside ICS NHS Staff Survey 2022-23: Results and Actions (Chris Samosa)**	
	The paper and accompanying presentation by CSA provided an overview of the staff survey results for 2022 for all NHS organisations in C&M. The results were presented against the 7 areas of the national People Promise and the key themes of staff engagement and morale. The presentation also provided an overview of the staff engagement scores for organisations across the System with identification in movement from the previous survey year. Organisations were currently sharing results and developing localised action plans in line with staff feedback. C&M had some of the best performing Trusts and would be able to share best practice and provide support to increase performance. Following presentation comments and questions covered: • Viewing the results through an inequality lens. Many marginalised groups did not participate in these type of surveys. Consideration was needed to collate information in other ways. • That the Staff Engagement Group would be involved in the development of action plans • There was an event to be held in May to review the survey results • Primary Care – the System was to be involved in a pilot and results would be brought to the Board once completed. It was recognised that had the survey been completed in January when primary care was most heavily stretched then the responses would not have been representative or received in the same quantity.	

	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/04/27/15	**Briefing on the national maternity and neonatal services delivery plan Chris Douglas)**	
	The Board received a briefing from CDO on NHS England's three-year delivery plan published in March 2023 for maternity and neonatal services. NHS England developed the new delivery plan in consultation with service users, healthcare staff, trust leaders and other stakeholders, as well as with the Independent Working Group on maternity chaired by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists (RCOG). This consultation had supported NHS England to triage and review the actions remaining from the Ockenden and Kirkup reports as well as existing NHS England plans for maternity. The report sets out the twelve priority objectives for NHS Trusts and systems for the next three years, across four themes: • Listening to women and families with compassion • Supporting the workforce • Developing and sustaining a culture of safety • Meeting and improving standards and structures. The C&M Local Maternity and Neonatal System (LMNS) had undertaken an initial gap analysis in response to the plan, which would be reviewed and an action plan developed with more detail. There was also to be a learning and development event to be held in June to assist with production of the action plan. RJA advised that the paper had been presented at the Women's Sub-committee earlier in the week and there had been lots of discussion. The LMNS had been asked to provide a more detailed report that highlighted the significant risks, challenges and implementation plan. This would help the Sub-committee and in turn the Board to monitor progress more easily. Comments included that the report was aspirational and questioned if the details were supported by metrics. Workforce and retention were highlighted as an example. Attendees were advised that the LMNS did have some of this information but the push pack was to providers as currently there were more applicants than clinical placements available. The system needed to work together to support these. RJA summarised the item by confirming that the Sub-committee would be looking at key risks and the issues referred to by the Board in depth and in turn provide assurance to the Board. There was a considerable amount of work to be completed and questions were being asked if the LMNS had the capability and capacity to undertake this. The LMNS reported to many boards and forums but in respect of	

	governance it was responsible to the Women's Committee of the ICB. The terms of reference for the Women's Committee of the ICB provided clear lines of governance reporting. **The Integrated Care Board noted the report and endorsed the terms of reference for the Women's Committee.**	
	Sub-Committee Reports	
ICB/04/27/16	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee (Tony Foy)**	
	The report provided assurance to the Board in regard to key issues, considerations, approvals and matters of escalation considered by the Committee in securing continuous improvement in the quality of services. This included reducing inequalities in the quality of care, coupled with a focus on performance. Members were asked to take the report as read but TFO highlighted: • That there had been three items from Places referred to the committee and details of these were listed in the summary • Performance reporting included information on mental health demand • The monthly report from the Local Maternity & Neonatal System where workforce shortages were discussed • The work underway following the inspection of Liverpool Women's hospital RJA commented that it was also good to see that there was a clear plan for the Summary Hospital Mortality Indicator at East Cheshire Trust. **The Integrated Care Board noted the report.**	
ICB/04/27/17	**Report of the Chair of the Cheshire & Merseyside ICB Remuneration Committee (Tony Foy)**	
	TFO advised the Board the Remuneration Committee had met on 22 March 2023. The meeting was quorate and able to undertake the business of the Committee. Declarations of interest were noted where applicable. Main items considered at the meetings included: • Proposals for the remuneration of the ICB Director of Population Health and the interim Place Director for Liverpool • ICB Mutually Agreed Resignation Scheme. • Confidential, employee specific matters that would be followed up at the next meeting on 20 June 2023. **The Board noted:** • **the items covered by the Remuneration Committee** • **the decisions made by the Committee.**	
ICB/04/27/18	**Report of the Chair of the Cheshire & Merseyside ICB Finance, Investment and Our Resources Committee (Erica Morriss)**	
	EMO provided a verbal update to the Board at Item 10 on the agenda.	
1.40pm	**Other Formal Business**	
ICB/04/27/19	**Closing remarks, review of the meeting and communications from it**	

	(Raj Jain)	
	The Chair thanked the Board for their participation in the meeting. There had been good discussions around and interrogation of the reports presented. The communications team would compile a summary of the meeting. The papers were currently available online and a recording of proceedings would be added following the meeting.	
	CLOSE OF MEETING	
Date, time and location of Next Meeting:		
25 May 2023 (9.00am) Civic Centre, Civic Way, Ellesmere Port, Cheshire, CH65 0AZ		

End of Meeting

CHESHIRE MERSEYSIDE
INTEGRATED CARE BOARD

Action Log 2023 - 2024

ICB Board

Updated: 18 May 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-22-05	27/10/2022	**Continuous Glucose Monitoring Update**	Requested that in 12 months' time the Board be provided with a progress update.	Rowan Pritchard-Jones	01-Oct-2023	Added to the forward plan for October 2024	ONGOING
ICB-AC-22-06	27/10/2022	**Provider Collaborative Update**	Agreed that a strategic business case relating to increased delegation be brought to the Board for consideration.	Joe Rafferty	28-Nov-2022	Added to work plan for May 2023	ONGOING
ICB-AC-22-10	28/11/2022	**Cheshire & Merseyside System Month 7 Finance Report**	There was a need for a comprehensive provider organisational integrated performance report to be presented to the Board covering all challenges being faced by organisations. This would be provided in the new financial year.	Claire Wilson	April 2023	Added to work plan for May 2023	ONGOING
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-22-14	28/11/2022	**Consensus on the Primary Secondary Care Interface**	RPJ confirmed that discharge medicines services were crucial for patients and a future paper would be required at Board to review	Rowen Pritchard-Jones	TBC	Has been added to the Board Forward Plan - date tbc	ONGOING
ICB-AC-22-15	28/11/2022	**Consensus on the Primary Secondary Care Interface**	An update report would then be presented to Board over the next 12 months	Rowen Pritchard-Jones	TBC	Has been added to the Board Forward Plan	ONGOING
ICB-AC-22-18	28/11/2022	**Report of the Chair of the Cheshire & Merseyside ICB Primary Care Committee**	The Primary Care Strategy. This would be presented to the Board in March 2023	Clare Watson	TBC	National Plan has been published. Update coming to June Board with ICB Plan coming in October 2023	ONGOING
ICB-AC-22-20	26/01/2023	**NHS 2023/24 Priorities and Operational Planning Guidance**	That the submission date for the draft operational plan prevented it from being approved by the Board before submission on 23 February 2023 and as such there was a need for review by the ICB Executive Team and Provider Collaboratives. The final submissions would be presented to the Board for approval in March 2023	Clare Watson	March 2023	Added to work plan for June 2023	ONGOING

Action Log 2023 - 2024

ICB Board

Updated: 18 May 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-22-21	26/01/2023	**Report of the Chair of the Cheshire & Merseyside ICB Quality and Performance Committee**	The Committee had received an Urgent Care presentation and the intention was to return to the Board meeting in March with a full Urgent Care report	Anthony Middleton	March 2023	Added to work plan for May 2023	ONGOING
ICB-AC-22-22	26/01/2023	**Report of the Chair of the Cheshire & Merseyside ICB Transformation Committee**	A programme reviewing the current transformational change activity occurring across the Cheshire and Merseyside system and the work to develop priorities, delivery, and governance approaches. A report relating to this would be presented to the Board at a future meeting	Clare Watson	March 2023	Added to work plan for May 2023	ONGOING
ICB-AC-22-23	02/03/2023	**Report of the Chief Executive**	CWA confirmed that a further report would be presented to the Board in March 2023 that would include the terms of reference for these new Committees	Clare Watson	01-Mar-2023	Womens Services Committee and Risk Committee TOR being presented at May Board. North West Specialsied Commissioning Joint Committee TOR to come to June Board.	ONGOING
ICB-AC-22-27	23/02/2023	**Cheshire & Merseyside ICB Risk Management**	The proposed format of the BAF and the final Risk Appetite document would be considered at the April 2023 Board meeting.	Matthew Cunningham	April 2023	On May Board Agenda	COMPLETED
ICB-AC-22-28	23/02/2023	**Cheshire & Merseyside ICB Prioritisation Framework**	CWA confirmed that that the Prioritisation Framework would be presented to the ICB Board in at its April 2023 meeting.	Clare Watson	April 2023	Date tbc	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	Added to work plan for September 2023	ONGOING
ICB-AC-22-30	30/03/2023	**Report of the Chief Executive (Graham Urwin)**	With regard to the suggestion of a learning event following the end of the industrial action RJA asked RPJ to look into developing this.	Rowen Pritchard-Jones	date tbc	Action is still on-going	ONGOING
ICB-AC-22-31	30/03/2023	**Cheshire & Merseyside System Month 11 Finance Report (Claire Wilson)**	Overall operational planning process - A formal report would be brought to a subsequent board meeting once final plans have been submitted to the regulators.	Claire Wilson	date tbc	On May Board Agenda	COMPLETED

Action Log 2023 - 2024

ICB Board

Updated: 18 May 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-22-32	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-22-36	30/03/2023	**Northwest Specialised Commissioning Joint Working Agreement (Clare Watson)**	RJA asked CWA to set out a time frame for this board to understand how we will get some benefit out of this structural change.	Clare Watson	tbc	CWA to provide an update at the June Board meeting	ONGOING
ICB-AC-22-37	30/03/2023	**Sub-Committee Reports**	RJA questioned the format of the report used for this type of committee and would like to follow this up with CWA outside of the meeting.	Raj Jain & Clare Watson	tbc	RJA, CWA and MCU to meet to review committee report format. Meeting to be arranged.	ONGOING
ICB-AC-22-38	27/04/2023	**Decision Log**	MCU to circulate the full decision to members	Matthew Cunningham	TBC	full log circulated and action completed	COMPLETED
ICB-AC-22-39	27/04/2023	**Report of the Chief Executive**	Operational System Pressures - no criteria to reside (NCTR) improvement plan to be presented to the Board in June 2023.	Graham Urwin	Jun-23	On June Board Agenda	NEW
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		NEW
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		NEW
ICB-AC-22-42	27/04/2023	**Intelligence Into Action: Continued provision of ICS digital and data platforms**	Responses to the tabled questions had been drafted and would be shared following the meeting and added to the ICB website	John Llewellyn	TBC		NEW

CLOSED ACTIONS ICB Board

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-22-01	**01-Jul-22**	**ICB Constitution**	The following changes to the ICB constitution will be made:- 1) The wording for section 3.7.2 will be reviewed and revised subject to the agreement of the Board. 2) The wording for section 3.7.2 will be reviewed and revised subject to the agreement of the Board. 3) The wording of section 7.3 will be reviewed to ensure completeness. 4) The role of the local authority will be strengthened and added to the final version document prior to publication. 5) The principles in section 6.2.1 will be revised and updated subject to the approval of the Board.	Clare Watson	**27-Oct-22**	*Amendments will be included as part of any overall proposed amendments for approval that will come to the Board in October following completion of the review of the Constitution, SORD and SFIs and Decision and Functions Map*	CLOSED
ICB-AC-22-02	**01-Jul-22**	**ICB Functions and Decision Map**	The diagram/wording on page 241 will be reviewed to make the link between the ICB and the Health and Wellbeing Boards clearer.	Claire Wilson	**27-Oct-22**	*Amendments will be included as part of any overall proposed amendments for approval that will come to the Board in October following completion of the review of the Constitution, SORD and SFIs and Decision and Functions Map*	CLOSED
ICB-AC-22-03	**27-Oct-22**	**Cheshire & Merseyside System Month 6 Finance Report**	Requested CWA and CDO provide a Workforce Update at the next Board Meeting.	Claire Wilson	**28-Nov-22**	*Workforce Update report included within the Director of Nursing and Care Report*	CLOSED
ICB-AC-22-07	27/10/2022	**Winter Planning 2022-23**	Agreed that an updated position on winter resilience plans was reported to the Board at a future meeting	Anthony Middleton	28-Nov-2022	Winter Resilience Plan update report included on agenda for November 2022 meeting	CLOSED

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-22-08	28/11/2022	**Minutes of the previous meeting – 27 October 2022**	SBR questioned the minutes relating to item ICB/10/22/12 Provider Collaborative Update. He asked that the minute be changed to confirm that further discussions between JRA, SBR and GUR would take place but NOT 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. RJA advised that his recollection was that the report had been requested. He confirmed that the recording of the meeting would be reviewed and confirmation of the agreed action be shared.	Raj Jain	Jan 2023	*Action completed*	CLOSED
ICB-AC-22-04	27/10/2022	**Executive Director of Nursing and Care Report - Recommendations within the Kirkup Report**	An independent investigation was commissioned in February 2022, reviewing 202 cases, evidence from family listening sessions, clinical records, interviews with clinical staff. Agreed to take the Kirkup recommendations to the Quality Committee for consideration.	Christine Douglas	28-Nov-2022		CLOSED
ICB-AC-22-09	28/11/2022	**Executive Director of Nursing & Care Report**	CDO confirmed that the C&M People Board was operational and that there was a need for robust plans to be developed to support this area of work. Early considerations included potential rostering issues and the introduction or continuation of flexible working arrangements Requested a report to January 2023 to describe if and how arrangements had been successful	Christine Douglas	Jan 2023	Update report on March Board	CLOSED
ICB-AC-22-12	28/11/2022	**Cheshire & Merseyside ICB Quality and Performance Report (Anthony Middleton)**	RJA requested that the Cheshire and Merseyside Cancer Alliance be invited to the January 2023 meeting to explain its work programme	Rowan Pritchard-Jones	Jan 2023	Update report on March Board	CLOSED

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-22-16	28/11/2022	**Winter Planning 2022-2023 Update**	Requested that Cllr Louise Gittins, as Chair of the Cheshire and Merseyside Health and Care Partnership, receive a report on Place Based Winter Planning	Anthony Middleton	TBC	*Completed. Report circulated to Cllr Gittens*	CLOSED
ICB-AC-22-17	28/11/2022	**Report of the Chair of the Cheshire & Merseyside ICB Primary Care Committee**	An update on dentistry and optometry. A full formal report on dentistry would be presented to Board in February 2023.	Clare Watson	Feb 2023	Came to February Board	CLOSED
ICB-AC-22-19	23/01/2023	**Cheshire & Merseyside System Month 9 Finance Report**	GUR questioned the agency spend performance and outturn forecast. He asked how these figures compared to pre-pandemic levels and to performance against other ICS areas. CWA was asked to provide this information in future reports.	Claire Wilson	01-Feb-2023	CWI confirmed that the reports now included this information	CLOSED
ICB-AC-22-26	02/03/2023	**Cheshire & Merseyside ICB Equality Diversity and Inclusion Annual Report 2022 – 2023**	CWA confirmed that the following would be would be amended to reflect the conversation and forwarded to Members following the meeting for their approval: 'Empower and engage our leadership and workforce'. Needed to be more explicit to say addressing overall inequalities.	Clare Watson	March 2023	Amendments made and approved by Board members following the meeting	CLOSED
ICB-AC-22-24	23/02/2023	**Cheshire & Merseyside System Month 10 Finance Report**	CSA/CDO to bring further information to the Board around non-contracted staff to allow for a better understanding of the issue	Christine Douglas	Not specified	Further information relating to bank and agency staff provided to the Board in March the People Board update	CLOSED
ICB-AC-22-25	23/02/2023	**Cheshire & Merseyside ICB Equality Diversity and Inclusion Annual Report 2022 – 2023**	CWA to present on the results of the Staff Survey at the April Board meeting.	Clare Watson	April 2023	Update provided at March Board on ICB Staff and report on the April agenda	CLOSED

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-22-34	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	RPJ to bring forward proposals such as the intelligence into action so we can be clear how we are using the information around health inequalities to make a difference	Rowen Pritchard-Jones	April 2023	On the Board agenda for April. Therefore action completed	CLOSED
ICB-AC-22-35	30/03/2023	**Cheshire & Merseyside ICB Quality and Performance Update Report (Andy Thomas)**	Following the publication of the primary care recovery plan, AIR and NRA will think through a broader range of indicators and will get a collaborative view through Primary Care Committee to inform this board of a more holistic look at primary care	Adam Irvine & Dr Naomi Rankin	tbc	National Primary Care Recovery Plan has not yet been published. Item can be combined with Board Action No ICB-AC-22-18 following consideration at SPCC.	CLOSED

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2023 — *ICB Board*

NHS Cheshire and Merseyside

Updated: 23 March 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.	
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.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2023 — *ICB Board*

NHS Cheshire and Merseyside

Updated: 23 March 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-22-10	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.	
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.	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2023 — *ICB Board*

NHS Cheshire and Merseyside

Updated: 23 March 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-22-28	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	
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	

CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD

Decision Log 2022 - 2023 — *ICB Board*

NHS Cheshire and Merseyside

Updated: 23 March 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-22-43	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**		•noted the contents of this report and ongoing efforts to improve operational performance and outcomes. •approved ongoing constructive conversations with colleagues at place and at corporate ICB around sustaining and embedding some of the improvements discussed. •noted 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 •approved 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).	
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.	

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Chief Executive's Report (May 2023)

Agenda Item No	**ICB/05/25/07**
Report author & contact details	Graham Urwin, Chief Executive
Report approved by (sponsoring Director)	-
Responsible Officer to take actions forward	Graham Urwin, Chief Executive

NHS Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

Chief Executive's Report (May 2023)

Executive Summary	This report provides a summary of issues not otherwise covered in detail on the Board meeting agenda. This includes updates on: • Operational System Pressures • Urgent and Emergency Care Improvement • Local Elections • Primary Care Access Recovery Plan • Mersey Care NHS FT CQC Result • New mental health unit to open • Change of ICB Headquarters • Joint Forward Plan development • Covid-19 Update • Decisions undertaken by the Executive Team				
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 the report.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
			x		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		x		x	
Management of Conflicts of Interest	None				
Next Steps	None				
Appendices	**Appendix One**	Primary Care Access Recovery Plan – Summary Overview			

NHS Cheshire and Merseyside Integrated Care Board Meeting

NHS Cheshire and Merseyside

Chief Executives Report (May 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 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. Operational System Pressures

2.1 Overall, the Cheshire and Merseyside system has remained on OPEL 3 (the highest level of escalation) across the week (11-18 May 2023). We have also seen a small increase in levels of 'corridor care' – an average of 54 people per day being cared for on the corridor.

2.2 During the Eurovision Festival which brought an estimated 500,000 extra visitors to Liverpool and an estimated £40m boost to the local economy, there were no reported incidents and no impact on system pressure in emergency departments.

2.3 Discharge is a significant ongoing challenge with 18.6% of all beds across Cheshire and Merseyside currently occupied by patients with no criteria to reside against the current target of 10%.

2.4 There was an increase in the number of patients not meeting criteria to reside over the course of the week, increasing from 759 on Tuesday and peaking on Thursday with 1,104. Latest discharge numbers show a seven-day moving average of 390 patients discharged across Cheshire and Merseyside against the current target of 463.

2.5 Mental health placement delays have continued this week due to high occupancy levels and poor flow in and out of inpatient wards. On Sunday morning we saw the highest number with 15 patients waiting in emergency departments for a mental health placement.

3. Cheshire and Merseyside to receive high level of national support to help improve Urgent and Emergency Care performance

3.1 Earlier this year, NHS England set out its Urgent and Emergency Care Plan.[1] Two of the main targets for 2023/24 relate to 1) Accident and Emergency performance and 2) Ambulance performance.

[1] https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/

3.2 NHS England have recently confirmed that local NHS systems and ambulance trusts would be placed into one of three tiers, each receiving a different level of improvement support.

3.3 Cheshire and Merseyside has been named one of seven Integrated Care Boards in Tier 1, which means we will be in receipt of the highest level of national support and scrutiny. This will include support to diagnose problems and develop an improvement plan, hands-on implementation support and direct access to national Urgent and Emergency Care and Improvement teams.

3.4 The four metrics used to determine this tiering are:

- 76% delivery against the A&E four-hour standard
- execution of the 30-minute category two ambulance response time
- the 12-hour time in Emergency Dept measures
- the proportion of general and acute beds occupied by patients over a 14-day length of stay.

3.5 Prior to the announcement we welcomed national leaders from health and social care including Lesley Watts, CEO of Chelsea and Westminster and West Middlesex University Hospitals who visited Aintree University Hospital, Whiston Hospital and Mid Cheshire Hospitals NHS Foundation Trust to assess what improvements can be made.

3.6 We are now working together to understand the challenges we have relating to discharge in order to produce an action plan by the 25 May to be delivered locally and will allow us to draw upon the support offered by that team.

3.7 The regional and national tiering support has received very positive feedback in terms of elective and cancer care, and we expect the same level of support for our urgent emergency care from national leadership.

3.8 Over the next week we expect the national team to make contact and arrange a specific engagement session which will include representation from all sectors.

3.9 Our next steps will then be to draw up an improvement plan for NHS Cheshire and Merseyside and our nine places which we will share at our Board meeting in June.

4. Local Elections

4.1 The Local Elections that have taken place across seven of our nine Local Authority areas have now been concluded. Each Council will now be undergoing their internal governance mechanisms to form their new arrangements, such as Cabinet and portfolio holders where applicable, as well confirming which Councillor will sit on both internal and external meetings. Through our Place Directors we will continue to engage with our Local Authority partners to ensure continued representation on ICB meetings. I would like to express my gratitude for the contribution made by those Councillors who have previously sat on CCG and ICB

Committees and meetings and who now are no longer able to do so and will look to extend a welcome to those new, and existing, Councillors who will join as out meetings going forward.

5. Primary Care Access Recovery Plan

5.1 NHS England have, on the 9 May 2023, published their 'Delivery plan for recovering access to primary care'.[2] The plan aligns to the vision described in the Fuller Stocktake and outlines the national ambitions for 2023-24 across General Practice and Community Pharmacy Primary Care services.

5.2 The plan has two central ambitions:

- to tackle the 8am rush and reduce the number of people struggling to contact their practice
- for patients to know on the day they contact their practice how their request will be managed.

5.3 With the key aims being:

- empower patients by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.
- implement 'Modern General Practice Access' so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.
- build capacity so practices can offer more appointments from more staff than ever before.
- cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.

5.4 A summary overview of the plan can be seen in Appendix One. ICBs must address the four areas of improvement outlined within the plan.

5.5 As part of the plan, NHS England is asking ICB Chief Medical Officers to establish the local mechanism on how bureaucracy and workload can be cut by improving the interface between primary and secondary care. As Board members will recollect, following consideration at its November 2022 meeting of the paper entitled 'Consensus on the Primary Secondary Care Interface, that the Cheshire and Merseyside system is well advanced in discussions and its plans on how to improve this interface.

5.6 We have agreed governance arrangements in place and due reporting agreed for delivery of the plan, with Clare Watson as Executive Lead and we have named SROs for each of the four areas in the plan These leads with Clare will form a programme board which will report to the ICB System Primary Care Committee and onward to Board.

[2] https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

5.7 At its meeting in June the System Primary Care Committee will receive a further update on work planned to be underway locally with regards the expectations of the Recovery Plan and covering the objectives of this national plan along with a proposed local ICB implementation plan.

5.8 Furthermore, at its meeting in October the Board will receive an update on the progress made on the four areas of improvement outlined within the plan, with a further update coming in March 2024.

6. Mersey Care CQC Rating

6.1 On the 16 April 2023, CQC released its most recent inspection report of Mersey Care NHS Foundation NHS Trust. Overall, the Trust is rated as good and received Outstanding ratings for Caring and Well-Led. I would like to extend my congratulations to all of the staff at Mersey Care for their continued hard work and commitment to high quality patient care.

7. New unit set to transform mental health experience for new and expectant parents

7.1 A brand-new specialist mental health unit to support new and expectant parents across Cheshire, Merseyside, and North Wales has been announced as part of Maternal Mental Health Awareness Week (1–7 May).

7.2 Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in partnership with Betsi Cadwaladr University Health Board (BCHUB), NHS England and NHS Wales are working together on a proposal to transform the training centre, Churton House on the Countess of Chester Health Park into a specialist eight bedded unit to support perinatal mothers, babies, and their families.

7.3 The proposed unit will work alongside the existing regional Community Perinatal Mental Health Services who already care for thousands of women every year.

7.4 It is estimated that one in four women experience mental health problems in pregnancy and during the 24 months after giving birth. The consequences of not accessing high-quality perinatal mental health care are estimated to cost the NHS and social care £1.2 billion per year.

7.5 The new unit, which is due to open in 2024, will support new and expectant mothers in a therapeutic environment which has been purposefully designed for people experiencing maternal mental health difficulties, such as post-natal depression, psychosis, or a relapse of an existing mental health condition. Plans include a nursery, sensory room, and multiple lounges to support quiet time and family visits. Having access to outside space is central to the plans with two

garden areas and a walking pram loop, with families set to benefit from being based on the edge of the Countess Country Park.

7.6 This is an exciting development and a welcomed resource for our population. This is also another great example of partnership working with multiple partners.

8. Change of ICB Headquarters

8.1 Work is underway to progress the process to transfer the named headquarters of the ICB from its current address (Regatta House, Liverpool) to No 1 Lakeside, Warrington. Communications are being developed for staff and stakeholders regarding this move.

9. Joint Forward Plan Development

9.1 During March and April we have been working to finalise the content of our first Joint Forward Plan (JFP). This has been developed with colleagues from across the ICS through a Planning Group who have overseen production of the NHS Operational Plan and Joint Forward Plan (includes NHS Provider/Provider Collaborative representatives, Champs and ICS Programme Leads).

9.2 In May we have shared two iterations of the plan with partners, including Place Partnerships, Health and Wellbeing Board members and NHS Providers for feedback which is being incorporated through the documents with the next steps including:

- Health and Wellbeing Boards are being asked to provide further feedback and a statement confirming their opinion as to whether the JFP includes the priorities from their Joint Health and Wellbeing Strategy
- NHS Providers asked to review and “endorse” JFP document content
- ICB Board asked to approve publication of JFP (29 June Board meeting)
- 30 June - Publish Final 2023-28 JFP on ICB website (and link from Provider websites):

9.3 It is recognised within the plan that this is very much the beginning of a journey and as our Health and Care Partnership Strategy, and many other of the components of our plans develop, e.g., workforce and financial strategies, we will be able to further develop our overarching JFP, and this will be reflected in the next version which we will publish by 31st March 2024.

10. Covid-19 Update

10.1 The phase five spring booster 2023 campaign started with vaccinations in care homes on 3 April 2023. The main programme of delivery commenced on 17 April 2023.

10.2 To date excellent progress has been made with vaccinations in care homes that are registered as older adult care homes with the CQC. More than 81% of homes having received visits across Cheshire and Merseyside. This is great progress and an improvement to performance in the last programme following careful attention being paid to lessons learned at both national and local level.

10.3 As of 14 May 2023 in this phase five spring booster programme over 128,000 vaccinations have been given with an uptake of 41.2% for Cheshire and Merseyside. The Northwest's position is almost 314,000 vaccinations (38.9%) with almost 92,000 vaccinations (32.7%) for Greater Manchester and almost 94,000 vaccinations (43.7%) for Lancashire and South Cumbia ICB, respectively. For Cheshire and Merseyside initial demand has been high and overall performance to date is in line with the last spring booster programme in 2022.

10.4 The system also continues to see a small uptake of the evergreen offer. The latest position for Cheshire and Merseyside evergreen remains at almost 74.7% for first dose and 71.3% for second dose uptake compared with an uptake in the NW region of 73% and 69.4% respectively. In line with the Spring booster 2023 campaign, the evergreen offer will continue until the 30 June 2023.

10.5 Plans are currently being developed for identification, invitation, and vaccination of at risk 6-month year old to 4-year-old children starting in mid-June. The national team have indicated that this programme will be delivered by selected PCNs and HHs/HH+ through an individual prescription-based service

10.6 The Living well buses continue to make excellent progress. As at 6M ay in this Spring programme the buses have delivered over 70 clinics, over 2,500 covid vaccinations, over 740 MECC discussions and over ,680 health screenings. The team continue to support the whole system with 15 sites visited each week across the ICB. Discussions are underway with CWP to build on and develop the living well bus roving offer with Section 7a colleagues for a proof of concept over July and August.

11. Decisions taken at the Executive Committee

11.1 Since the last Chief Executive report to the Board in April 2023, the following decisions have been made under the Executives' delegated authority at the Executive Committee. At each meeting of the Executive Team any conflicts of interest stated were noted and recorded within the minutes:

- **NHS @75 and NHS Cheshire and Merseyside ICB at 1 Year Old** – Executive Team received an outline paper of the plans underway for the ICB to recognise and celebrate the achievements of the NHS on its 75th anniversary. This paper will be presented to the Board at its May meeting. The Executive Team endorsed the planned work.
- **Estates Strategy** -
- **Vaccination Programme Team** – the Executive Team received a paper regarding the future hosting arrangements of the Covid-19 Vaccination

Programme team and agreed the in-housing of the team within the ICB with a view to also review the capacity of the team to support other work across the ICB.

- **Primary Care Communications Framework** – the Executive Team received a paper that set out plans for a new framework for Primary Care Communications which will ensure that there is a consistent approach to how we communicate with the wider Primary Care community. The Executive Team approved the proposals within.

11.2 Additional items were also presented to the Executive Team for assurance or discussion have included:

- Observational Support for Mental Health Patients in Emergency Departments
- Industrial Action Updates
- ICB MARS Update
- Approach to developing our financial strategy
- Autism Services update
- Senior Leadership Forum development
- Change of ICB HQ base
- Quality updates
- Freedom to Speak Up Update
- NCTR Updates.

11.3 At each meeting of the Executive Team, there are standing items on quality and finance where members are briefed on any current issues and actions to undertake.

NHS Cheshire and Merseyside Integrated Care Board Meeting

Chief Executive's Report (May 2023)

Appendix One: **Summary Overview of the NHS England's 'Delivery plan for recovering access to primary care'**

NHS
Cheshire and Merseyside

Summary Overview of the NHS England's 'Delivery plan for recovering access to primary care'

NHS England have, on the 09/05/2023, published their 'Delivery plan for recovering access to primary care'. The plan has two central ambitions:

1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
2. For patients to know on the day they contact their practice how their request will be managed.

The aims of the plan are to:

- **Empower patients** by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.
  1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.
  2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
  3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
  4. Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women).
- **Implement 'Modern General Practice Access'** so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.
  5. Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.
  6. Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.
  7. Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.
- **Build capacity** so practices can offer more appointments from more staff than ever before.
  8. Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).
  9. Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.
  10. Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.
  11. Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.
- **Cut bureaucracy** to give practice teams more time to focus on their patients' clinical needs.
  12. Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.

13. Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.
14. Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.

Published alongside this plan is a report from the Academy of Medical Royal Colleges (AoMRC) on how bureaucracy and workload can be cut by improving the interface between primary and secondary care. NHS England is asking ICB chief medical officers to establish the local mechanism, which will allow both general practice and consultant-led teams to raise local issues, to jointly prioritise working with LMCs, and to tackle the high-priority issues including those in the AoMRC report. In addition, ICBs must address these four areas:

1. **Onward referrals:** if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again.72 This improves patient care, saves time and was the most common request we heard from general practices about bureaucracy.
2. **Complete care (fit notes and discharge letters):** trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than – as too often happens now – leaving patients to return prematurely to their practice, which often does not know what they need. Therefore, where patients need them, fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice. Discharge letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments.
3. **Call and recall:** for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf, which can often be frustrating when practices also do not know how to get the information.
4. **Clear points of contact:** ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g., single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.

NHS England will expect ICBs to provide an update to their public board in October or November 2023 on the four areas above, with a further update in February or March 2024. ICBs will want to ensure the actions in their plans align with the vision described in the Fuller Stocktake.

NHS
Cheshire and Merseyside

Integrated Care Board Report

25 May 2023

Place Director Report – Cheshire West

Agenda Item No	**ICB/05/25/08**
Report author & contact details	Laura Marsh, Acting Place Director (Cheshire West)
Report approved by (sponsoring Director)	-
Responsible Officer to take actions forward	Laura Marsh, Acting Place Director (Cheshire West)

Cheshire and Merseyside

Cheshire and Merseyside Integrated Care Board Meeting

Place Director Report – Knowsley

Executive Summary	Each host Place is required to produce a Place Director's Report for consideration by the Cheshire and Merseyside Integrated Care Board. The Cheshire West Place Director report aims to provide an overview of the Cheshire West Place, its successes, its partnership working and its challenges.				
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 the report and presentation.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X				
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		X		X	
Appendices	**Appendix A**	Cheshire West Place Director Presentation			

Working together for better health and wellbeing in **Cheshire West**

Welcome to
Cheshire West Place
ICB Meeting 25th May 2023

NHS Cheshire and Merseyside

Cheshire West and Chester

Cheshire West Voluntary Action
Championing the community sector

healthwatch Cheshire West

Our Commitment

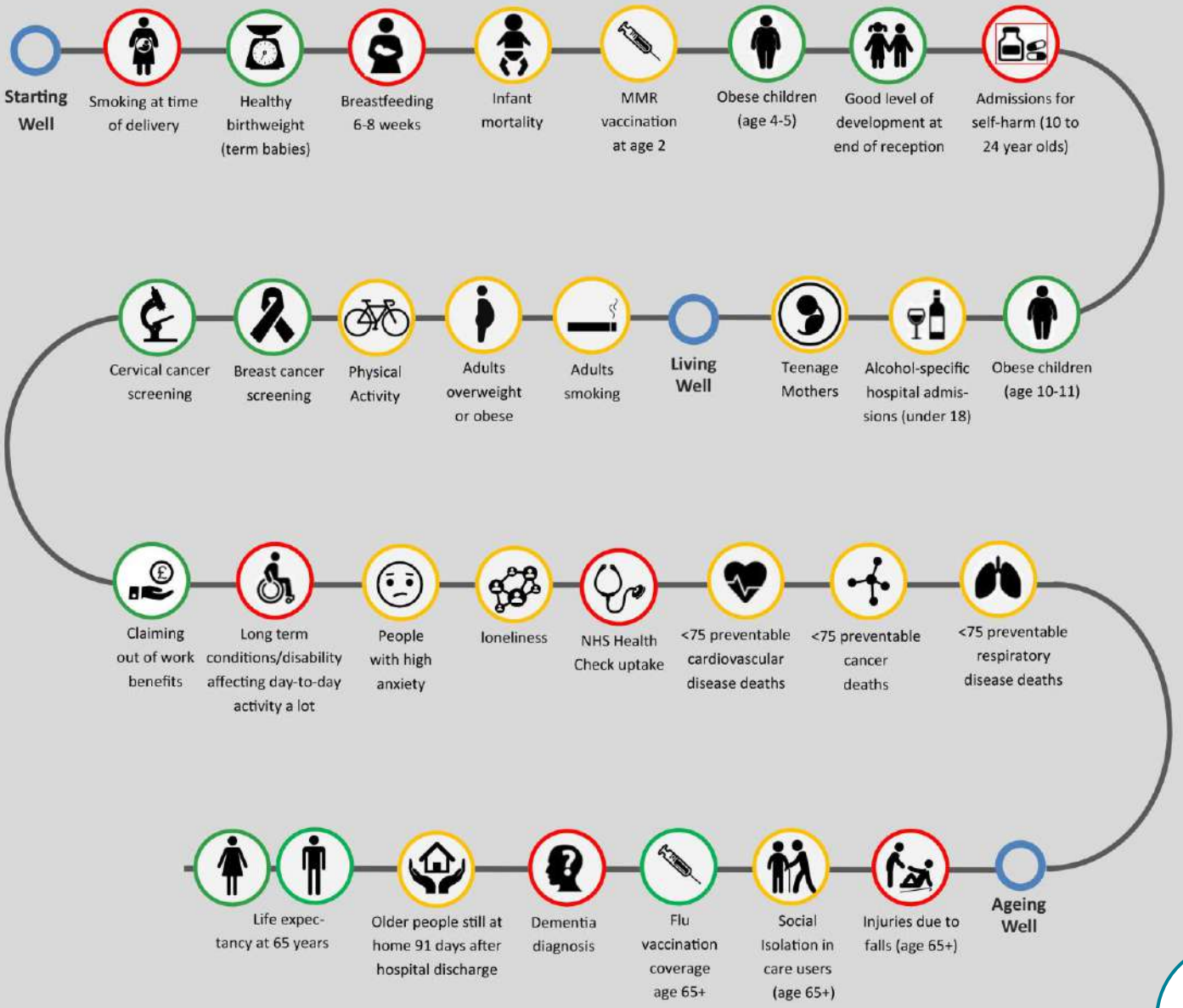
Cheshire West Health and Care Place Committee is committed to sponsoring and supporting joined-up approaches to managing operational system-wide challenges as well as leading innovative integration-based transformation.

We are committed to having a positive impact on residents lives and making our Place Plan 2019-2026 a reality.

LORRAINE BUTCHER | INDEPENDENT CHAIR

Cheshire West and Chester life course statistics 2023

A comparison to England



CWAC FACTS

POPULATION

According to the latest estimate about **357,700** people live in Cheshire West and Chester.

DEPRIVATION

10.8% of the Cheshire West and Chester population experience deprivation relating to low income.

Child Poverty

15% of children aged 0 to 15 live in relative low income families within Cheshire West and Chester.

KEY

Statistical significance to England

BETTER **NO DIFFERENT** **WORSE**

Note: MMR is significance against 95% coverage target

Produced by Cheshire West and Chester Borough Council's Insight and Intelligence Team based on an infographic design from Halton Borough Council's Public Health Intelligence Team.

Data is the most up-to-date available at the time of production where open data is available at Local Authority and England

Data source: OHID Public Health profiles. 2022 http://fingertips.phe.org.uk ® Crown copyright 2022. Accessed 9th May 2023

Icons made by Flaticon and available here: www.flaticon.com

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Our Place at a glance

19,000 Pop. Neston & Willaston

67,000 Pop. Ellesmere Port

26,000 Pop. Frodsham & Helsby

69,000 Pop. Northwich

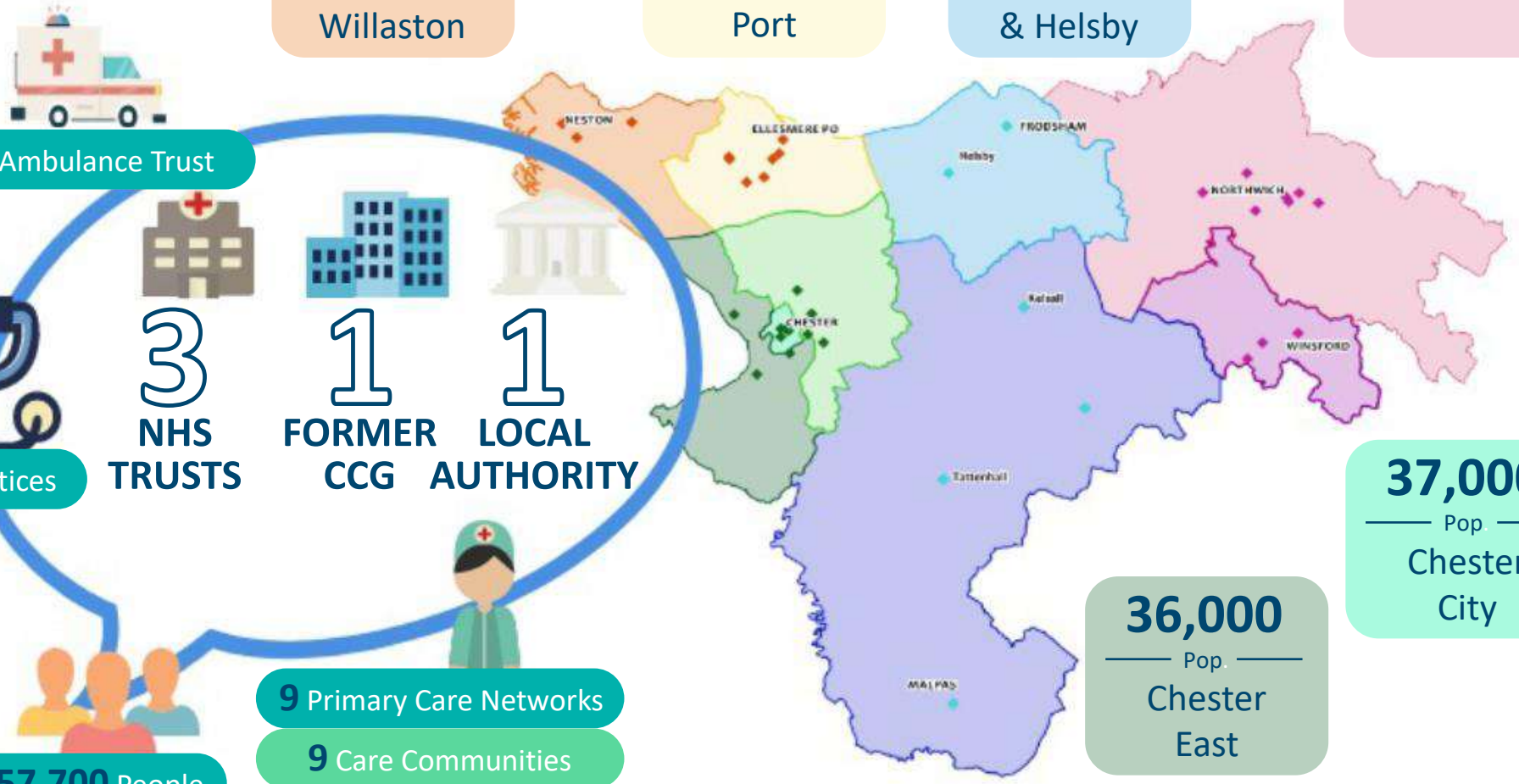
33,000 Pop. Winsford

38,000 Pop. Rural Alliance

37,000 Pop. Chester City

33,000 Pop. Chester South

36,000 Pop. Chester East



1 Ambulance Trust

3 NHS TRUSTS

1 FORMER CCG

1 LOCAL AUTHORITY

69 GP Practices

9 Primary Care Networks

9 Care Communities

357,700 People

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Primary Care in Cheshire West

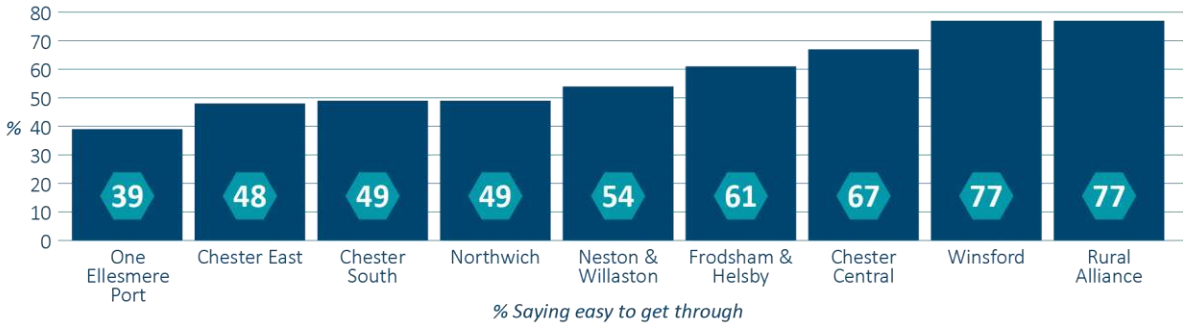
GP Survey results show overall Cheshire West provides good access with practices ranked in the top 3 for 9/10 questions and higher than the national and C&M average for all 10 questions.

Accelerate Programme: seven practices involved to date

All 9 PCNs have had their plans signed off and are providing Enhanced Access of 383.99 hours a week.

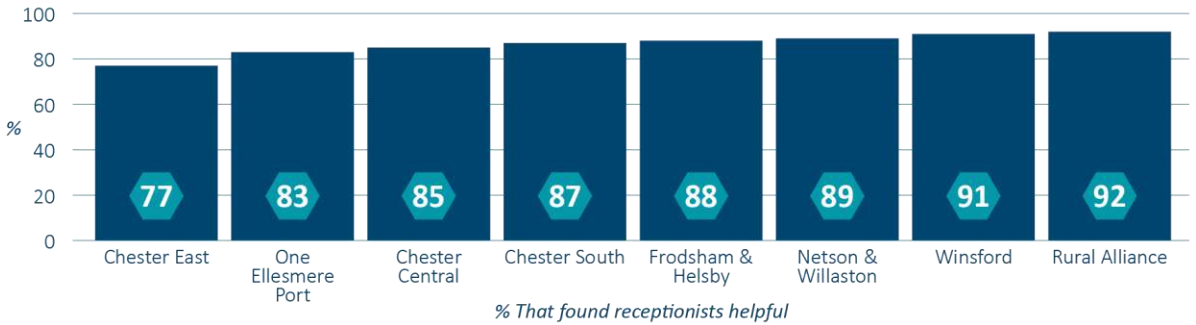
A Business Case has been approved for the establishment of a GP Confederation to represent and engage practices within existing resources.

Q1 **How easy is it to get through on the phone?**



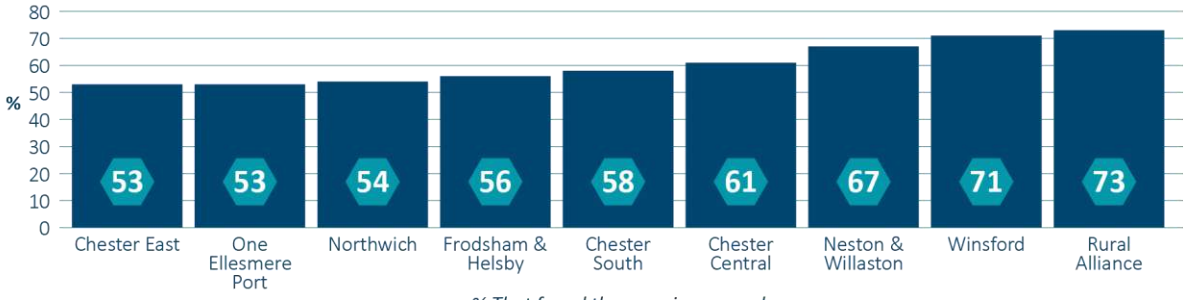
% Saying easy to get through

Q2 **How helpul do you find the receptionists in your practice?**



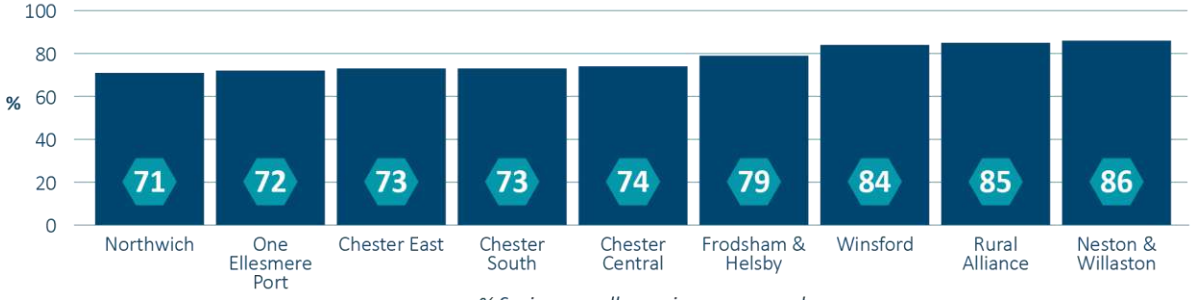
% That found receptionists helpful

Q21 **Overall, how would you describe your experience of making an appointment?**



% That found the experience good

Q32 **Overall, how would you describe your experience of your GP Practice?**



% Saying overall experience was good

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One Place, One Plan –Population Health driven

Vision

To reduce inequalities, increase years of healthy life and promote mental and physical health and wellbeing for everyone in Cheshire West.

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One Place, One Plan –Population Health driven

Priorities

01
Prevention and early detection

02
Reducing inequalities

03
Promoting wellbeing and self-care

04
Integrating our health and care services

05
Anticipating the future needs of our population

06
Making it easier to navigate health, social care and community based services

07
Keeping our people safe

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One Place, One Plan –Population Health driven

- Shared accountability
- Promoting engagement and involvement
- Mental health is valued equally with physical health
- We are inclusive and value diversity
- Honest and open to feedback
- Evidence-based

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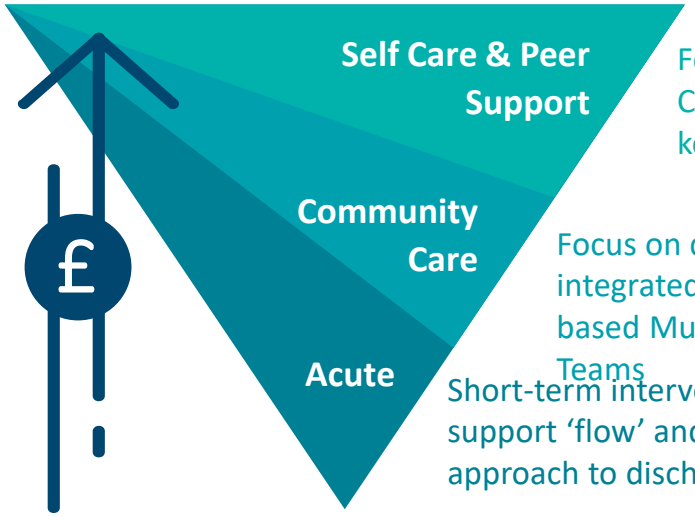
Place Governance

Our Governance applies the commitment to:

‘**equal partnership** regardless of member/participant status and encourages the ethos of co-production by partners across a wider array of organisations other than just Committee members.’

We work on basis of ‘Primacy of Place’ and focus on Transformation & Operations.

Place Transformation Ambition



Focus on supporting Care Communities to flourish and keeping people healthy

Focus on development of integrated Community-based Multi-disciplinary Teams

Short-term interventions in play to support 'flow' and an integrated approach to discharge

Our governance will be impactful

We will invest in Place Leadership and advocacy of primacy of Place

We will thrive in the delivery of our Place Plan Pledges

We will optimise integration of our services to improve outcomes

We will support our communities to flourish

PHASE 1

Consolidate existing joint services

PHASE 2

Greater Integration

PHASE 3

Realisation of ambition and continuous improvements

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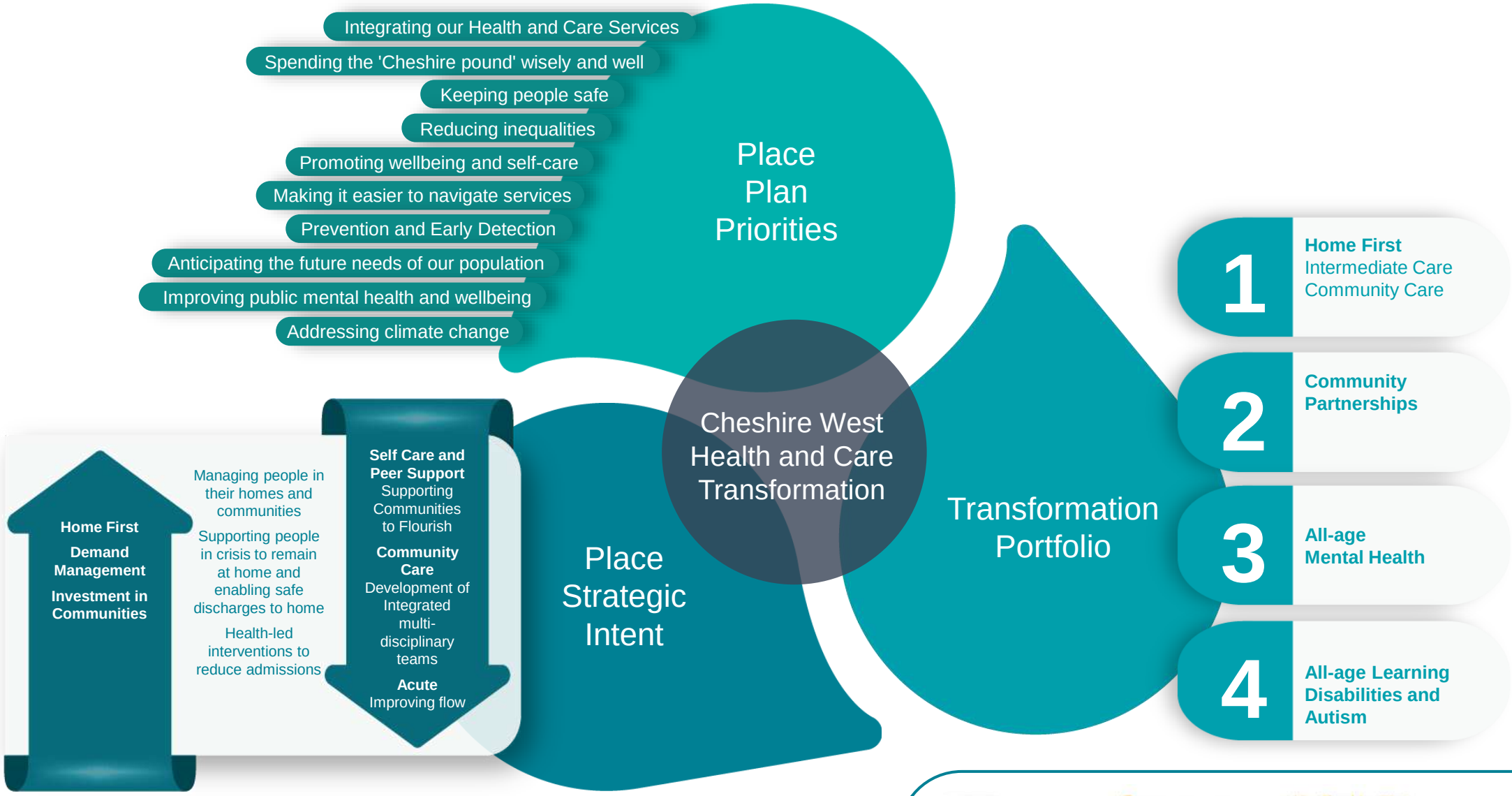
Place Integration Objective

Integration is not a destination, it is about maximising outcomes from working better together

Place Transformation Portfolio - Alignment



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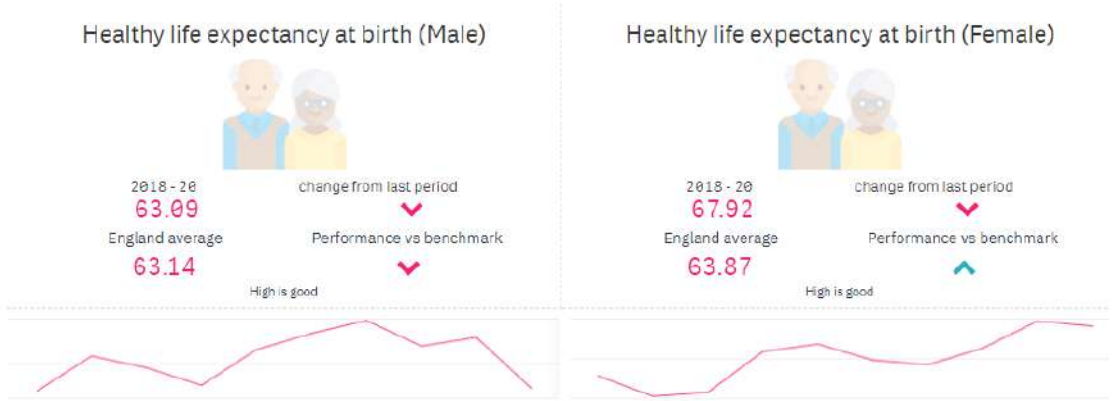
Outcomes Framework – Monitoring the Place Plan

Joint Outcomes Framework developed by partners across Place Indicators reflective of Place Plan priorities

- Climate change
- Health inequalities
- Best start
- A healthy place to live
- Lifestyle behaviours and preventing ill-health
- A healthy place to work
- Creating an age-friendly place
- Health and care services and workforce
- Place holder indicators (currently in development)

Metrics generally taken from Fingertips (joint Health and LA data) with comparisons to national average and trends. Needs now to develop data sets and system in Power BI



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Local Progress and Achievements

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Joint Health and Social Care Strategy

We will know we have been successful in delivering our strategy when people can say with confidence that services coordinating and/or delivering care and support are…

Safe	"I am supported to be as safe as possible, and will be supported to take positive risks, in order to live my life as independently as possible".
Caring	"Services adopt a caring approach towards me and my family, and afford me compassion, dignity and respect".
Outcome focused	"I am supported to achieve my goals, wishes and aspirations".
Personalised	"Services are delivered around me and how I wish to live my life"
Healthy	"I am supported to stay healthy in all aspects of my life, including my physical, mental and emotional well-being".
Inclusive	"I am supported to be an important part of my local and wider community".
Accessible	"Services are available to me when I need them and are accessible"
Affordable	"Services are affordable to help me achieve the things that I want to achieve in my daily life within my personal budget"
Joined up and local	"Services and agencies involved in my care, work together in order to effectively meet my needs".

Learning Disability Conference

The Learning Disability Conference was the first of its kind held in west Cheshire, bringing together people with learning disabilities and local decision-makers to champion people with learning disabilities and collectively address the key improvements they want to see made in west Cheshire.

The event was a partnership between the Learning Disabilities Partnership Board, Cheshire West and Chester Council and its in-house service Vivo Care Choices, local NHS partners and Cheshire Disabled People's Panel.

The event was completely sold out across the two days, with around 130 people attending on the opening day, around 120 present on the second day and more than 100 people enjoying the gala dinner on the first evening.

With the event organised by people with learning disabilities was seen by the organisers as an excellent opportunity to work with individuals and professional to help shape their future through discussions about what they wanted to do and achieve in their life.

The overarching theme for conference was **"What Do I Want from My Life".** The conference was about making a difference to the lives and the things that matter to people in our Borough with a Learning Disability.

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Place Achievements – Places & Communities

Annual Health Checks for people with Learning Disabilities

- Identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity of care.
- Cheshire & Merseyside Transforming Care target for 2022-23 for Cheshire West for 70% of all individuals eligible for a Learning Disabilities Annual Health Check have one completed. The NHS Long Term Plan set an ambition that by 2023/24 of at least 75%.
- As at 06/03/2023, Cheshire West Place has achieved a 78.6% completion rate

Region / ICB	14+ total checks	QOF Register as of Jan-23	% AHCs complete vs QOF register	Cumalative quarterly trajcetory (Q1, Q2, Q3, Q4	% AHCs completed vs cumulative trajectory (up to Q4)	Number of check declined	Health checks NOT delivered
Cheshire and Merseyside ICB	**7,735**	**13,728**	**56.3%**	**10,644**	**72.7%**	**322**	**7,412**
Cheshire	2,126	3,327	63.9%	n/a	n/a	85	2,040
Halton	443	779	56.9%	n/a	n/a	24	418
Knowsley	468	1,013	46.2%	n/a	n/a	17	451
Liverpool	1,722	2,958	58%	n/a	n/a	63	1,658
South Sefton	233	608	38%	n/a	n/a	6	227
Southport and Formby	401	846	47%	n/a	n/a	4	397
St Helens	557	1,033	54%	n/a	n/a	27	529
Warrington	615	1,027	60%	n/a	n/a	14	600
Wirral	1,170	2,137	55%	n/a	n/a	82	1,087

What is included in an Annual Health Check

- Immunisation status
- Functional Life Skills assessments
- Lifestyle & Health Promotion
- Sexual Health & Contraceptive Advice
- Bowel Cancer Screening - Age Range 60 to 75
- Screening for both Males and Females
- Baseline Assessment
- Any Symptoms / concerns from patient
- Central Nervous System Check
- Medication Review - Inc. STOMP

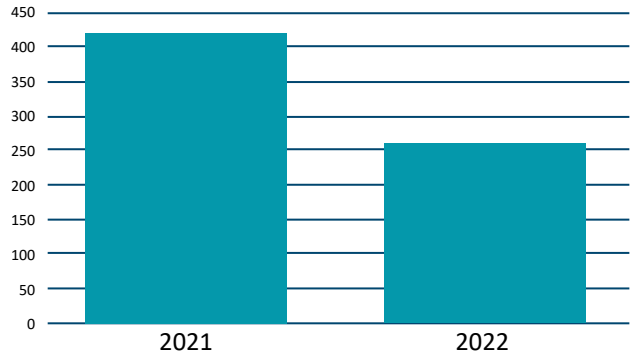
Place Achievements – Integrated Health and Care

Integrated Home First Programme

- Place partners have jointly agreed and resourced a programme of work encompassing Intermediate and Community Care
- "Supporting People to stay at home in Cheshire West"

Successes to date include…

Care Home Admissions to A&E



38% Reduction compared to 2021

159 2hr UCR care home referrals during May – Dec 2022

2hr Urgent Crises Response in Care Homes has demonstrably reduced reliance on use of A&E, improving the patient journey and impact on our Place system.

Launch of Therapy Led Community Response Hubs, enabling a rapid access and fully funded discharge offer for those leaving an acute stay or step-down bed. Also provides an alternative to those at risk of leaving their own home due to crises.

Place Achievements

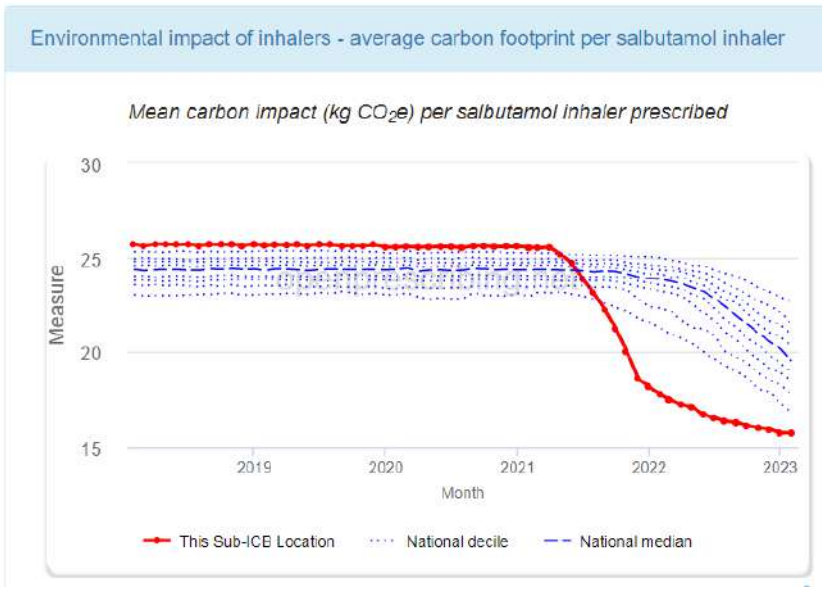
Taking a focussed approach to working with Care Home providers has supported us in reducing unplanned admissions from Care Homes by 38% as well as developing key relationships with Providers at the same time.

ALISON SWANTON | DIVISIONAL DIRECTOR OF THERAPIES AND INTEGRATED COMMUNITY SERVICES

Place Achievements – Reducing Climate Change

Reducing the carbon impact of inhalers in Cheshire

- Salbutamol metered-dose inhalers (MDIs) the single biggest source of carbon emissions from NHS medicines prescribing
- Cheshire response: scheme to support GPs to safely switch inhalers to less harmful versions such as dry power inhalers (DPIs)
- Practices were supported to develop a personalised approach to identifying patients to switch to DPIs or lower cost MDIs



Cheshire now has one of the lowest overall mean carbon emissions per Salbutamol inhaler prescribed in the country

0  **100,000 miles**

Carbon emissions savings gained in 1 month equivalent to a family car driving 100,000 miles

Place Achievements

it’s a great start, and Cheshire GPs are now motivated to increase the use of DPIs as preventers

DR LEITCH | A MEMBER OF OUR CHESHIRE GREENER PRIMARY CARE GROUP

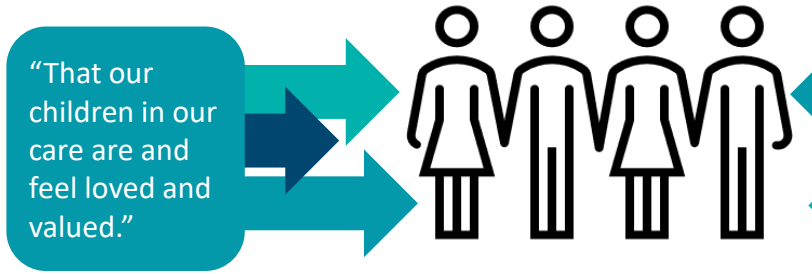
Place Achievements – Best Start

Corporate Parenting Strategy

- Launched 13 March 2023, bringing together clarity of shared responsibilities across the Place partnership
- All partners to have defined 'Champions' to be accountable for the care provided to our children
- Children in care and care leavers' voices have been central to shaping & developing our partnership approaches

Our local vision for us as Corporate Parents:

"That our children in our care are and feel loved and valued."



"As corporate parents – that we care for our children, both as a child and as they grow into adulthood"

Corporate Parenting across the Partnership:

01 To develop a robust, collaborate corporate parenting approach, shared as a whole council and across the partnership

02 Five priorities with dedicated action plans developed in consultation with children, young people, partners and champions

03 Approach to corporate parenting will be rooted in trauma informed care & recovery

Our Corporate Parents are: Elected Members; Council Officers; & colleagues within partner organisations, at strategic & operational levels

Place Achievements

You build the outside rim of my jigsaw with support, I become more stable with more spaces full and love fills in the middle.

A VOICE FROM OUR CHILDREN IN CARE

Place Achievements – Reducing Health Inequalities

Poverty Truth & Community Inspirers

Fairer Future Strategy 2022/23:

co-produced with Community Inspirers, people with lived experience of poverty who have worked with us to tackle poverty over a number of years

Voice	Alleviation	Root Cause
hearing the voices of people experiencing poverty and acting to address the issues they raise	delivering urgent action to tackle the immediate consequences of poverty	transforming society and the economy to tackle the underlying causes of poverty

Responding to the Cost of Living Crisis:

- Multi-agency Cost of living response group
- Engagement with Community Inspirers & elected members
- Cost of Living Response Plan

Integrated working:

- Health partners & Cheshire Fire & Rescue incorporate fuel poverty within safe & well checks for residents with cold home related health risks
- Health & care frontline staff distributed bespoke winter warm essentials, information & signposting to support residents to stay warm & well at home
- Network of warm welcoming spaces at libraries, leisure centres, museums & community venues – visited by over 1800 residents per week
- Investment in mental health & wellbeing within Council & partner workforces & volunteers to support, refer & signpost to services

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Place Achievements

I didn’t think I could affect change, but now I can and I did - it has given me hope for the future

A COMMUNITY INSPIRER

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Cheshire West and Chester

Cheshire West Voluntary Action
Championing the community sector

healthwatch
Cheshire West

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Director of Nursing and Care report on the People agenda

Agenda Item No	**ICB/05/25/10**
Report author & contact details	Vicki Wilson, Associate Director of Workforce Vicki.Wilson@cheshireandmerseyside.nhs.uk Suzanne Burrage, Head of Staff Experience, Engagement and Wellbeing Suzanne.burrage@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director)	Christine Douglas MBE Executive Director of Nursing & Care (Chair of the People Committee)
Responsible Officer to take actions forward	Chris Samosa, Chief People Officer

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS
Cheshire and Merseyside

People Agenda

Executive Summary	This paper provides an overview of current governance and engagement arrangements, priorities, and activities across the People agenda. The focus of the paper is related to internal organisational activity with reference to system wide arrangements and priorities that are reporting via the People Board.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		X
Recommendation	**The Board is asked to:** • note current governance and engagement arrangements, priorities, and activities across the People agenda.				
Key issues	The Paper provides an overview of activities and current priorities in relation to the internal workforce areas of: • People Governance, Management & Engagement • Organisational Effectiveness Development • Staff Experience & Engagement • Workforce Equality, Diversity & Inclusion • Freedom to Speak Up • HR Service. The paper also references system wide workforce activities and priorities that are reported via the Cheshire & Merseyside People Board				
Key risks	Internal and system wide risks are recorded on the ICB Risk register which are considered by the People Committee – The key risk relates to appraisal rates and there are appropriate plans to address this				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
			X		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
			X		
Route to this meeting	The inaugural meeting of the People Committee took place on 02 May 2023 with reporting to the Finance, Investment and Our Resources Committee (FIRC) to strengthen assurance arrangements in respect of the People agenda. The Committee has a focus on internal people matters and is chaired by the Executive Director for Nursing & Care. Reporting from this Committee to the FIRC has already commenced to ensure effective governance arrangements are in place. System wide issues have been discussed at the Cheshire and Merseyside People Board, CMAST Workforce Board and the Efficiencies at Scale Board.				

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Management of Conflicts of Interest	No conflicts of interest identified.
Patient and Public Engagement	Not applicable to the content of this paper.
Equality, Diversity, and Inclusion	The nature of this paper as an update report does not require an Equalities Health Impact Assessment (EHIA) to be undertaken. However, an update in respect of EDI priorities and work programme is detailed in this paper.
Health inequalities	Not Applicable to the contents of this paper.
Next Steps	The newly established People Committee has an approved a work plan that will support routine assurance reporting across all areas of the internal People Agenda. This will then be reported through our formal governance structures to the Finance, Investment and Our Resourcing Committee in the form of a Chairs report and minutes of meeting. The Cheshire and Merseyside People Board / CMAST workforce Board and Efficiencies at Scale Board will take forward all system wide actions
Appendices	Not Applicable

Director of Nursing and Care report on the People agenda

1. Executive Summary

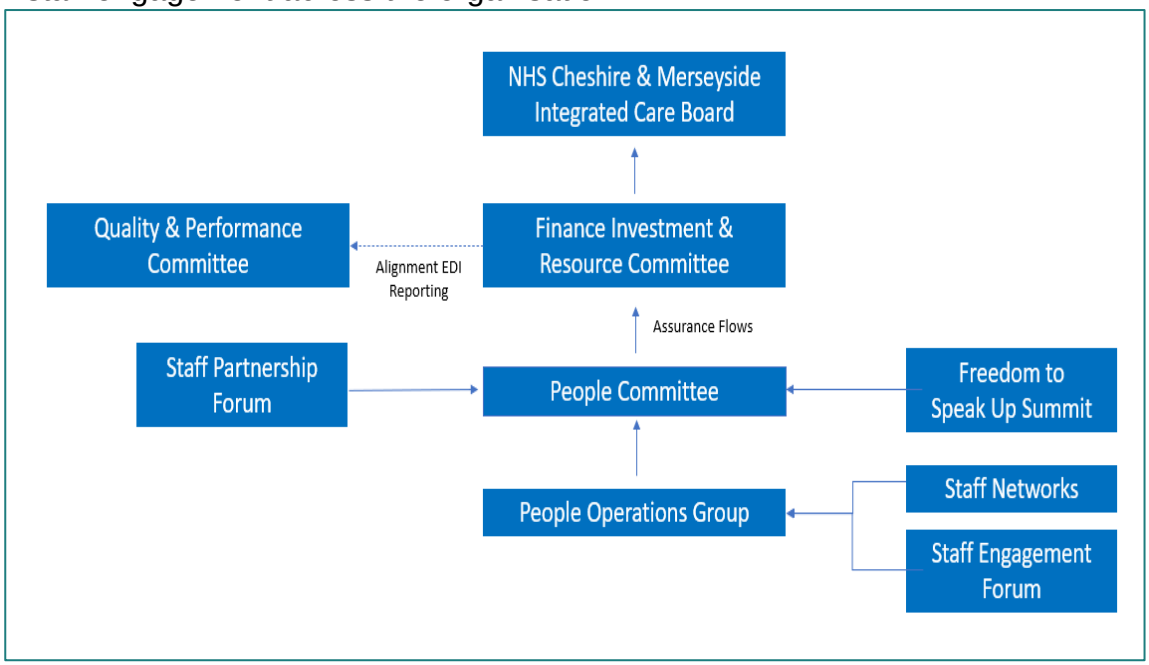
2.1 This paper provides an overview of the current Workforce / people governance arrangements, staff engagement activities and workforce priorities. The focus of the paper is related to internal organisational activity with reference to system wide arrangements and priorities that are reporting via the Cheshire & Merseyside People Board (with previous reporting to the NHS Cheshire & Merseyside Board in March 2023).

2. Governance and engagement arrangements

2.1 As part of the review of ICB governance arrangements, a People Committee has been established which reports to the Finance, Investment and Resourcing Committee and aims to strengthen the assurance arrangements in respect of the People agenda.

2.2 The People Committee will provide oversight, reporting and assurance across the internal people agenda of the ICB to include (but not limited to) the people strategy, recruitment & retention, organisational development, talent management, learning & development, staff experience, workforce planning and equality, diversity & inclusion.

2.3 The schematic below presents the new arrangements for aligned governance and staff engagement across the organisation.



3. ICB People agenda - Organisational Effectiveness and Development (OED)

3.1 Our programme of activity to support organisational effectiveness and development includes:

- Co-creating an organisational identity and cultural transformation through a single agreed narrative that articulates our purpose, vision and mission which are underpinned by values and behaviours

- Develop an NHS Cheshire & Merseyside leadership development programme to develop compassionate, collaborative and culturally competent aspiring, new & existing leaders with a focus on Leading People, Leading Systems, Leading with Cultural Competence and Leading Transformation

- Working together programme– facilitated support for team working, supporting new ways of working, collaboration to align organisational systems and processes (where support is required) to the desired cultural conditions described by the NHS People Promise, supporting the CQC Well Led Framework and KLOEs

- Talent Management - To attract, identify, develop, engage, retain, and build a talent pipeline for business-critical roles in alignment to the strategic ambitions

- Creating a learning and development framework that underpins a learning culture

- Focus on effective statutory & mandatory training and supportive Appraisal processes.

4. Staff Experience & Engagement

4.1 Robust arrangements have been made to respond to the feedback from the Staff Survey results, including significant engagement activity to share and discuss the results seeking further information, feedback and intelligence as required. This has resulted in the development of a comprehensive action plan that is themed around the key areas of engagement, morale and the seven areas of the NHS People Promise. This has been presented back to our staff via the We Are One staff brief and team development sessions with reporting to the People Committee and newly established Staff Engagement Forum.

4.2 The work has led to the establishment of an integrated work programme “Improving Staff Experience” with cross functional leadership across People, Communications, Estates, Information Technology and Governance. The work programme is being delivered across 5 pillars below:

5. Workforce Equality, Diversity & Inclusion (EDI)

5.1 The Associate Director for Workforce Equality, Diversity and Inclusion is currently reviewing organisational data, processes, and policies in line with the legal frameworks, the Equality Delivery System (inclusive leadership and health & wellbeing), Equality Standards, staff survey information, Gender Pay gap reporting and equality analyses. This will inform our priority areas of development.

5.2 Emerging work strands include:

- Establishment of respective staff networks
- Ensuring effective and robust EDI fundamental policies and processes in place
- Review of all current people polices through an EDI lens
- Review workplace adjustment processes
- Review equality analyses processes
- Review/identify workforce EDI Accreditations/standards.

6. Freedom to Speak Up (FTSU)

6.1 We are currently refreshing our organisational arrangements for Freedom to Speak up in line with the national self-assessment guidance and current best practice from the National Guardian Office. This includes a review of our organisational strategy, handling and recording processes, the FTSU Guardian arrangements, staff training and awareness and ambassadorial roles to support, develop and promote a supportive and safe cultural climate.

6.2 It is proposed that a new FTSU Summit is established to review reporting of FTSU data (anonymised) and triangulation with other business intelligence to inform actions and share learning across the organisation and system to support the development of an open culture.

6.3 The Executive Team have received an update in respect of this work with assurance reporting to the People Committee and Audit Committee (for effectiveness of our arrangements).

6.4 The ICB has agreed to have a Board Level Freedom to Speak Guardian.

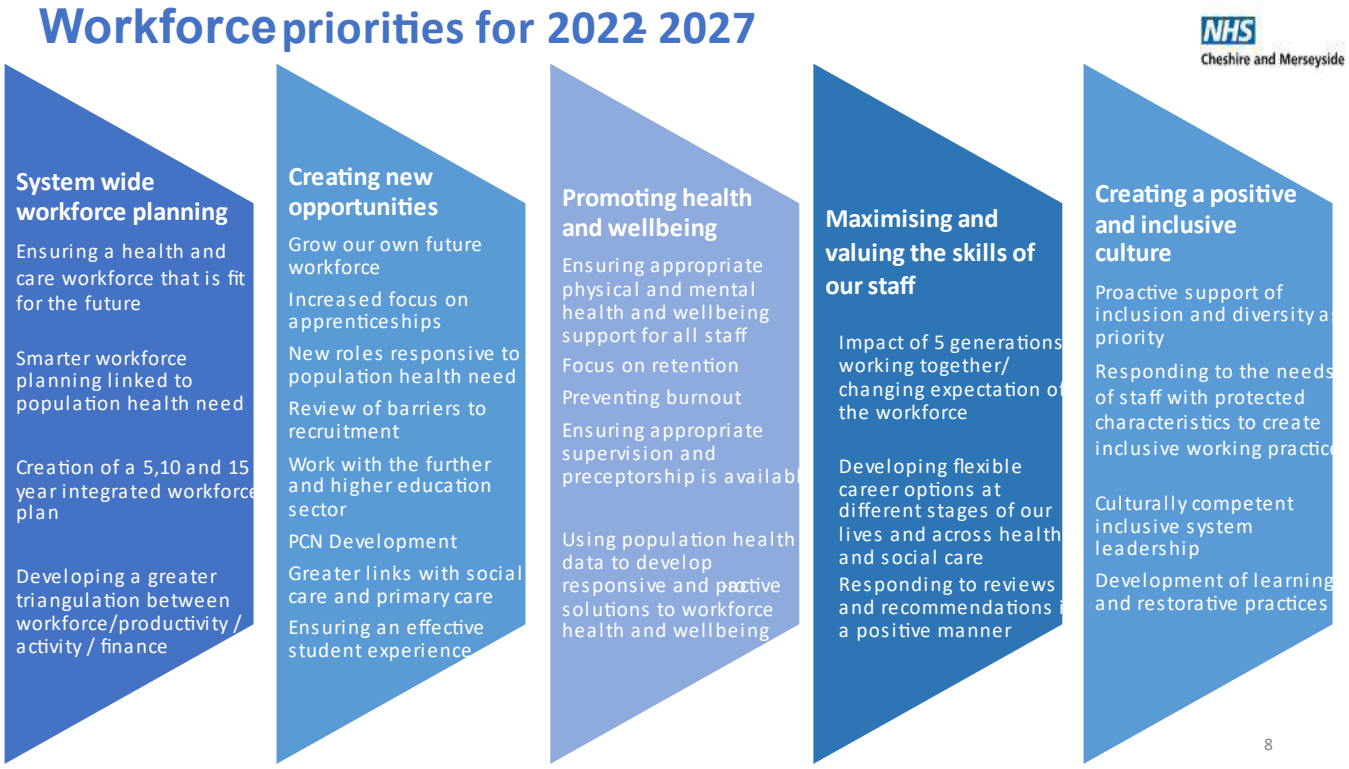
7. HR Service

7.1 A Head of HR has been appointed to oversee the development and delivery of an innovative and efficient internal HR service including the full integration of the current CSU HR service into a business partnering model.

7.2 Work to improve the quality of workforce data has commenced and an internal workforce dashboard has been developed. The Team will have a focus on 'Back to basics' in the short term.

8. Cheshire and Merseyside System Focus

8.1 The ICB/ICS has a number of mandated workforce responsibilities and targets and functions, and these are being delivered through the activities of the Cheshire and Merseyside People Board, through the Provider Collaborative Workforce boards and via the Efficiencies at Scale Board and are all aligned to the Cheshire and Merseyside People Strategy (below).



8.2 Appendix One details a number of workforce programmes that have been established.

9. Recommendations

9.1 The Board is asked to note the current governance and engagement arrangements, priorities, and activities across the whole People agenda

10. Next Steps

10.1 The newly established People Committee has an approved a work plan that will support routine assurance reporting across all areas of the internal People Agenda. This will then be reported through our formal governance structures to the Finance, Investment and Resourcing Committee in the form of a Chairs report and minutes of meeting.

Officer contact details for more information

Please contact

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Cheshire and Merseyside ICB
Integrated Care Board Meeting

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Appendix One

Initiative	Detail
Workforce Planning	
Developing workforce planning skills	Improving the skills of workforce planners across health and social care Development of a 5-year integrated health and social care workforce plan with an aim to develop population health-based workforce plans. Develop our approach to calculate the productivity (finance vs activity vs workforce) Improved understanding of social care workforce plans via Skills for Care Better understand supply data and how this informs workforce plans
Development of workforce plans specifically for the diagnostic workforce and the elective recovery programme	Engagement of external organisation to profile the skills and numbers required for the future diagnostic workforce (linked to community diagnostic hubs) and to ensure that there are appropriately skilled and trained staff for the elective recovery programme
Health and Wellbeing	
Rugby League Cares- an alternative approach to health and wellbeing	A joint initiative between Trusts and Rugby League Cares (the charity arm of Rugby League) The evidence-based approach was piloted with a number of Trusts, whose staff/ towns are connected with Rugby League Clubs and evaluated exceptionally well. There are a range of interventions group and 1:1 utilized to support staff The programme has been rolled out to a wider number of Trusts to support groups of staff who traditionally would not engage on health and wellbeing initiatives.
Beat the Burnout Programme	A 4 Week 1-2-1 Private Coaching Programme • Improve Resilience • Boost Mental Health • Reduce Stress • Sleep Better • Get Fitter • Lose Weight • Improve Memory • Enhance Concentration • Raise Self Esteem • Eat Healthier • Reboot Your Wellbeing This is being piloted across the following Trusts Alder Hey NHS FT Cheshire and Wirral Partnership NHS FT Mersey Care NHS FT

Cheshire and Merseyside ICB
Integrated Care Board Meeting

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Initiative	Detail
Domestic Violence Programme	A collaborative approach between the ICB and Trade Unions to develop the support available for staff who are victims of domestic violence
Social prescribing for community nursing teams	The project will support effective workforce utilization through improved absence and retention. By encouraging social prescribing pathways at the first sign of ill-health, the project will aim to help people stay in work. There will be a focus on sharing success stories and testimonials from people and capturing data to demonstrate the effectiveness of the approach. This could include capturing individual's data on improvement in symptoms or a survey. This information will be shared with other employees to inspire them to also come forward for support.
New roles/ enhanced roles	
Establishment of a Trainee Midwife Associate role	Learning from the Trainee nurse associate this will develop new entry points into midwifery
Community Support workers	Development of a new role supporting defined communities – this is being piloted by Bridgewater Community Health care Trust
Future supply	
Careers and engagement hub	An initiative to attract youngsters into careers in health and social care – working with schools and colleges the service supports youngsters with understanding the wide range of careers, identifying the optimum subjects at GCSE/ A level to pursue a range of careers, provision of work placements (virtual and face to face) support at careers events
International recruitment	Coordinated approach to international recruitment across Cheshire and Merseyside
Retention	
AHP retention lead post / AHP faculty	Focus on the 13 AHP groups and the development of a retention strategy and approach.
C&M Nurse retention manager/ legacy mentors	The post shares best practice and research on retention of staff and provides Trusts with data on trends of staff leaving / length of service etc. There have been a range of events arranged to shared success stories The postholder has access to a range of national retention and has been successful in attracting funding for a number of legacy mentors and a post focusing on retention of Health Care Support Workers
Collaborative Banks	
Establishment of a diagnostic (endoscopy) bank	This work has been led by St Helens and Knowsley Trust on behalf of the Diagnostic programme
Scoping the feasibility of establishing a Primary	A scoping exercise is being conducted by the team at STHK, on behalf of the ICB, to understand whether primary care practices would utilize a collaborative bank

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Initiative	Detail
Care Bank and a health care support worker bank	A scoping exercise is being conducted by the team at STHK to understand whether Trusts would utilize collaborative bank(s) for health care support workers
Data sharing	
Development of a C&M Workforce dashboard	Development of a workforce dashboard to include time to hire, sickness data, bank and agency, turnover, vacancies etc.
Social care Programmes	Provision of support to social care nursing Access to HEE learning and development offer Collaborative and inclusive leadership programme 'Finders' keepers' programme Scoping for the social care skills hub Enhanced quality in the care home sector – a review of staffing
Programmes that have been planned but not yet commenced	
Medical Support workers	Funding received to support the expansion of the medical support workers Working up a proposal in partnership with NHS Lancashire and South Cumbria and NHS Greater Manchester
Apprenticeships	As part of the efficiencies at scale programme it has been agreed that we should maximize the use of the apprenticeship levy within NHS organisations and if not used consider the transfer to primary care or social care organisations
Bank and agency costs / incentives	Development of a set of principles regarding payment for bank and agency costs and to understand the impact of incentive payments

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NHS Cheshire and Merseyside ICB Board Meeting

25 May 2023

Quality & Performance Report

Agenda Item No	**ICB/05/25/11**
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

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NHS Cheshire and Merseyside ICB
Quality & Performance Report

Performance Report
Board Summary

Executive Summary	The attached presentation provides on overview of key sentinel metrics drawn from the 2022/23 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.				
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**	**Estate**	
			x		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
		x			
Route to this meeting	n/a				
Management of Conflicts of Interest	n/a				
Patient and Public Engagement	n/a				
Equality, Diversity, and Inclusion	n/a				
Health inequalities	n/a				
Next Steps	n/a- regular report				
Appendices					

NHS Cheshire and Merseyside ICB
Quality & Performance Report

1. Urgent Care

1.1 The urgent and emergency care system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside.

1.2 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 during 2022 and 2023. OPEL 3 is defined as 'the local health and social care system is experiencing major pressures compromising patient flow'.

1.3 As winter pressures continued to build over the course of December and into January a total of six of Trusts across C&M declared the highest level of escalation, OPEL 4 on one or more occasions, with 15 separate declarations over this period.

1.4 Since mid-January most Trusts have continued to report predominantly at OPEL 3 or better, however increased pressure has been observed since late February and into March, with several further OPEL 4 declarations. Overall, Cheshire & Merseyside has remained at OPEL 3 as a system, but with some slight easing of pressure in April indicated by some acute Trusts being in a position to de-escalate to OPEL 2 for short periods.

1.5 In terms of waiting times for patients in A&E, headline waiting time performance has remained steady, with 72% of patients being admitted, transferred, or discharged within 4 hours. It should be noted that for 2023/24 a recovery objective has been set at a national level to improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25.

1.6 Category 2 ambulance call response times, which should be responded to within 18 minutes and includes serious presenting conditions including patients who may have had a stroke or are experiencing chest pain, deteriorated significantly in late 2022, reaching an average for December 2022 of 1 hour 53 minutes and 3 seconds.

1.7 Whilst performance improved in January and February, the resurgence of pressures described above is reflected in the impact on ambulance response times, with the March 2023 Category 2 mean response time deteriorating to 43 minutes 54 seconds, compared to 28 minutes in February.

1.8 Ambulance handover delays follow a similar pattern, with a recovery of performance in January and February, but a deteriorating performance in March 2023, with 1,612 handover delays over 60 minutes, and 1,539 delays between 30 and 60 minutes.

1.9 The delays in ambulance handovers at hospitals relate to overcrowding in emergency departments caused by a combination of high demand and insufficient bed capacity available within our hospitals to admit all those patients requiring a hospital bed.

1.10 Delays often lead to patients having to wait for a bed in the emergency department or on an assessment unit, as can be seen from high number of patients experiencing a delay of over 12 hours from the point of a decision to admit, which although improved from the peak in December, has increased again in March to 4,319 (139 per day) from 3,761 (134 per day) in February.

1.11 The impact on ED of delays from decision to admit is crowding in department and in waiting areas and corridor care. In terms of corridor care, which is an indication of severe pressure in the urgent and emergency care pathway, whilst this is improved from the levels seen in December and early January, most acute Trusts with the exception of Alder Hey and specialist trusts, have had to care for patients on corridors during times of peak demand in order to release ambulance crews as rapidly as possible.

1.12 The majority of C&M acute Trusts with an Emergency Department reported adult bed occupancy in a range from 96%-100% throughout March 2023, with a slight improvement during April with most reporting occupancy in a range from 94-96%, reflected perhaps in the slightly improved OPEL position for some Trusts referred to above. The lower occupancy levels reported in the performance tables of 91.6% reflects the inclusion of specialist Trusts and paediatric beds where occupancy is typically lower.

1.13 Bed occupancy in adult mental health remains very high, running at or close to 100%, impacting on the ability of mental health trusts to accommodate patients who attend an acute emergency department and require admission, with significant pressure seen throughout March and April. As is the case with acute care, a significant number of adult mental health beds are occupied by patients who are ready for discharge but are awaiting supported accommodation, care homes, nursing placements and further non-acute input.

1.14 Acute hospital discharge figures remain too low - a seven day moving average of 361 discharges per day as at the end of March, against a target of 463.

1.15 Within acute Trusts, there continues to be a significant number of patients no longer meeting the criteria to reside in hospital. This has improved slightly at 20.1% in April 2023 but remains significantly higher than the England average (13.9% in March). Within this there is also significant variation across Trusts. The number of patients not meeting the criteria to reside within Trusts across Cheshire and Merseyside typically remains around 1,000 on any given day with the majority awaiting packages of support to enable their discharge home.

1.16 Long length of stay is also a significant factor in the persistently high levels of bed occupancy. Patients with a length of stay over 21 days account for 28% of occupied beds.

1.17 Winter plans included additional national funding to open an additional 206 beds over the course of the winter, which were all opened ahead of schedule by the end of January 2023.

1.18 The ICB opened its System Control Centre (SCC) on 01 December in line with national guidance. The SCC operates daily, gathering intelligence and where possible brokering mutual aid across the system.

1.19 This has been augmented by a dedicated EPRR response to industrial action since December 2022, with an Incident Coordination Centre stood up alongside the SCC on industrial action days.

1.20 Place Directors are working closely with their respective Local Authorities to facilitate discharge. Given the extraordinary level of pressure this winter, this response has included a focus on increasing and then maintaining the run rate of hospital discharges every day and collectively making risk-based decisions about who can go home earlier with a lower package of care than might previously have been assessed.

1.21 The key risk to delivery remains workforce, encompassing recruitment, retention (better wages available in other sectors), skill mix/shortages, gaps in rotas, sickness etc. These issues are apparent across medical, nursing, AHPs, ambulance service, mental health and community care, and social care including domiciliary care.

2. Elective Care & Diagnostics

2.1. The Cheshire & Merseyside Acute and Specialist Trusts Provider Collaborative (CMAST) hosts the C&M Elective Recovery programme. The programme is focused on two key areas of performance namely recovery of elective activity to pre-pandemic levels and beyond, and the reduction of the longest waits for treatment.

2.2. Patients waiting for long periods of time may experience a deterioration in their condition and may subsequently require more interventions and all trusts are working hard to clear the longest waiting patients to reduce this risk.

2.3. The key priority for 2022/23 was to eliminate waits in excess of 78 weeks by the end of March 2023. Whilst the total waiting list for elective care has been growing, trusts made significant progress in reducing the numbers of patients waiting 78 weeks or longer.

2.4. The key priority for 2022/23 was to eliminate waits in excess of 78 weeks by the end of March 2023. Whilst the total waiting list for elective care has been growing, Cheshire and Merseyside trusts made significant progress in reducing the numbers of patients waiting 78 weeks or longer as previously reported, and in due course a summary of all the breaches will be brought back to Board to include the underlying reasons such as patient choice, complexity, patients being unfit for treatment, or lack of hospital capacity.

2.5. The focus on long waits did not cease at the end of March, and work continues with trusts through the mutual aid hub and meet weekly with each trust to review their waiting list and support with accessing all possible capacity (including diagnostics, independent sector, and sourcing capacity out of area) to clear the remaining patients and to focus on the next milestone, the elimination of waits in excess of 65 weeks by the end of March 2024.

2.6. Overall numbers on the RTT pathways are still increasing. Currently there are 4,807 patients waiting over 65 weeks as at the end of March, and as a system there are 183,097 patients to clear in the over 65-week cohort. This is all patients currently waiting over 15 weeks that could breach 65 weeks if not seen before end of March 2024.

2.7. The trusts with the highest number of patients in the potential over 65-week cohort are Liverpool University Hospitals Trust with 44,299, the Countess of Chester with 25,234, St Helens 21,801, Wirral 20,327, and Mid Cheshire 19,977. Key high-volume specialties are Gynaecology, ENT, T&O, Ophthalmology, Dermatology and General Surgery.

2.8. During 2022/23 a number of trusts were subject to additional scrutiny and support from the national elective recovery team due to performance challenges in relation to cancer waits and high numbers of potential 78-week breaches as at August 2022. Liverpool University Hospitals Trust (LUHFT) remain within this cohort of Trusts; however, performance is much improved.

2.9. An Operational Insight Network has now launched holding regular sessions focusing on key operational challenges facing the C&M system. These sessions will be an opportunity for Trusts to flag issues and share best practice.

2.10. In terms of the total waiting list for elective care, this had been growing consistently, however since September 2022 the waiting list numbers have levelled off. This is also due in part to ongoing validation of waiting lists and reflects the work described above to clear long waits.

2.11. Elective recovery to pre pandemic levels is measured in terms of value-weighted elective activity compared to 2019/2020 for access to the Elective Recovery Fund. By this measure, the latest published data for January 2023 taken from Trust activity submitted via SUS puts Cheshire & Merseyside at 101.1% compared to 97.9% for the North West, and 102.0% for England.

2.12. For diagnostics fast and accurate diagnosis is critical so that health issues are identified as early as possible, and patients have the best chance of recovery or living well with their condition. The national waiting target remains at <1% of patients waiting more than 6 weeks for a diagnostic test and zero 13+ week waiters with a recovery target of 95% of patients receiving a test within 6 weeks by March 2025.

2.13. Due to winter pressures and industrial action, December and January saw the proportion of patients receiving a test within 6 weeks drop to c75%, however this improved to 80.9% in February 2023.

2.14. A national activity target for diagnostics has been set at 120% of pre-pandemic levels, specifically 2019/20 activity baseline across a range of seven common diagnostic modalities.

2.15. Previous reports have used in month activity rather than year to date activity hence Cheshire & Merseyside position is now 103% and 104% for the NW region, a significant difference compared to previously reported figures of 130% and 116% respectively.

2.16. Services are being supported by the Cheshire and Merseyside Diagnostics Programme to deliver not just higher activity but also to reduce waste in the form of cancelled appointments and Did Not Attend (DNA) rates for patients across diagnostic tests which will also positively impact waiting times.

2.17. Trusts are increasing productivity using real time data monitoring in endoscopy and reducing echocardiography appointment slot times to the national standard which has allowed productivity to increase in some trusts by as much as 11%.

2.18. The programme has completed a piece of work to ensure that all surveillance patients (those with an existing diagnosis who require an annual check) are included within our waiting lists and so are not overlooked.

2.19. The opening of six Community Diagnostic Centres (CDCs) across Cheshire and Merseyside has resulted in activity growth and increased access for patients across the ICB footprint. We are providing the 3rd highest CDC activity levels in England. In 2022/23 activity is expected to outturn at circa 150,000 tests however in 2023/24 that is planned to rise to around 300,000 tests.

2.20. Cheshire and Merseyside Diagnostics Programme has plans in place for 3 further Community Diagnostic Centres (CDCs) to open in the first half of 2023. This will provide a major boost to diagnostic activity levels and support the aim to increase activity further and reduce waiting times.

3. Cancer

3.1. Cancer services are busier than ever, seeing and treating more patients each month than ever before. Further efficiencies are being pursued; however, the sustained rise in demand will also require significant further investment in the workforce.

3.2. 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.

3.3. High referral levels have resulted in more cancer patients being diagnosed and treated than in any previous year. Data suggest that the proportion of patients diagnosed with early-stage cancers has increased, which is positive.

3.4. However, although a greater number of patients have been seen and treated within target times, high volumes have meant that significant numbers of patients have experienced delays. The impact will continue to be monitored through patient experience surveys and clinical harm reviews.

3.5. A sharp and sustained rise in urgent suspected cancer referrals, capacity constraints experienced during each wave of COVID-19, alongside ongoing diagnostic backlogs and workforce constraints has resulted in the total cancer waiting list increasing considerably since 2019.

3.6. Urgent suspected cancer GP referrals continue to be high. February 2023 (latest published month) referrals stood at 129.6% of 2019/20 levels compared with 120.7% nationally.

3.7. More patients that ever are being seen within target time. Performance against the 14-day standard remains below target at 80.4%, however this is an improvement on the previous month (76.9%).

3.8. 28-day faster diagnosis performance remains challenged due to high referral volumes. Performance improved to 71.3% in February 2023 compared with 61.8% in January 2023.

3.9. Lower GI cancer pathways are under significant pressure in most Trusts as a combined result of increased referrals and diagnostic capacity constraints. LGI referrals in 2022/23 YTD are 160% of pre-pandemic (2019) levels.

3.10. 31-day cancer performance improved in February 2023 to 94.2% compared with 90.8% in January. Performance remains better than the North West and England averages.

3.11. 62-day cancer performance remains below the operating standard but improved to 61.5% in February 2023 from 55.5% in January. C&M continues to perform better than the North West and England averages.

3.12. 3,000 additional cancer first appointments are being provided each month compared with 2019 to manage increased demand.

3.13. The Cancer Alliance is supporting improved efficiency and productivity with funding and project resources through the faster diagnosis programme.

3.14. Given the challenges described above, LGI pathways continue to be the focus of targeted support, primarily through the Alliance's faecal immunochemical testing (FIT) programme and the Endoscopy Network's improvement programme.

3.15. Capital investments, training & education (in both primary and secondary care) and a pipeline of innovation are all building resilience and supporting recovery.

3.16. The key targets highlighted in the 2023/24 operational planning guidance, namely the 28-day faster diagnosis standard and the reduction of the over 62-day backlog, are both planned to be achieved by the end of Q4 2023/24 in line with the national expectation.

4. Mental Health & Learning Disabilities

4.1. Demand for eating disorder services for children and young people remains high, but teams continue to meet waiting time standards for both urgent and routine cases. Due to ongoing data quality issues this is not reflected in nationally published data and work is continuing to address this which will be completed by the final submission for 2022/23 in May 2023.

4.2. The early intervention in psychosis target of 60% of people being seen within 2 weeks has been met. The dip in performance noted in December 2022 relates to incomplete data which will be corrected in an end of year data refresh.

4.3. Access to Talking Therapies (IAPT) has increased this month but remains below target levels. The impact of a local 2022/23 CQUIN scheme included within acute hospital contracts will be reviewed to determine whether there has been an increase in referrals of patients with long term conditions.

4.4. Talking Therapies (IAPT) recovery rates of 50% have been achieved overall at a Cheshire and Merseyside level and within six out of nine places. For the three areas where the recovery rate is not being achieved, namely Halton, Knowsley and Liverpool, all are achieving recovery rates in excess of 46% and recovery discharges are monitored by the lead clinicians on a regular basis. Clinical leads and supervisors continue to review individual recovery rates to look at ways to help each therapist improve their own recovery rates.

4.5. The waiting time target of 75% of people having access to NHS Talking Therapies (IAPT) within 6 weeks is being exceeded at ICB level. However, recovery plans are in place in Sefton and Warrington where this is not being met. The 18-week NHS Talking Therapies target is being achieved across the whole of Cheshire & Merseyside.

4.6. Specialist community perinatal services are on track to deliver the agreed recovery target of 2,357 by year end with local data evidencing increased access across all areas.

4.7. The number of out of area placement bed days remains high, although slightly reduced from the December 2022 position. All out of area activity relates to Cheshire and Wirral Partnership NHS Foundation Trust who are experiencing low staffing levels in inpatient services and high numbers of delayed discharges which are impacting adversely on acute care flow. Lack of supported housing, nursing homes and suitable community placements are the most significant reasons for delays.

4.8. Preparatory work is being undertaken to pilot a new NW region Escalation Framework for Adult MH, escalation was in place within the MH sector, however this will now be mainstreamed through the System Control Centre.

4.9. In terms of annual health checks for people aged 14+ with a learning disability Q3 data is often low and does improve at Q4 as National Data is several weeks behind local data.

4.10. As of February 2023, the AHC uptake was 68.4%, local data is used so interventions can take place in a timely manner. At the time of the report local unvalidated data for 2022/23 forecast outturns received indicates a forecast outturn of 72.7% for the ICB against the target of 75%. This comes with the caveat that it is unvalidated, unpublished data, but should give a good indication of final outturn, which if achieved would represent a slight improvement on the previous year.

4.11. Increased uptake in AHCs will improve patients' lives and forward health planning and will allow professionals to focus on the quality of the Health Checks being provided. Transforming Care Commissioners and teams continue to raise awareness of LD AHC's, and GP Practices who are underdelivering against target are encouraged to begin with patients they did not see last year (outstanding

AHCs continue to be targeted). Use of a dedicated risk assessment tool is being encouraged to identify those patients who need face to face AHCs.

4.12. Most practices make at least three contacts with the patient to encourage them to come in. Contact is made in a variety of ways between phone, text messaging and easy read letters but patients can be challenging to reach or can fail to attend an agreed appointment.

4.13. Individual reasonable adjustments are provided where needed, with ongoing work to ensure individual needs are recorded and understood. To increase uptake of the LD Health check offer, it is widespread practice to send easy read letters to those patients who DNA or have not responded to any call or messages or where feasible Health Facilitators follow up for non-attendance to understand why.

4.14. Flexible solutions have been sought in terms of location and provision of dedicated space for LD/Autism patients to better enable reasonable adjustments.

5. Primary Care

5.1. There are 355 GP Practices across Cheshire and Merseyside, looking after a population of 2.7 million people with the GP Practices grouped into 55 Primary Care Networks (PCNs) to deliver certain functions under the relevant national contracts.

5.2. GP practices were asked to focus on recovery and restoration of general practice services, returning to pre-pandemic levels and scope of delivery as quickly as possible during 2022-23.

5.3. In relation to access, all appointment types show positive trajectories and increases well exceeding pre pandemic levels in particular telephone and overall, face to face appointments continue to rise and all forms compare favourably to England figures, although behind the North West position.

5.4. Overall demand remains high for all appointment forms, patients continue to benefit from continued and increased access to appointments with activity remaining higher than the same pre-pandemic period.

5.5. The Cheshire and Merseyside same day and 1 day appointment %'s are higher than England, leading to a lower proportion of our patient population having to wait 2 to 7 days, 8 to 14 days, 15 to 21 days, 22 to 28 days and over 28 days.

5.6. The roll out of GP appointment toolkit is ongoing to further enable analysis against Place, Primary care Networks (PCN) and individual practices to improve quality of data.

5.7. PCNs and Practices plan to have submitted their Access Improvement Plans by 30th June, which will give further targets and expectations nationally for primary care. It is anticipated that this will emphasise demand, capacity and access and therefore overall appointment availability.

5.8. Appointment data is reported and overseen at the System Primary Care Committee (bimonthly) where assurance is given on actions to support this at place and corporate level.

6. Summary/Recommendations

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

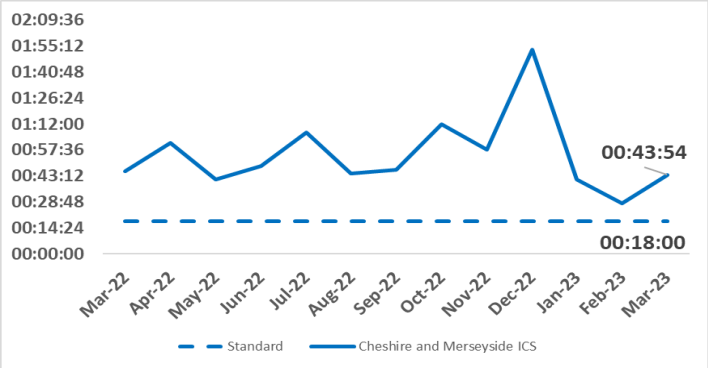
NHS
Cheshire and Merseyside

Performance Report

Section I: Urgent Care

NHS Cheshire and Merseyside

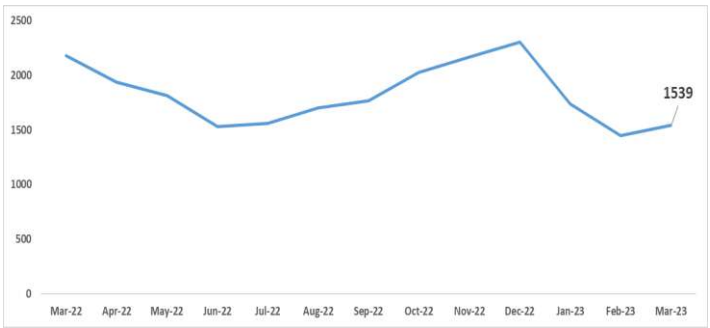
Ambulance Response times – Cat 2



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	00:41:20	00:28:00	00:43:54
North West	00:29:17	00:22:36	00:30:57
England	00:32:06	00:32:20	00:39:33

North West & England figures published nationally
C&M figures from Senior Programme Director

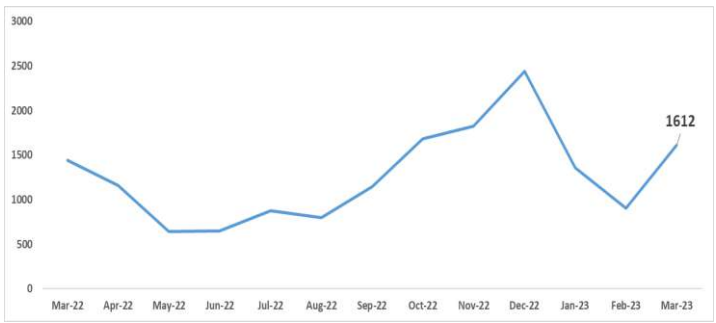
Ambulance Arrival to handover 30 to 60 mins



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	1734	1445	1539
North West	5282	4333	5336
England	23919*	44734	52120

*NW & England data published only from 16th January

Ambulance Arrival to handover >60 mins



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	1356	904	1612
North West	3494	2124	3651
England	12380*	29739	38878

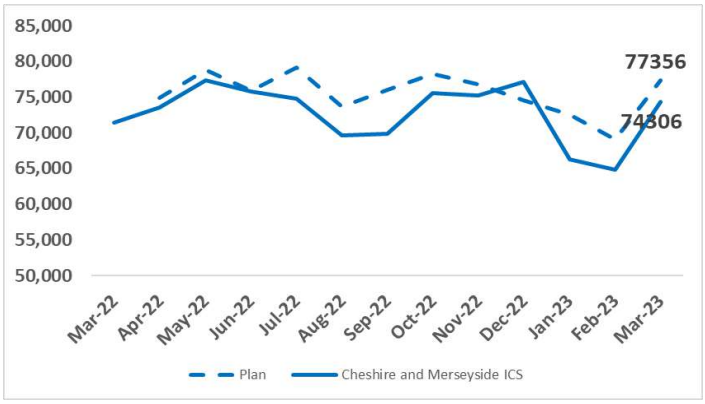
*NW & England data published only from 16th January

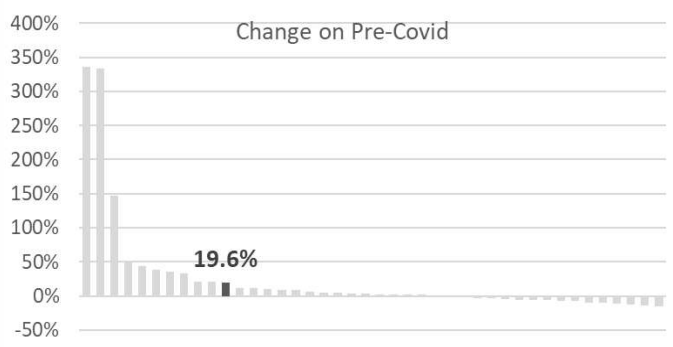
	Mar-23		
	Total measureable arrivals	>60 min arrival to handover	% attends over 60 mins
Aintree University	1522	425	28%
Alder Hey	3	0	0%
Arrowe Park	739	276	37%
Countess of Chester	848	254	30%
Leighton	704	32	5%
Macclesfield General	40	0	0%
Royal Liverpool University	1177	297	25%
Southport District General	871	73	8%
Warrington	1201	158	13%
Whiston	647	97	15%

Section I: Urgent Care

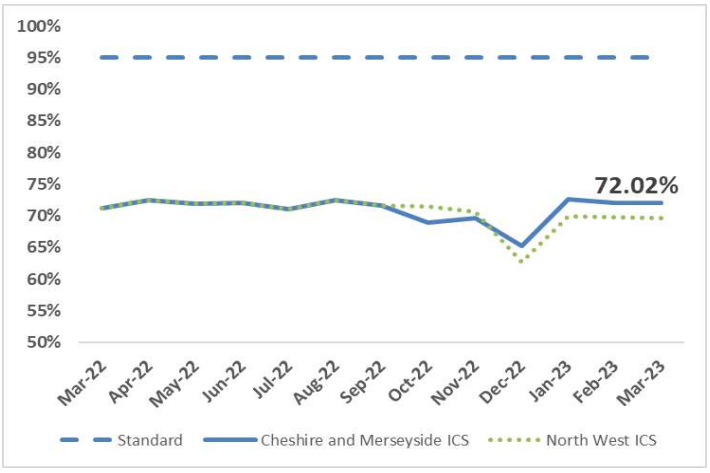
NHS Cheshire and Merseyside

A&E Attendances (Type 1)



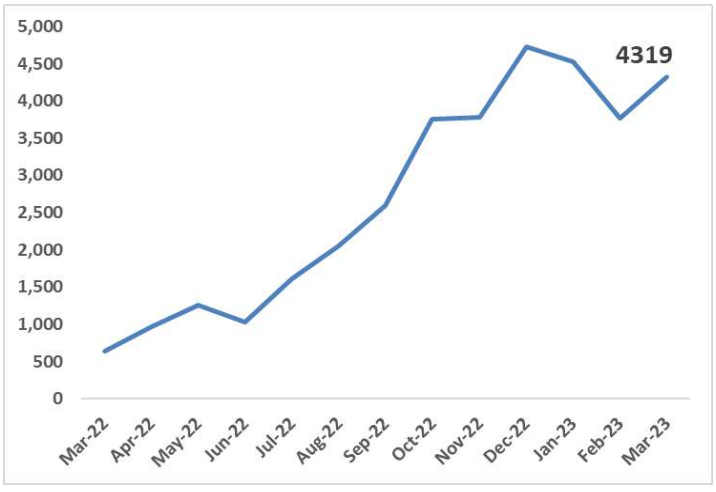


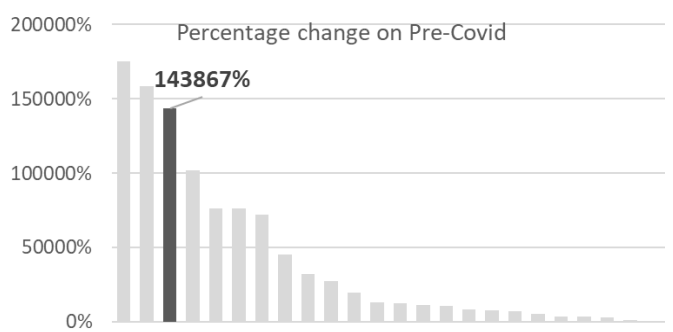
A&E 4 Hour Standard



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	72.7%	72.0%	72.0%
North West	69.9%	69.8%	69.6%
England	74.8%	74.0%	74.6%

A&E 12 hour delays from decision to admit



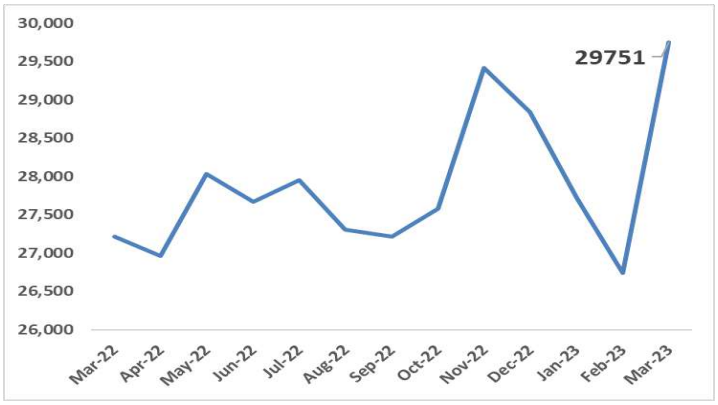


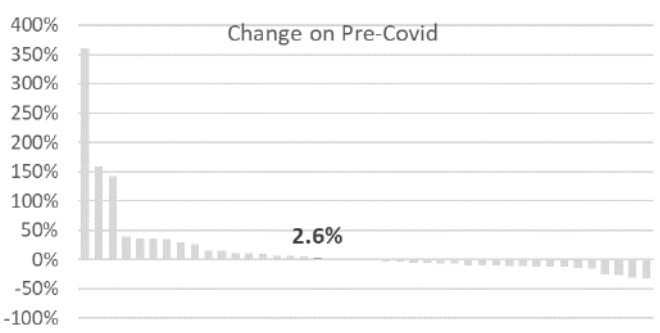
Note: The very large percentage increase seen is due to the large variation in 12 hour delays between March 2019 and March 2023. In Cheshire & Merseyside this increased from 3 to 4,319.

Section I: Urgent Care

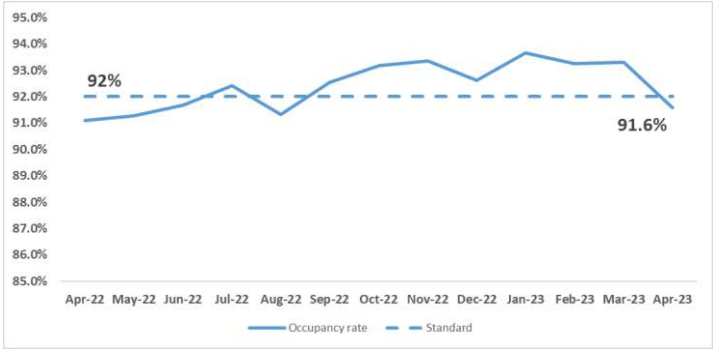
NHS Cheshire and Merseyside

Total Emergency admissions





Bed Occupancy General & Acute

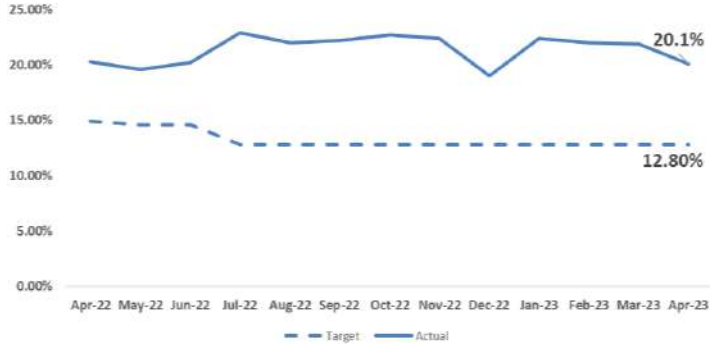


Organisation	Feb-23	Mar-23	Apr-23
Cheshire & Merseyside	93.3%	93.3%	91.6%**
North West	93.2%	93.3%	*
England	94.3%	94.1%	*

** C&M data to 24th April

* National and regional figures published monthly in arrears

No longer meeting criteria to reside (Percentage of G&A bed stock)



Organisation	Feb-23	Mar-23	Apr-23
Cheshire & Merseyside	22.0%	21.9%	20.1%*

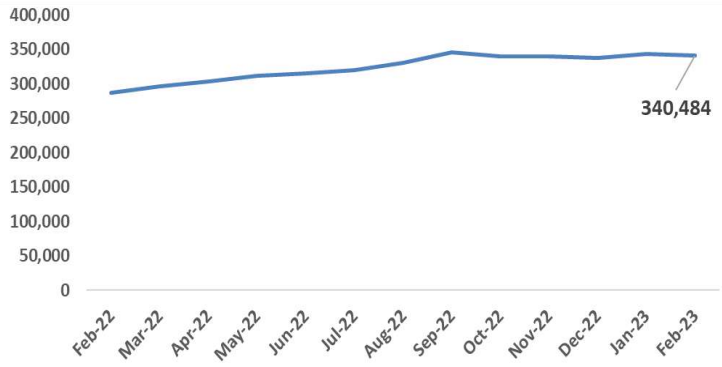
* To 24th April

No Criteria to reside - Trust	24/04/2023
Countess of Chester Hospital	16.3%
East Cheshire Hospitals	16.4%
Liverpool University Hospitals	20.1%
Mid Cheshire Hospitals	19.4%
Southport & Ormskirk Hospital	8.9%
St Helens & Knowsley Hospital	18.7%
Warrington & Halton Hospital	23.9%
Wirral University Teaching Hospital	28.0%

Section II: Planned Care

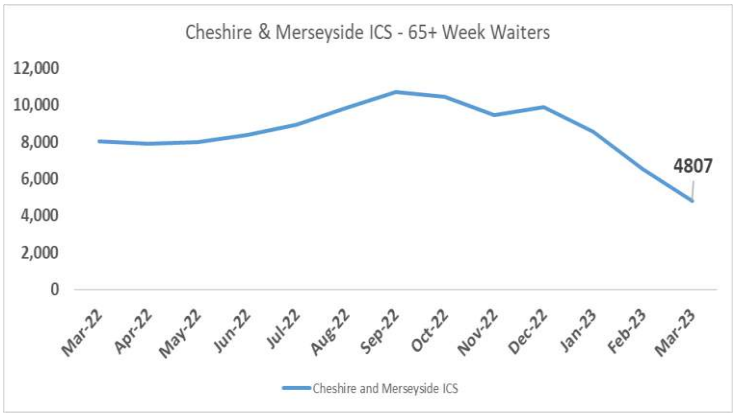
NHS Cheshire and Merseyside

Total Waiting List Size – Feb 23



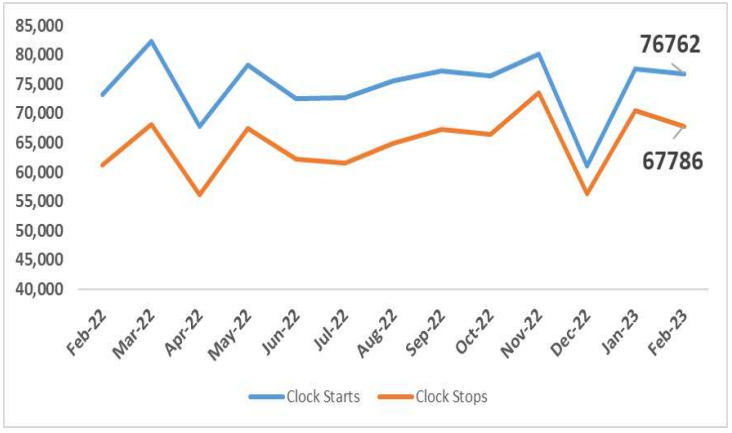
Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	336,835	343,092	340,484
North West	802,128	983,325	971,021
England	6,513,531	6,692,531	6,691,140

The number of people waiting 65 Weeks or more – Mar 23



Organisation	Jan-23	Feb-23	Mar-23
Cheshire & Merseyside	8561	6515	4807
North West	28298	22925	17307
England	145994	123739	95813

RTT – Clock Starts & Clock Stops



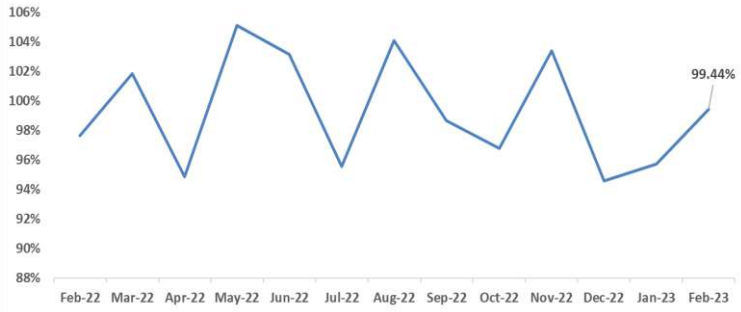
Cheshire & Merseyside	Dec-22	Jan-23	Feb-23
Clock Starts	60931	77531	76762
Clock Stops	56349	70501	67786

NB: Clock starts and clock stops for RTT treatment give a broad but not complete picture of additions and removals from the waiting list, as waiting lists are also subject to ongoing data validation.

Section II: Planned Care

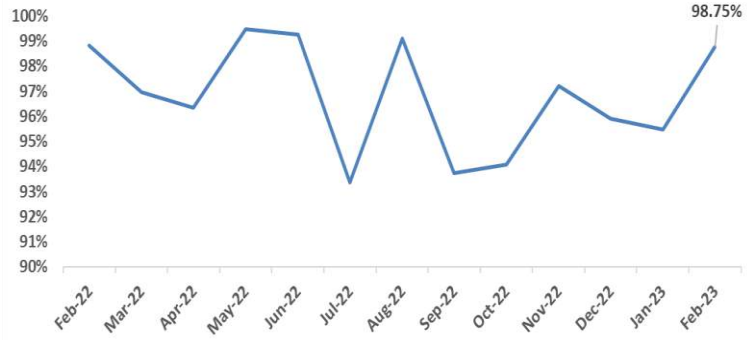
NHS Cheshire and Merseyside

Outpatient First % of pre-COVID activity – Feb 23 (comparison with 2019/20)



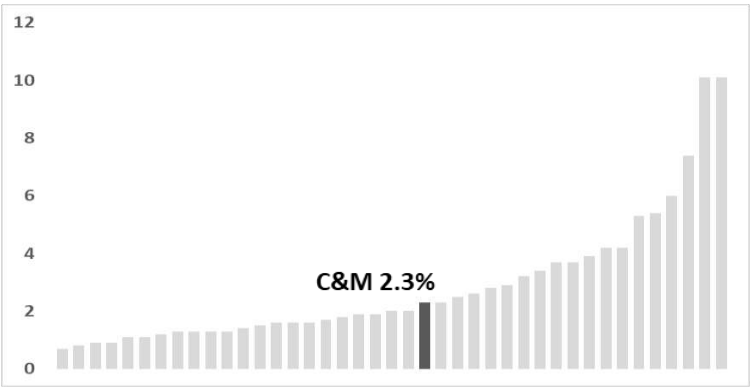
Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	94.61%	95.71%	99.44%
North West	88.87%	94.28%	91.80%
England	95.07%	99.15%	98.11%

Outpatient Follow-up % of pre-COVID activity – Feb 23 (comparison with 2019/20)



Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	95.91%	95.47%	98.75%
North West	93.90%	96.93%	94.99%
England	98.83%	100.67%	101.28%

Patient Initiated Follow-up (PIFU) ICS Benchmark – Feb 23

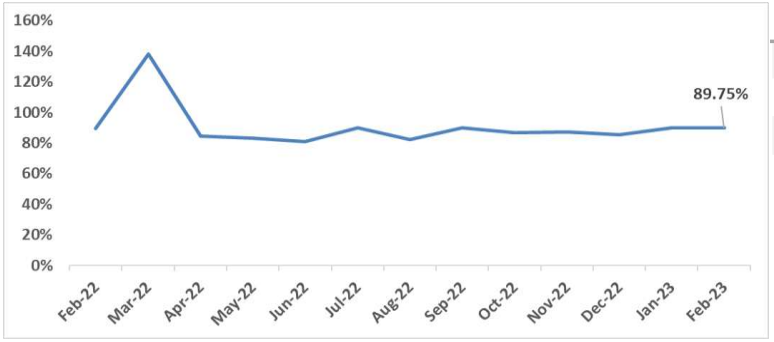


Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	1.6%	2.2%	2.3%
North West	1.5%	1.7%	1.7%
England	2.0%	2.1%	2.2%

Section II: Planned Care

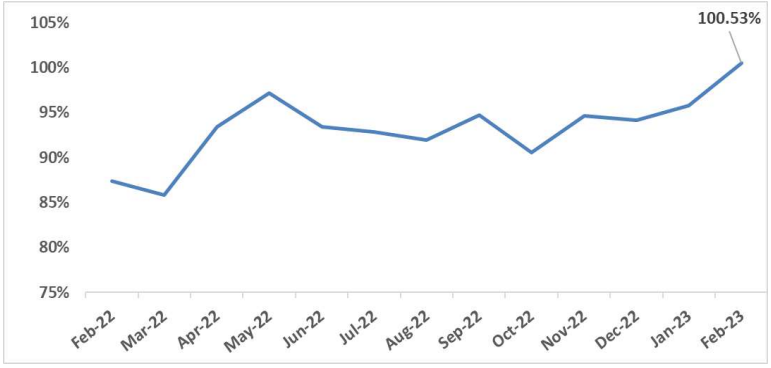
NHS Cheshire and Merseyside

Elective inpatient admissions % of pre-COVID activity – Feb 23 (comparison with 2019/20)



Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	85.63%	89.90%	89.75%
North West	92.26%	91.65%	87.57%
England	84.75%	82.39%	85.25%

Day cases % of pre-COVID activity – Feb23 (comparison with 2019/20)



Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	94.16%	95.79%	100.53%
North West	92.68%	94.12%	94.32%
England	97.39%	99.29%	99.18%

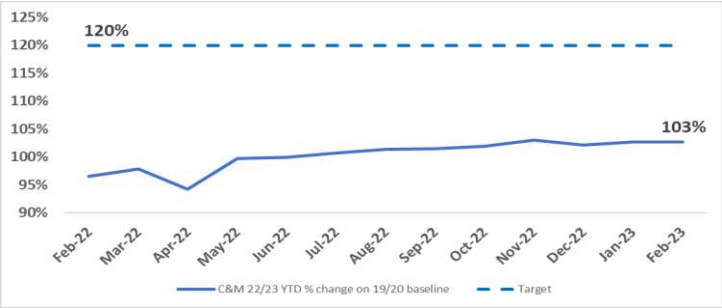
Elective Recovery Fund – Value-weighted elective activity*

SUS Value + A&G	30-Apr-22	31-May-22	30-Jun-22	31-Jul-22	31-Aug-22	30-Sep-22	31-Oct-22	30-Nov-22	31-Dec-22	31-Jan-23
North West	**94.4%**	**98.0%**	**95.6%**	**95.2%**	**96.0%**	**92.9%**	**94.7%**	**96.2%**	**95.7%**	**97.9%**
LANCASHIRE AND SOUTH CUMBRIA ICB	***97.5%***	***104.2%***	***99.4%***	***100.5%***	***101.5%***	***102.5%***	***101.5%***	***99.7%***	***100.6%***	***103.7%***
GREATER MANCHESTER ICB	***92.2%***	***92.3%***	***92.2%***	***90.7%***	***89.9%***	***83.4%***	***88.0%***	***90.1%***	***90.8%***	***91.7%***
CHESHIRE AND MERSEYSIDE ICB	***94.8%***	***100.6%***	***97.0%***	***96.9%***	***99.3%***	***97.2%***	***97.7%***	***100.5%***	***97.9%***	***101.1%***
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	*98.5%*	*106.9%*	*98.7%*	*100.3%*	*108.1%*	*104.5%*	*101.9%*	*107.2%*	*118.8%*	*111.5%*
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	*97.4%*	*103.0%*	*101.9%*	*102.4%*	*105.3%*	*104.3%*	*99.9%*	*99.9%*	*94.2%*	*98.9%*
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	*104.7%*	*111.8%*	*109.3%*	*103.5%*	*121.3%*	*108.4%*	*116.1%*	*98.6%*	*90.2%*	*117.6%*
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	*104.6%*	*102.7%*	*105.6%*	*107.5%*	*97.5%*	*95.1%*	*105.1%*	*101.4%*	*99.6%*	*108.2%*
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	*91.9%*	*103.5%*	*93.6%*	*87.5%*	*96.1%*	*95.9%*	*98.7%*	*101.6%*	*103.6%*	*91.6%*
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	*90.2%*	*92.5%*	*90.3%*	*91.3%*	*91.5%*	*95.6%*	*87.4%*	*101.0%*	*90.4%*	*95.0%*
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	*153.3%*	*154.6%*	*158.7%*	*155.5%*	*152.7%*	*152.7%*	*147.6%*	*145.2%*	*143.4%*	*149.7%*
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	*98.9%*	*102.3%*	*93.7%*	*93.5%*	*96.3%*	*89.1%*	*101.6%*	*105.6%*	*90.6%*	*104.4%*
THE WALTON CENTRE NHS FOUNDATION TRUST	*87.3%*	*115.9%*	*107.8%*	*109.7%*	*104.3%*	*107.7%*	*113.7%*	*116.1%*	*96.3%*	*109.0%*
EAST CHESHIRE NHS TRUST	*68.0%*	*78.6%*	*77.6%*	*72.1%*	*81.8%*	*82.4%*	*83.2%*	*87.9%*	*96.1%*	*89.9%*
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	*87.0%*	*83.3%*	*80.8%*	*81.3%*	*86.0%*	*81.4%*	*89.2%*	*89.0%*	*88.5%*	*86.4%*
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	*90.7%*	*95.5%*	*93.1%*	*92.7%*	*93.4%*	*97.8%*	*100.5%*	*106.5%*	*95.5%*	*97.2%*
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	*89.5%*	*96.5%*	*95.3%*	*91.8%*	*93.3%*	*91.0%*	*86.7%*	*88.0%*	*84.6%*	*92.3%*
England	**97.8%**	**101.4%**	**99.0%**	**98.8%**	**99.4%**	**100.5%**	**101.2%**	**101.1%**	**98.7%**	**102.0%**

Section II: Planned Care

NHS Cheshire and Merseyside

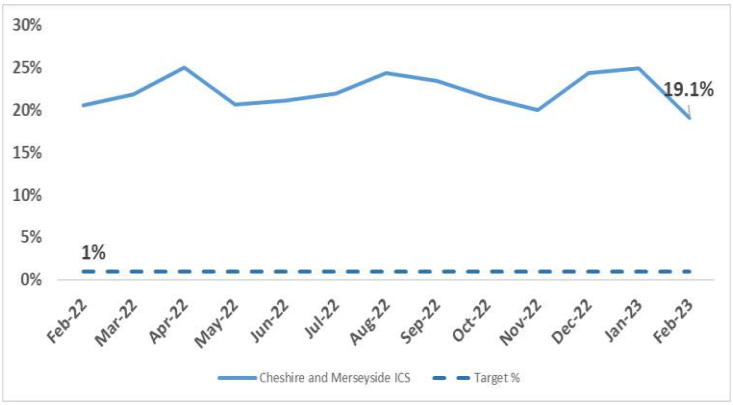
Diagnostic Activity: YTD activity performance % of 19/20 activity



Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	102%	103%	103%
North West	102%	103%	104%

Note: A previous error with data has been corrected, 19/20 activity was understated due to missing CCG activity.

Diagnostic 6 week wait – objective no more than 1%

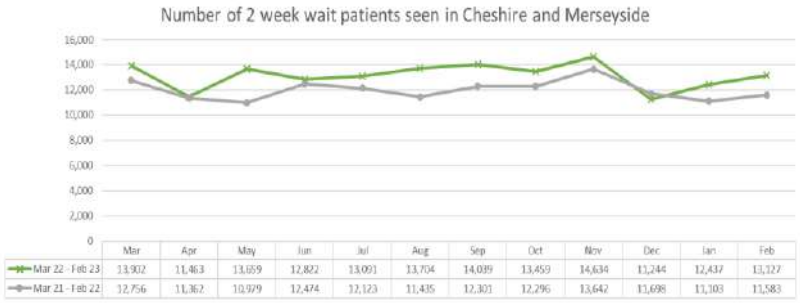


Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	24.3%	24.9%	19.1%
North West	24.7%	30.0%	22.3%
England	31.5%	31.5%	25.0%

Section III: Cancer Care

NHS
Cheshire and Merseyside

The number of 2 week wait pathway patients seen * *proxy for referrals*



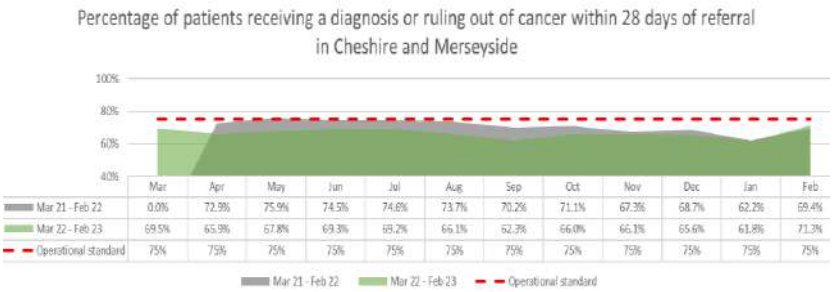
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Mar 22 - Feb 23	13,902	11,463	13,659	12,822	13,091	13,704	14,089	13,459	14,634	11,244	12,437	13,127
Mar 21 - Feb 22	12,756	11,362	10,979	12,474	12,123	11,435	12,301	12,296	13,642	11,698	11,103	11,583

*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 who waited for less than 14 days to be seen after referral

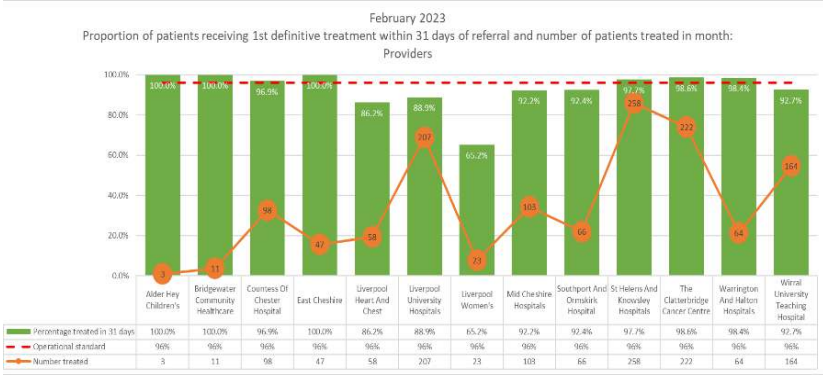
Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	76.8%	76.9%	80.4%
North West	75.1%	73.8%	84.8%
England	80.3%	81.8%	86.1%

% of patients receiving a diagnosis or ruling out of cancer within 28 days of referral



Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	65.6%	61.8%	71.3%
North West	66.2%	63.7%	72.8%
England	70.7%	67.0%	75.0%

% of patients diagnosed with cancer receiving treatment within 31 days of diagnosis

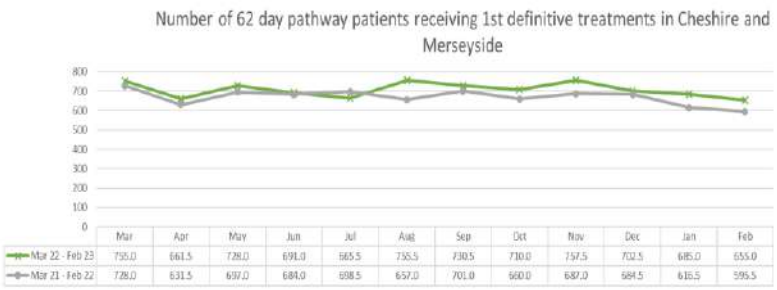


Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	95.1%	90.8%	94.2%
North West	93.6%	88.3%	92.8%
England	92.7%	88.5%	92.0%

Section III: Cancer Care

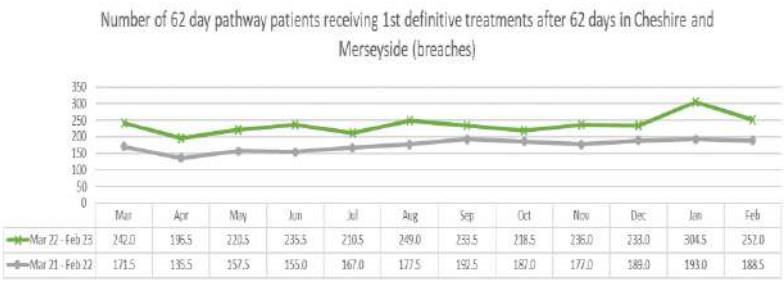
NHS
Cheshire and Merseyside

Number of patients receiving treatment for cancer treatment by their GP waiting on 62 day pathway



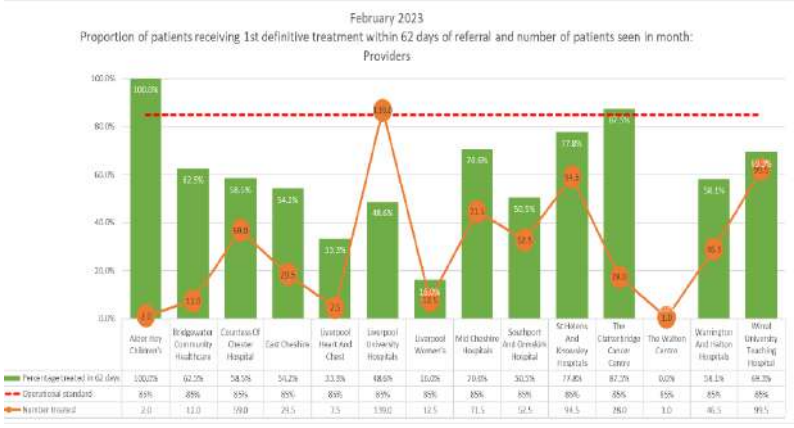
*Note: This metric shows numbers of patients seen in Cheshire & Merseyside, meaningful comparisons to numbers seen in the North West or England cannot be made.

% Patients referred for cancer treatment by their GP waiting more than 62 days for treatment to start



Organisation	Dec-22	Jan-23	Feb-23
Cheshire and Merseyside	66.8%	55.5%	61.5%
North West	63.4%	54.2%	59.2%
England	61.8%	54.4%	58.2%

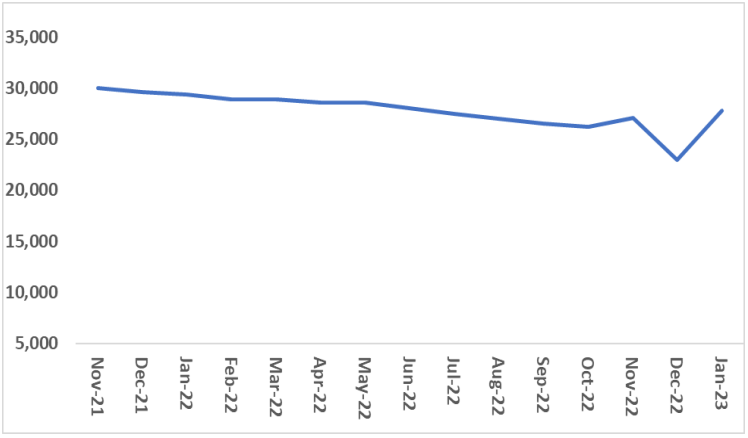
% Patients referred for cancer treatment by their GP waiting more than 62 days for treatment to start - Providers



Section IV: Mental Health

NHS Cheshire and Merseyside

Children and young people (ages 0-17) mental health services access (number with 1+ contact)

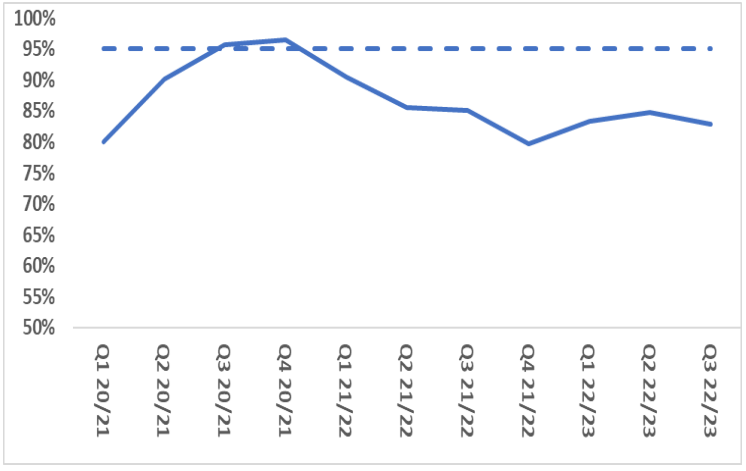


Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseysic	27,050	23,000*	27,815
North West	95,100	92,400	98,835
England	708,939	704,311	715,869

source: NHS futures core data pack

*Dec 22 performance impacted by the Mersey Care data issue. This is be updated in the end of year refresh on NHS futures

% of children and young people with eating disorders seen within 1 week (Urgent): *rolling 12 months



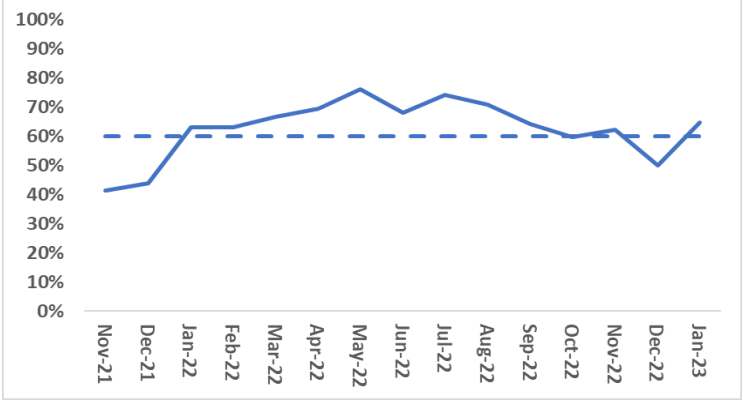
Organisation	Q1 22/23	Q2 22/23	Q3 22/23
Cheshire and Merseyside	83.3%	84.80%	82.80%
North West	84.6% -		86.80%
England	68.1%	67.10%	77.50%

** 12 months to end of quarter*

A cyber incident affected NHSE ability to process national level data from August 22 onwards, national level data cannot be considered an accurate reflection of activity. NHS Digital has produced estimates for the affected months

No update

% of referrals on EIP pathway that waited for treatment within two weeks *rolling 3 months



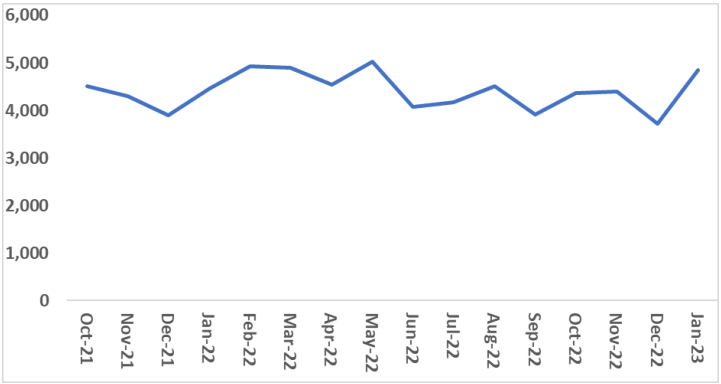
Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseysic	62.10%	50%*	64.70%
North West	65.10%	67.70%	58.70%
England	72.20%	72.10%	69.60%

*Dec 22 performance impacted by the Mersey Care data issue. This is be updated in the end of year refresh on NHS futures

Section IV: Mental Health

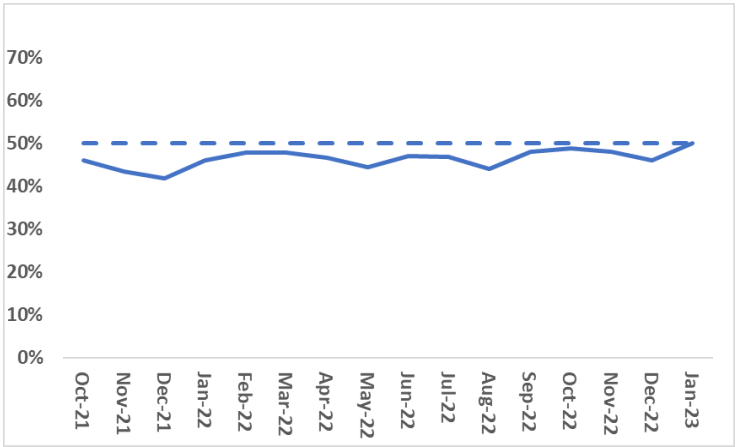
NHS Cheshire and Merseyside

IAPT access: No of people entering NHS funded treatment



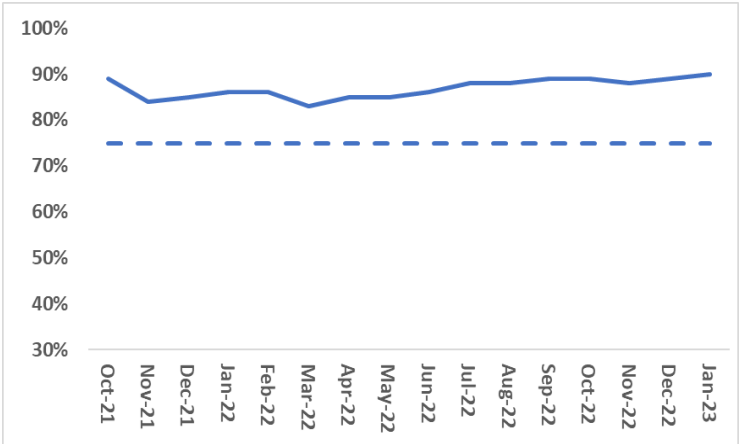
Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	4,395	3,715	4,845
North West	15,025	10,760	14,575
England	113,385	81,501	109,806

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



Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	48.0%	46.0%	50.0%
North West	48.0%	47.0%	50.0%
England	49.5%	48.9%	49.7%

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



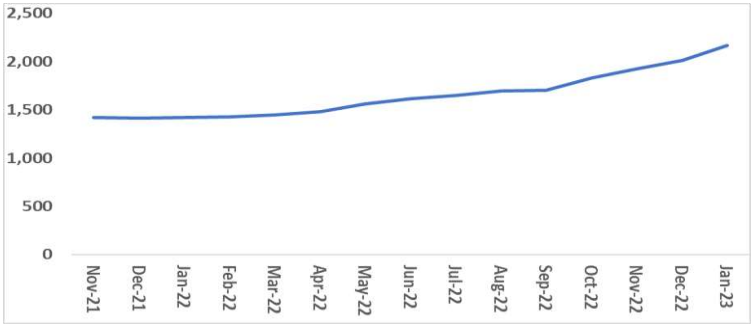
Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	88.0%	89.0%	90.0%
North West	81.0%	81.0%	83.0%
England	89.1%	89.7%	90.1%

**source : NHS futures MH Core Data Pack*

Section IV: Mental Health

NHS Cheshire and Merseyside

No of women accessing specialist community perinatal mental health services *rolling 12 months

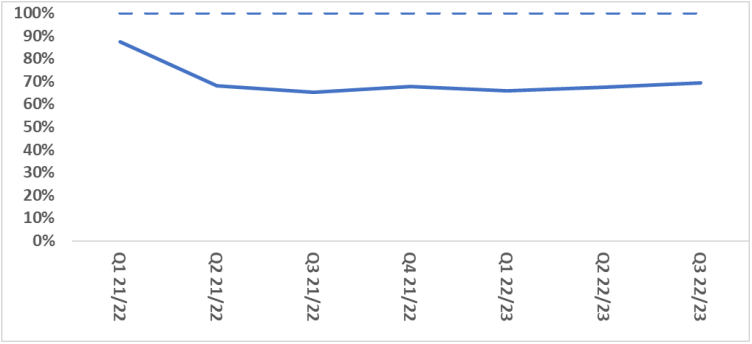


Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	1,925	2,015	2,165
North West	6,215	6,320	6,255
England	49,200	49,130	51,060

Source: Perinatal dashboard NHS Futures

*The perinatal performance uses the latest MHSDS and therefore Mersey Care data issue has been rectified in this metric.

Physical health checks for people with severe mental illness

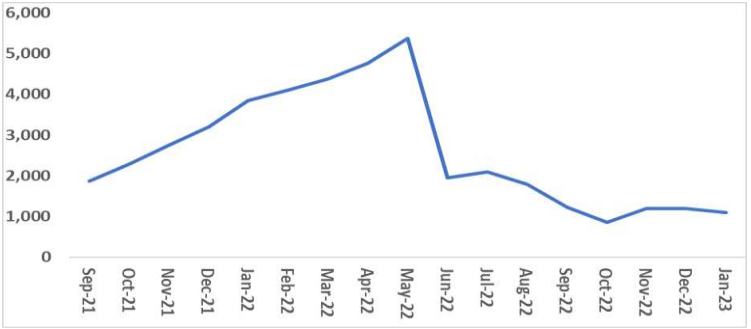


Organisation	Q1 22/23	Q2 22/23	Q3 22/23
Cheshire and Merseyside	65.9%	67.6%	69.3%
North West	73.2%	73.9%	74.7%
England	73.2%	74.5%	76.5%

* metric calculation has changed in line with SOF definition – denominator is LTP indicative trajectory (weighted share of national LTP ambition 22/23

No update

Total number of inappropriate adult acute mental health out of area placements bed days : rolling 3 month periods

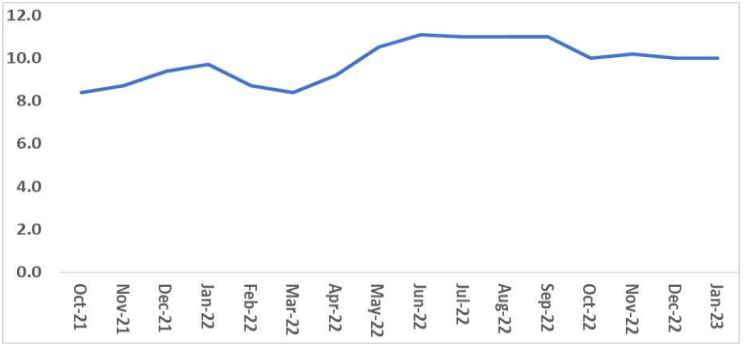


Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	1,190	1,200	1,095
North West	5,780	6,500	7,100
England	60,205	56,305	55,450

Source: NHS futures OAP report

* Data quality issues addressed from June (over-reported in previous periods)

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



Organisation	Nov-22	Dec-22	Jan-23
Cheshire and Merseyside	10.20	-	10.00
North West	10.80	8.20	11.00
England	8.90	8.40	9.10
rolling qtr (MH core data pack)			

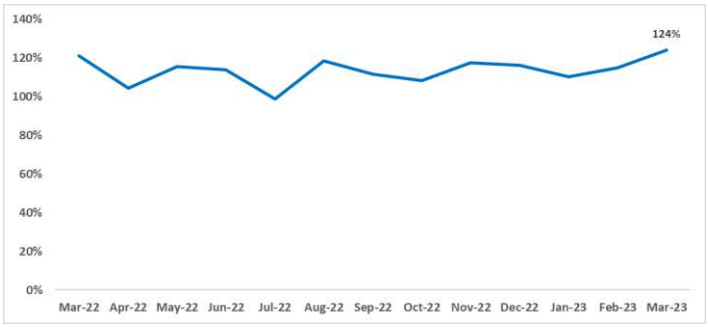
*rolling Qtr

* Dec 22 performance impacted by the Mersey Care data issue. This is be updated in the end of year refresh on NHS futures

Section V: Primary Care

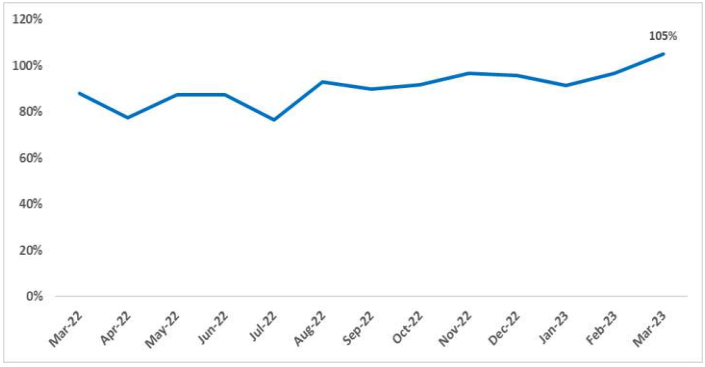
NHS Cheshire and Merseyside

Total appointments delivered against pre-covid baseline



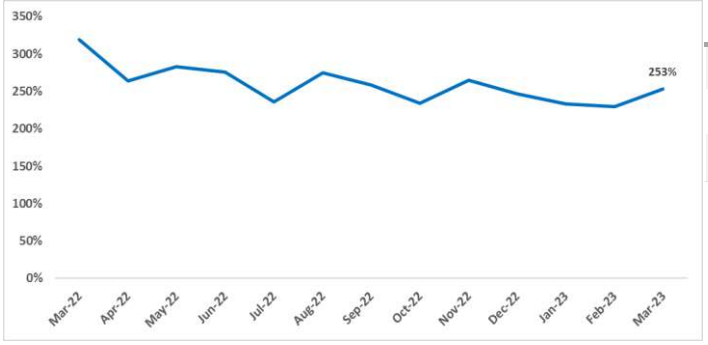
Organisation	Jan-23	Feb-23	Mar-23
Cheshire and Merseyside	112.5%	117.2%	126.7%
North West	112.8%	118.2%	134.9%
England	109.6%	114.5%	129.6%

Face to Face appointments delivered against pre covid baseline



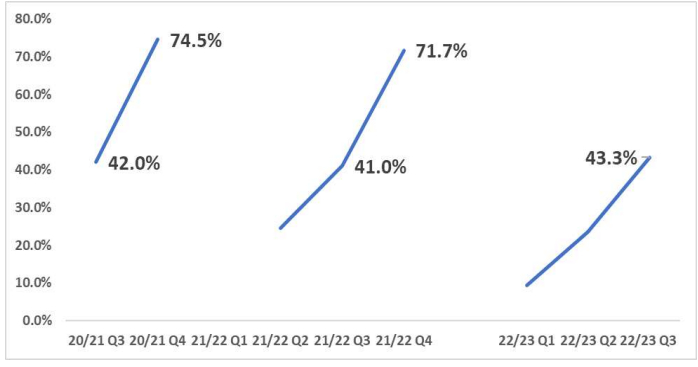
Organisation	Jan-23	Feb-23	Mar-23
Cheshire and Merseyside	91.5%	96.6%	105.2%
North West	95.7%	101.5%	110.8%
England	94.0%	99.0%	109.6%

Telephone appointments delivered against pre-covid baseline



Organisation	Jan-23	Feb-23	Mar-23
Cheshire and Merseyside	232.6%	229.6%	253.2%
North West	261.8%	261.7%	303.4%
England	215.6%	218.2%	246.8%

Number of people aged 14+with a learning disability on the GP register receiving an annual health check



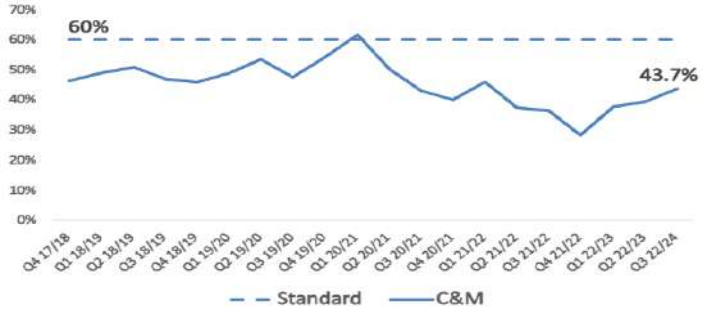
Organisation	Q1 22/23	Q2 22/23	Q3 22/23
Cheshire & Merseyside	9.4%	23.6%	43.3%
North West	9.3%	24.1%	44.8%
England	10.4%	26.0%	46.0%

Note: Current monthly position at February 23 is 68.5%, monthly year-on-year comparisons are not available before June 2022.However the ICS is on course to exceed the performance seen last year.

Section VI: Quality Care

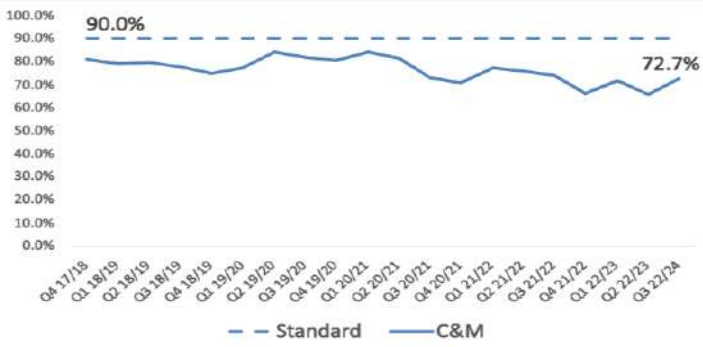
NHS Cheshire and Merseyside

Admitted to stroke unit <4 hours



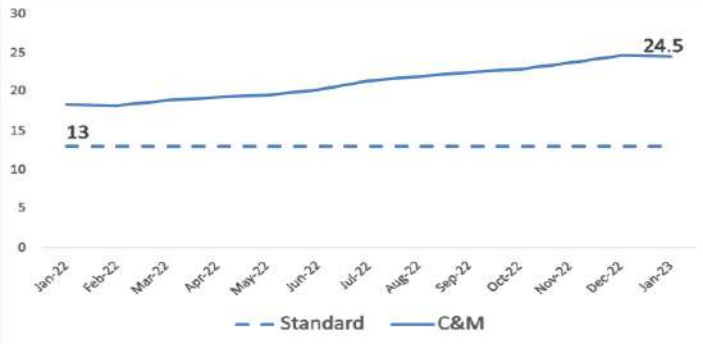
Organisation	Q1 22/23	Q2 22/23	Q3 22/23
Cheshire & Merseyside	37.9%	39.6%	43.7%
North West	40.6%	39.9%	43.7%
England	38.6%	37.9%	36.9%

Spent >90% of time on stroke unit



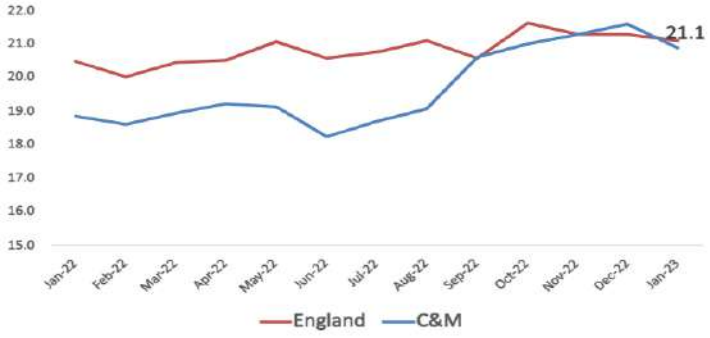
Organisation	Q1 22/23	Q2 22/23	Q3 22/23
Cheshire & Merseyside	71.9%	66.0%	72.7%
North West	75.0%	72.5%	77.2%
England	74.2%	75.8%	75.1%

C.Difficile (Hospital Onset)



Organisation	Nov-22	Dec-22	Jan-23
Cheshire & Merseyside	23.7	24.6	24.5
North West	27.3	27.0	26.7
England	19.3	18.9	19.1

E.Coli (Hospital Onset)

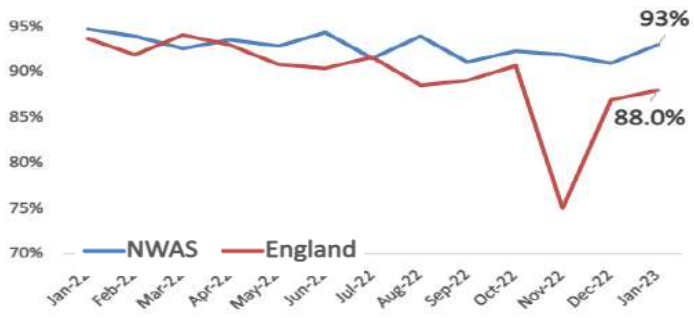


Organisation	Nov-22	Dec-22	Jan-23
Cheshire & Merseyside	21.3	21.6	20.9
North West	23.2	23.0	22.2
England	21.3	21.1	20.3

Section VI: Quality Care

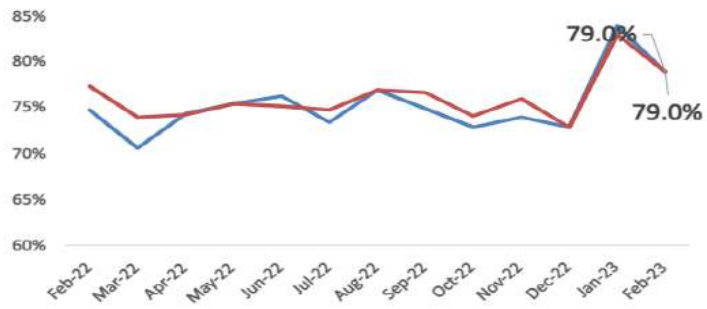
NHS Cheshire and Merseyside

Friends & Family – Ambulance Service



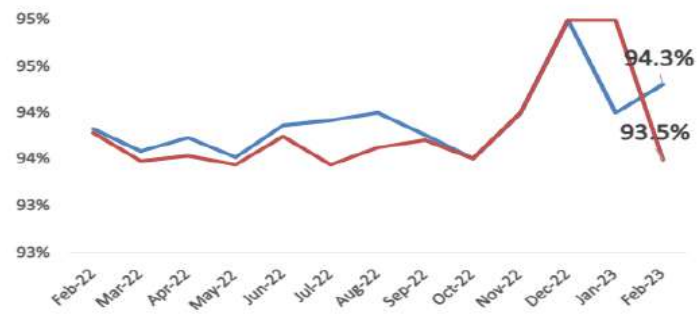
Organisation	Dec-22	Jan-23	Feb-23
NWAS	91.00%	93.00%	91.00%
England	87.00%	88.00%	86.00%

Friends & Family score – A&E



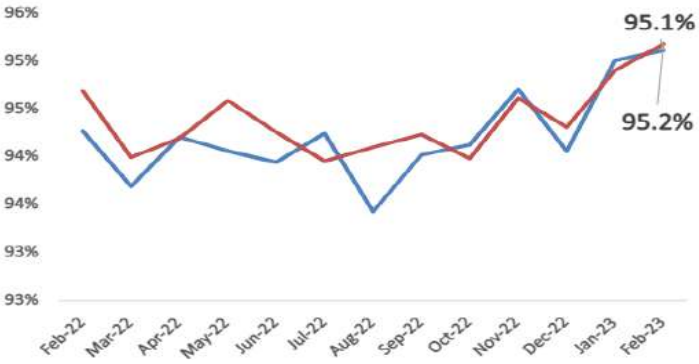
Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	73.0%	84.0%	79.0%
North West	73.4%	83.2%	81.0%
England	73.0%	83.0%	79.0%

Friends & Family score – Outpatient



Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	95.0%	94.0%	94.3%
North West	94.1%	94.2%	94.2%
England	95.0%	95.0%	93.5%

Friends & Family score – Inpatient

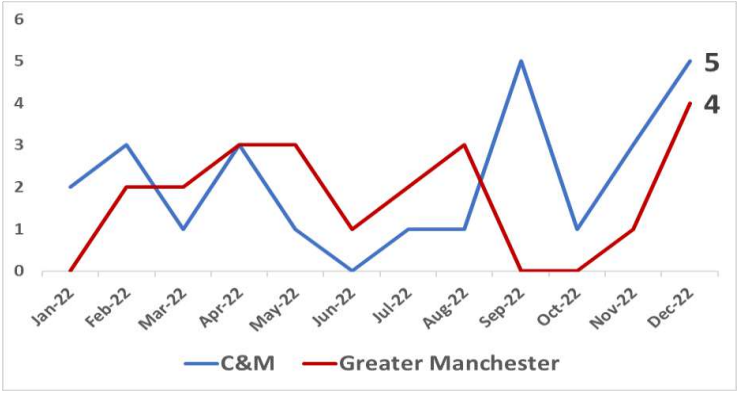


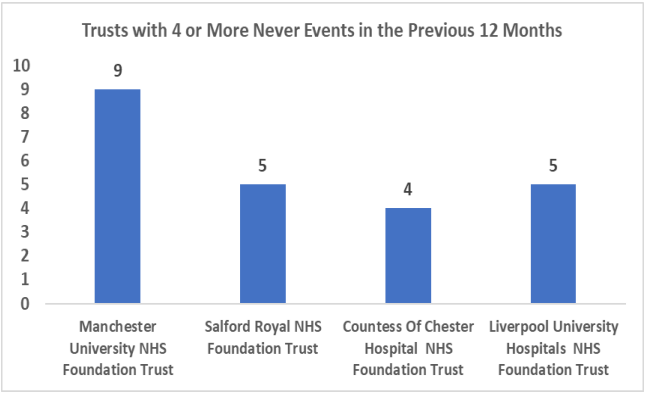
Organisation	Dec-22	Jan-23	Feb-23
Cheshire & Merseyside	94.1%	95.0%	95.1%
North West	93.8%	94.2%	94.2%
England	94.3%	94.9%	95.2%

Section VI: Quality Care

Cheshire and Merseyside

Never Events





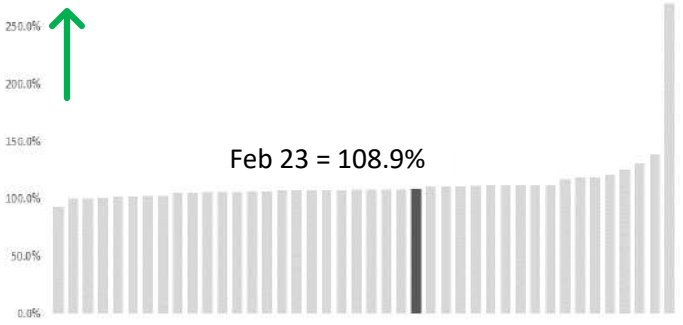
National Performance Ambition Metrics

NHS Cheshire and Merseyside

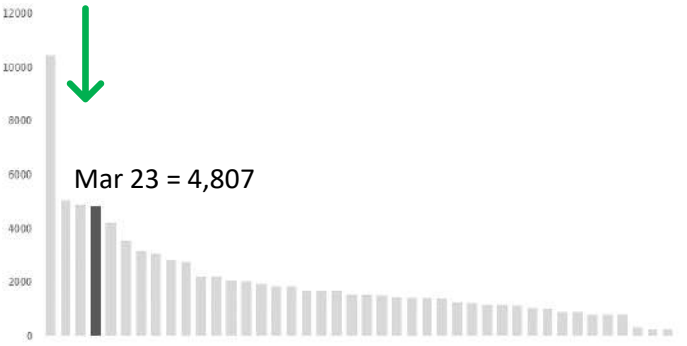
↑ Deterioration since July 2022

↑ Improvement since July 2022

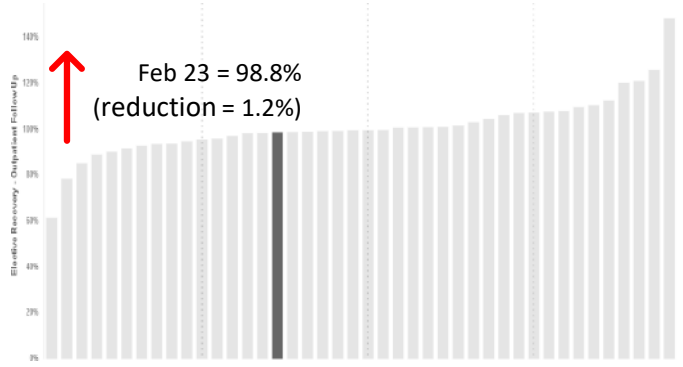
Increase diagnostic activity to 120% pre-pandemic levels *(see note on following slide)



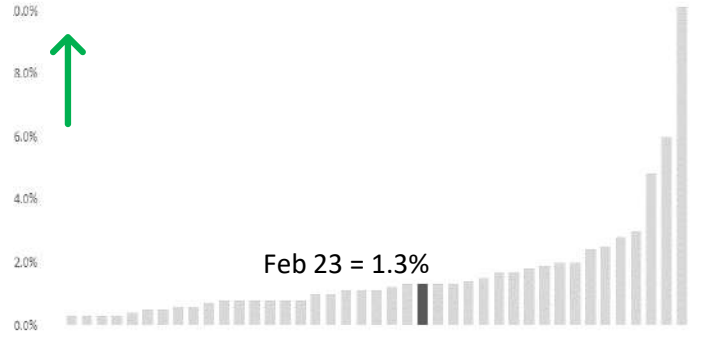
Eliminate 65 week waiters by the end of March 2024



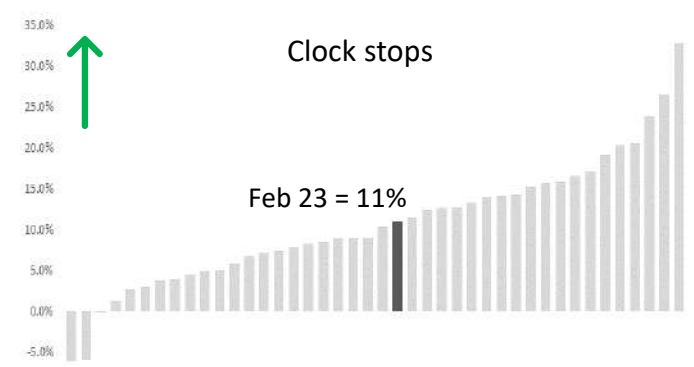
-25% reduction in outpatient follow up attendances

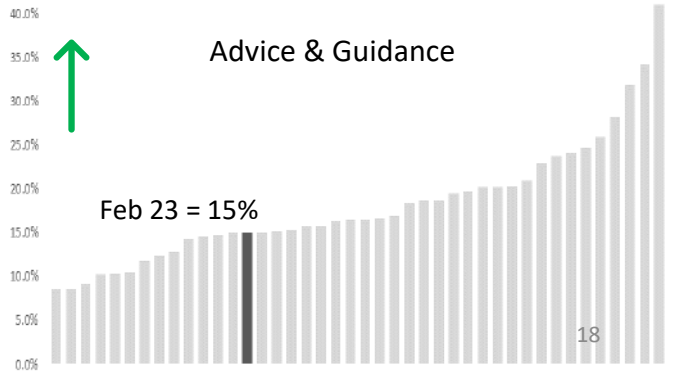


5% of outpatient attendances to convert to PIFU



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





National Performance Ambition Metrics

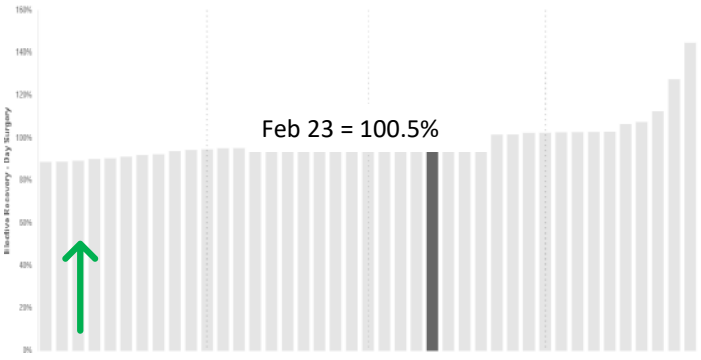
NHS Cheshire and Merseyside

↑ Deterioration since July 2022

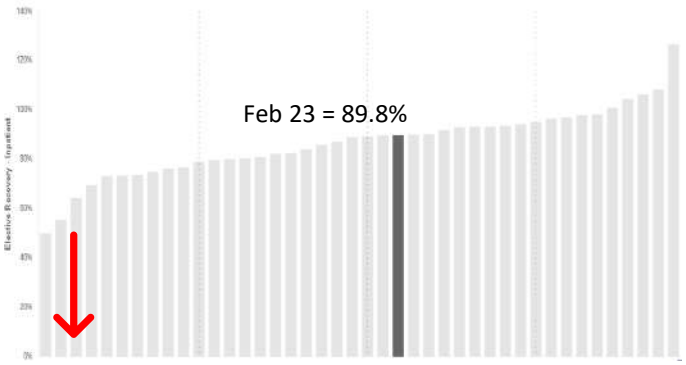
↑ Improvement since July 2022

Increase day cases, ordinary admissions, OPFA and OP with procedures (excluding OPFU) by 10% on 2019/20 levels

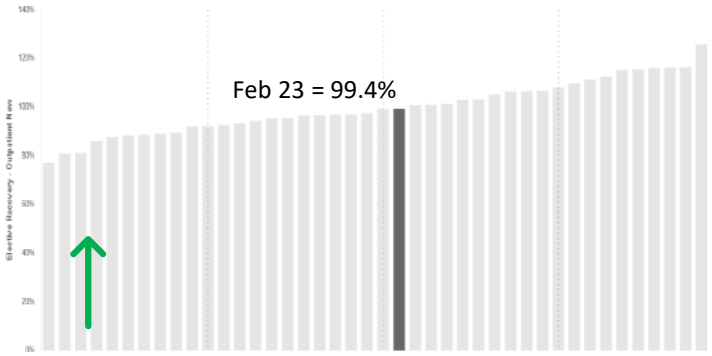
Day case



Ordinary admissions



Outpatient new



*Note – The 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

National Performance Ambition Metrics

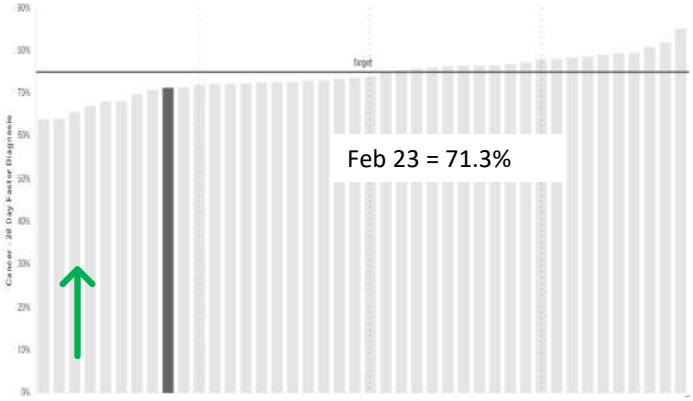
NHS Cheshire and Merseyside

↑ Deterioration since July 2022

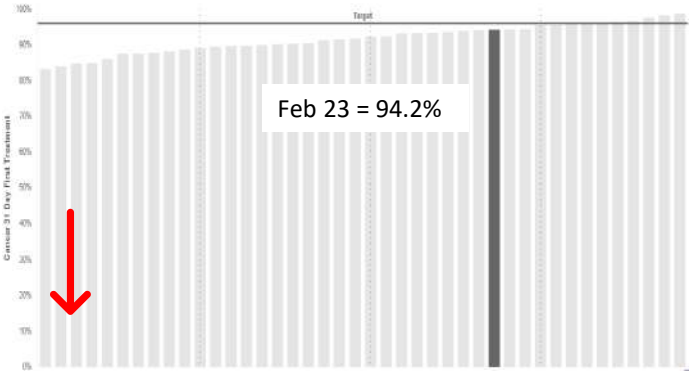
↑ Improvement since July 2022

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)

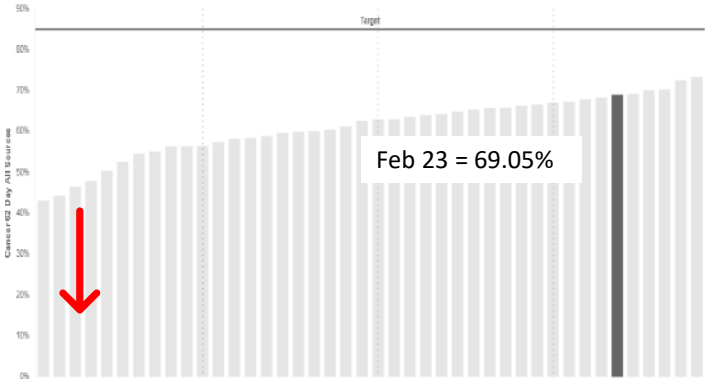
28 day faster diagnosis (75% standard)



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	Mar 23	95.00%	**66.6%**
A&E Attendances All	Mar 23	-	10,454
Breast Feeding Initiation	Dec 22	70.0%	**58.8%**
C.difficile (Hospital Onset)	Jan 23	13.00	**24.6**
Cancelled Operations	Q3 22/23	0.65%	0.2%
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	75.0%
Cancer 2 Week Wait	Feb 23	93.00%	**89.0%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**75.0%**
Cancer 31 Day First Treatment	Feb 23	96.00%	98.4%
Cancer 62 Day Classic	Feb 23	85.00%	**58.1%**
Day Surgery Activity	Feb 23	-	2,060
Diagnostics - 6 Week Standard	Feb 23	1.00%	**21.5%**
E.coli (All Cases)	Jan 23	-	111.6
Elective Inpatient Activity	Feb 23	-	265
Mixed Sex Accommodation Breaches	Feb 23	0	**6**
MRSA (All Cases)	Jan 23	-	2.6
MSSA (All Cases)	Jan 23	-	34.8
Outpatient Follow Up Activity	Feb 23	-	27,240
Outpatient New Activity	Feb 23	-	7,660
Outpatient Total Activity	Feb 23	-	34,900
RTT 104 Week Breach	Feb 23	0	**1**
RTT 52 Week Breach	Feb 23	0	**1,415**
RTT 78 Week Breach	Feb 23	0	**170**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**57.6%**
RTT Total Incompletes	Feb 23	-	29,604
Sickness Absence Rate	Nov 22	4.00%	**5.8%**
Staff Recommend Care	Q3 22/23	80.00%	**55.8%**
Summary Hospital Mortality Indicator	Nov 22	100.00	99.5

Wirral University Teaching Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**65.1%**
A&E Attendances All	Mar 23	-	10,873
Breast Feeding Initiation	Dec 22	70.0%	**47.7%**
C.difficile (Hospital Onset)	Jan 23	13.00	**46.2**
Cancelled Operations	Q3 22/23	0.65%	**0.9%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	79.8%
Cancer 2 Week Wait	Feb 23	93.00%	**82.7%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**-**
Cancer 31 Day First Treatment	Feb 23	96.00%	**92.7%**
Cancer 62 Day Classic	Feb 23	85.00%	**69.3%**
Day Surgery Activity	Feb 23	-	3,860
Diagnostics - 6 Week Standard	Feb 23	1.00%	**9.7%**
E.coli (All Cases)	Jan 23	-	92.0
Elective Inpatient Activity	Feb 23	-	585
Mixed Sex Accommodation Breaches	Feb 23	0	**1**
MRSA (All Cases)	Jan 23	-	1.5
MSSA (All Cases)	Jan 23	-	25.6
Outpatient Follow Up Activity	Feb 23	-	30,040
Outpatient New Activity	Feb 23	-	10,930
Outpatient Total Activity	Feb 23	-	40,970
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**1,280**
RTT 78 Week Breach	Feb 23	0	**66**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**58.5%**
RTT Total Incompletes	Feb 23	-	40,039
Sickness Absence Rate	Nov 22	4.00%	**6.5%**
Staff Recommend Care	Q3 22/23	80.00%	**62.1%**
Summary Hospital Mortality Indicator	Nov 22	100.00	**107.4**

St Helens & Knowsley Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**63.8%**
A&E Attendances All	Mar 23	-	14,642
Breast Feeding Initiation	Dec 22	70.0%	**49.1%**
C.difficile (Hospital Onset)	Jan 23	13.00	**14.4**
Cancelled Operations	Q3 22/23	0.65%	**1.0%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**73.3%**
Cancer 2 Week Wait	Feb 23	93.00%	**89.3%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	94.5%
Cancer 31 Day First Treatment	Feb 23	96.00%	97.7%
Cancer 62 Day Classic	Feb 23	85.00%	**77.8%**
Day Surgery Activity	Feb 23	-	3,810
Diagnostics - 6 Week Standard	Feb 23	1.00%	**27.4%**
E.coli (All Cases)	Jan 23	-	91.4
Elective Inpatient Activity	Feb 23	-	440
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	1.1
MSSA (All Cases)	Jan 23	-	39.8
Outpatient Follow Up Activity	Feb 23	-	29,230
Outpatient New Activity	Feb 23	-	14,240
Outpatient Total Activity	Feb 23	-	43,470
RTT 104 Week Breach	Feb 23	0	**1**
RTT 52 Week Breach	Feb 23	0	**2,360**
RTT 78 Week Breach	Feb 23	0	**345**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**62.1%**
RTT Total Incompletes	Feb 23	-	45,492
Sickness Absence Rate	Nov 22	4.00%	3.5%
Staff Recommend Care	Q3 22/23	80.00%	**77.6%**
Summary Hospital Mortality Indicator	Nov 22	100.00	**102.5**

Mid Cheshire Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**60.0%**
A&E Attendances All	Mar 23	-	9,721
Breast Feeding Initiation	Dec 22	70.0%	70.2%
C.difficile (Hospital Onset)	Jan 23	13.00	**17.5**
Cancelled Operations	Q3 22/23	0.65%	**1.2%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**71.4%**
Cancer 2 Week Wait	Feb 23	93.00%	**85.9%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**81.4%**
Cancer 31 Day First Treatment	Feb 23	96.00%	**92.2%**
Cancer 62 Day Classic	Feb 23	85.00%	**70.6%**
Day Surgery Activity	Feb 23	-	2,025
Diagnostics - 6 Week Standard	Feb 23	1.00%	**25.7%**
E.coli (All Cases)	Jan 23	-	103.6
Elective Inpatient Activity	Feb 23	-	220
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	2.1
MSSA (All Cases)	Jan 23	-	32.0
Outpatient Follow Up Activity	Feb 23	-	16,705
Outpatient New Activity	Feb 23	-	7,680
Outpatient Total Activity	Feb 23	-	24,385
RTT 104 Week Breach	Feb 23	0	**1**
RTT 52 Week Breach	Feb 23	0	**1,698**
RTT 78 Week Breach	Feb 23	0	**73**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**58.8%**
RTT Total Incompletes	Feb 23	-	37,651
Sickness Absence Rate	Nov 22	4.00%	**5.5%**
Staff Recommend Care	Q3 22/23	80.00%	**67.1%**
Summary Hospital Mortality Indicator	Nov 22	100.00	95.2

Liverpool University Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**68.3%**
A&E Attendances All	Mar 23	-	26,150
C.difficile (Hospital Onset)	Jan 23	13.00	**25.5**
Cancelled Operations	Q3 22/23	0.65%	**1.2%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**62.1%**
Cancer 2 Week Wait	Feb 23	93.00%	**68.2%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**37.0%**
Cancer 31 Day First Treatment	Feb 23	96.00%	**88.9%**
Cancer 62 Day Classic	Feb 23	85.00%	**48.6%**
Day Surgery Activity	Feb 23	-	7,040
Diagnostics - 6 Week Standard	Feb 23	1.00%	**15.7%**
E.coli (All Cases)	Jan 23	-	117.2
Elective Inpatient Activity	Feb 23	-	1,200
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	2.0
MSSA (All Cases)	Jan 23	-	36.0
Outpatient Follow Up Activity	Feb 23	-	54,975
Outpatient New Activity	Feb 23	-	26,780
Outpatient Total Activity	Feb 23	-	81,755
RTT 104 Week Breach	Feb 23	0	**21**
RTT 52 Week Breach	Feb 23	0	**6,264**
RTT 78 Week Breach	Feb 23	0	**453**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**50.6%**
RTT Total Incompletes	Feb 23	-	78,169
Sickness Absence Rate	Nov 22	4.00%	**6.9%**
Staff Recommend Care	Q3 22/23	80.00%	**56.0%**
Summary Hospital Mortality Indicator	Nov 22	100.00	**103.2**

East Cheshire Hospitals

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**54.4%**
A&E Attendances All	Mar 23	-	4,150
C.difficile (Hospital Onset)	Jan 23	13.00	**13.5**
Cancelled Operations	Q3 22/23	0.65%	0.3%
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**67.5%**
Cancer 2 Week Wait	Feb 23	93.00%	**81.8%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**43.6%**
Cancer 31 Day First Treatment	Feb 23	96.00%	100%
Cancer 62 Day Classic	Feb 23	85.00%	**54.2%**
Day Surgery Activity	Feb 23	-	880
Diagnostics - 6 Week Standard	Feb 23	1.00%	**9.7%**
E.coli (All Cases)	Jan 23	-	124.1
Elective Inpatient Activity	Feb 23	-	95
Mixed Sex Accommodation Breaches	Feb 23	0	**3**
MRSA (All Cases)	Jan 23	-	3.4
MSSA (All Cases)	Jan 23	-	44.8
Outpatient Follow Up Activity	Feb 23	-	5,420
Outpatient New Activity	Feb 23	-	3,885
Outpatient Total Activity	Feb 23	-	9,305
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**215**
RTT 78 Week Breach	Feb 23	0	**6**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**62.9%**
RTT Total Incompletes	Feb 23	-	11,731
Sickness Absence Rate	Nov 22	4.00%	**5.8%**
Staff Recommend Care	Q3 22/23	80.00%	**62.6%**
Summary Hospital Mortality Indicator	Nov 22	100.00	**115.7**

Countess of Chester Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**56.8%**
A&E Attendances All	Mar 23	-	6,760
Breast Feeding Initiation	Dec 22	70.0%	**64.3%**
C.difficile (Hospital Onset)	Jan 23	13.00	**38.1**
Cancelled Operations	Q3 22/23	0.65%	**0.8%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**73.7%**
Cancer 2 Week Wait	Feb 23	93.00%	**63.0%**
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	**-**
Cancer 31 Day First Treatment	Feb 23	96.00%	96.9%
Cancer 62 Day Classic	Feb 23	85.00%	**58.5%**
Day Surgery Activity	Feb 23	-	2,300
Diagnostics - 6 Week Standard	Feb 23	1.00%	**17.7%**
E.coli (All Cases)	Jan 23	-	108.4
Elective Inpatient Activity	Feb 23	-	260
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	2.0
MSSA (All Cases)	Jan 23	-	43.3
Outpatient Follow Up Activity	Feb 23	-	22,950
Outpatient New Activity	Feb 23	-	8,950
Outpatient Total Activity	Feb 23	-	31,900
RTT 104 Week Breach	Feb 23	0	**2**
RTT 52 Week Breach	Feb 23	0	**2,492**
RTT 78 Week Breach	Feb 23	0	**137**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**46.5%**
RTT Total Incompletes	Feb 23	-	35,479
Sickness Absence Rate	Nov 22	4.00%	**5.1%**
Staff Recommend Care	Q3 22/23	80.00%	**46.7%**
Summary Hospital Mortality Indicator	Nov 22	100.00	99.9

Southport & Ormskirk Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**73.7%**
A&E Attendances All	Mar 23	-	10,466
Breast Feeding Initiation	Dec 22	70.0%	**53.3%**
C.difficile (Hospital Onset)	Jan 23	13.00	**28.1**
Cancelled Operations	Q3 22/23	0.65%	**1.7%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	75.0%
Cancer 2 Week Wait	Feb 23	93.00%	93.6%
Cancer 2 Week Wait Breast Symptomatic	Feb 23	93.0%	-
Cancer 31 Day First Treatment	Feb 23	96.00%	**92.4%**
Cancer 62 Day Classic	Feb 23	85.00%	**50.5%**
Day Surgery Activity	Feb 23	-	1,705
Diagnostics - 6 Week Standard	Feb 23	1.00%	**18.7%**
E.coli (All Cases)	Jan 23	-	135.0
Elective Inpatient Activity	Feb 23	-	170
Mixed Sex Accommodation Breaches	Feb 23	0	**3**
MRSA (All Cases)	Jan 23	-	0.7
MSSA (All Cases)	Jan 23	-	51.3
Outpatient Follow Up Activity	Feb 23	-	13,860
Outpatient New Activity	Feb 23	-	5,265
Outpatient Total Activity	Feb 23	-	19,125
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**198**
RTT 78 Week Breach	Feb 23	0	**2**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**62.8%**
RTT Total Incompletes	Feb 23	-	18,211
Sickness Absence Rate	Nov 22	4.00%	**6.9%**
Staff Recommend Care	Q3 22/23	80.00%	**51.2%**
Summary Hospital Mortality Indicator	Nov 22	100.00	**102.2**

Liverpool Women's Hospital

NHS
Cheshire and Merseyside

Key Performance Indicator	Period	Target	
A&E - 4 Hour Standard	Mar 23	95.00%	**84.1%**
A&E Attendances All	Mar 23	-	1,413
Breast Feeding Initiation	Dec 22	70.0%	**68.4%**
C.difficile (Hospital Onset)	Jan 23	13.00	0.0
Cancelled Operations	Q3 22/23	0.65%	**1.6%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**53.5%**
Cancer 2 Week Wait	Feb 23	93.00%	**91.7%**
Cancer 31 Day First Treatment	Feb 23	96.00%	**65.2%**
Cancer 62 Day Classic	Feb 23	85.00%	**16.0%**
Day Surgery Activity	Feb 23	-	470
Diagnostics - 6 Week Standard	Feb 23	1.00%	**7.6%**
E.coli (All Cases)	Jan 23	-	49.6
Elective Inpatient Activity	Feb 23	-	115
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	0.0
MSSA (All Cases)	Jan 23	-	7.1
Outpatient Follow Up Activity	Feb 23	-	7,245
Outpatient New Activity	Feb 23	-	4,920
Outpatient Total Activity	Feb 23	-	12,165
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**2,128**
RTT 78 Week Breach	Feb 23	0	**143**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**42.1%**
RTT Total Incompletes	Feb 23	-	17,709
Sickness Absence Rate	Nov 22	4.00%	**7.3%**
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)	Jan 23	13.00	3.9
Cancelled Operations	Q3 22/23	0.65%	**4.1%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	**45.5%**
Cancer 2 Week Wait	Feb 23	93.00%	100%
Cancer 31 Day First Treatment	Feb 23	96.00%	**86.2%**
Cancer 62 Day Classic	Feb 23	85.00%	**33.3%**
Day Surgery Activity	Feb 23	-	360
Diagnostics - 6 Week Standard	Feb 23	1.00%	0.7%
E.coli (All Cases)	Jan 23	-	11.6
Elective Inpatient Activity	Feb 23	-	330
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	0.0
MSSA (All Cases)	Jan 23	-	23.2
Outpatient Follow Up Activity	Feb 23	-	4,420
Outpatient New Activity	Feb 23	-	2,370
Outpatient Total Activity	Feb 23	-	6,790
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**49**
RTT 78 Week Breach	Feb 23	0	**8**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**73.2%**
RTT Total Incompletes	Feb 23	-	4,938
Sickness Absence Rate	Nov 22	4.00%	**5.4%**
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	Mar 23	95.00%	**77.7%**
A&E Attendances All	Mar 23	-	6,049
C.difficile (Hospital Onset)	Jan 23	13.00	0.0
Cancelled Operations	Q3 22/23	0.65%	**1.4%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	100%
Cancer 2 Week Wait	Feb 23	93.00%	100%
Cancer 31 Day First Treatment	Feb 23	96.00%	100%
Cancer 62 Day Classic	Feb 23	85.00%	100%
Day Surgery Activity	Feb 23	-	1,635
Diagnostics - 6 Week Standard	Feb 23	1.00%	**24.5%**
E.coli (All Cases)	Jan 23	-	44.7
Elective Inpatient Activity	Feb 23	-	370
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	0.0
MSSA (All Cases)	Jan 23	-	29.8
Outpatient Follow Up Activity	Feb 23	-	16,115
Outpatient New Activity	Feb 23	-	5,835
Outpatient Total Activity	Feb 23	-	21,950
RTT 104 Week Breach	Feb 23	0	**4**
RTT 52 Week Breach	Feb 23	0	**578**
RTT 78 Week Breach	Feb 23	0	**26**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**54.9%**
RTT Total Incompletes	Feb 23	-	23,812
Sickness Absence Rate	Nov 22	4.00%	**6.7%**
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)	Jan 23	13.00	**15.5**
Cancelled Operations	Q3 22/23	0.65%	**3.3%**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	-
Cancer 2 Week Wait	Feb 23	93.00%	-
Cancer 31 Day First Treatment	Feb 23	96.00%	-
Cancer 62 Day Classic	Feb 23	85.00%	**0.0%**
Day Surgery Activity	Feb 23	-	910
Diagnostics - 6 Week Standard	Feb 23	1.00%	0.7%
E.coli (All Cases)	Jan 23	-	31.0
Elective Inpatient Activity	Feb 23	-	270
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	0.0
MSSA (All Cases)	Jan 23	-	28.8
Outpatient Follow Up Activity	Feb 23	-	7,875
Outpatient New Activity	Feb 23	-	3,870
Outpatient Total Activity	Feb 23	-	11,745
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	**59**
RTT 78 Week Breach	Feb 23	0	**1**
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**75.9%**
RTT Total Incompletes	Feb 23	-	12,201
Sickness Absence Rate	Nov 22	4.00%	**6.2%**
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)	Jan 23	13.00	**36.9**
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	100%
Cancer 2 Week Wait	Feb 23	93.00%	100%
Cancer 31 Day First Treatment	Feb 23	96.00%	98.6%
Cancer 62 Day Classic	Feb 23	85.00%	87.5%
Day Surgery Activity	Feb 23	-	240
Diagnostics - 6 Week Standard	Feb 23	1.00%	0.0%
E.coli (All Cases)	Jan 23	-	134.2
Elective Inpatient Activity	Feb 23	-	80
Mixed Sex Accommodation Breaches	Feb 23	0	0
MRSA (All Cases)	Jan 23	-	0.0
MSSA (All Cases)	Jan 23	-	70.5
Outpatient Follow Up Activity	Feb 23	-	38,690
Outpatient New Activity	Feb 23	-	1,410
Outpatient Total Activity	Feb 23	-	40,100
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	0
RTT 78 Week Breach	Feb 23	0	0
RTT Incomplete 18 Week Standard	Feb 23	92.00%	97.4%
RTT Total Incompletes	Feb 23	-	841
Sickness Absence Rate	Nov 22	4.00%	**5.4%**
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	Feb 23	-	-
EIP Open Referrals Waited < 2 Weeks	Feb 23	60.00%	-
EIP Open Referrals Waiting < 2 Weeks	Feb 23	75.00%	**3.1%**
Elective Inpatient Activity	Feb 23	-	-
IAPT Face to Face	Jan 23	-	13%
IAPT Incomplete Waiting under 18 weeks	Jan 23	95.0%	**78.2%**
IAPT Incomplete Waiting under 6 weeks	Jan 23	75.0%	**63.0%**
IAPT Referrals	Jan 23	-	1,080
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	Feb 23	0	0
Outpatient Follow Up Activity	Feb 23	-	-
Outpatient New Activity	Feb 23	-	-
Sickness Absence Rate	Nov 22	4.00%	**6.7%**
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	Mar 23	95.00%	97.8%
A&E Attendances All	Mar 23	-	12,501
Day Surgery Activity	Feb 23	-	-
EIP Open Referrals Waited < 2 Weeks	Feb 23	60.00%	**57.1%**
EIP Open Referrals Waiting < 2 Weeks	Feb 23	75.00%	**42.9%**
Elective Inpatient Activity	Feb 23	-	-
IAPT Face to Face	Jan 23	-	-
IAPT Incomplete Waiting under 18 weeks	Jan 23	95.0%	98.9%
IAPT Incomplete Waiting under 6 weeks	Jan 23	75.0%	97.3%
IAPT Referrals	Jan 23	-	2,950
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	Feb 23	0	0
Outpatient Follow Up Activity	Feb 23	-	-
Outpatient New Activity	Feb 23	-	-
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	0
RTT 78 Week Breach	Feb 23	0	0
RTT Incomplete 18 Week Standard	Feb 23	92.00%	97.7%
RTT Total Incompletes	Feb 23	-	44
Sickness Absence Rate	Nov 22	4.00%	**8.2%**
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	Mar 23	95.00%	95.4%
A&E Attendances All	Mar 23	-	4,591
Cancer 31 Day First Treatment	Feb 23	96.00%	-
Cancer 62 Day Classic	Feb 23	85.00%	-
Diagnostics - 6 Week Standard	Feb 23	1.00%	**29.2%**
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	0
RTT 78 Week Breach	Feb 23	0	0
RTT Incomplete 18 Week Standard	Feb 23	92.00%	100%
RTT Total Incompletes	Feb 23	-	118
Sickness Absence Rate	Nov 22	4.00%	**7.2%**
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	Mar 23	95.00%	98.1%
A&E Attendances All	Mar 23	-	3,481
Cancer - 28 Day Faster Diagnosis	Feb 23	75.0%	91.0%
Cancer 2 Week Wait	Feb 23	93.00%	98.2%
Cancer 31 Day First Treatment	Feb 23	96.00%	100%
Cancer 62 Day Classic	Feb 23	85.00%	**62.5%**
Day Surgery Activity	Feb 23	-	0
Diagnostics - 6 Week Standard	Feb 23	1.00%	**2.6%**
Elective Inpatient Activity	Feb 23	-	0
IAPT Incomplete Waiting under 18 weeks	Jan 23	95.0%	-
IAPT Incomplete Waiting under 6 weeks	Jan 23	75.0%	-
IAPT Referrals	Jan 23	-	-
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	Feb 23	0	-
Outpatient Follow Up Activity	Feb 23	-	6,770
Outpatient New Activity	Feb 23	-	1,780
RTT 104 Week Breach	Feb 23	0	0
RTT 52 Week Breach	Feb 23	0	0
RTT 78 Week Breach	Feb 23	0	0
RTT Incomplete 18 Week Standard	Feb 23	92.00%	**41.5%**
RTT Total Incompletes	Feb 23	-	2,632
Sickness Absence Rate	Nov 22	4.00%	**6.1%**
Staff Recommend Care	Q3 22/23	80.00%	**79.3%**

C&M Place Summary*:*

April 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)	NHS LIVERPOOL (SUB ICB LOCATION) (99A)	NHS SOUTH SEFTON (SUB ICB LOCATION) (01T)	NHS SOUTHPORT AND FORMBY (SUB ICB LOCATION) (01V)	NHS ST HELENS (SUB ICB LOCATION) (01X)	NHS WARRINGTON (SUB ICB LOCATION) (02E)	NHS WIRRAL (SUB ICB LOCATION) (12F)
S009a: Total patients waiting more than 52 weeks to start consultant led treatment	SubICB	2023 02	6,124	874	1,423	4,966	1,627	441	921	1,278	1,449
S009b: Total patients waiting more than 78 weeks to start consultant led treatment	SubICB	2023 02	415	102	136	419	126	37	139	149	66
S009c: Total patients waiting more than 104 weeks to start consultant led treatment	SubICB	2023 02	13	0	1	15	4	2	0	3	0
S010a: Total patients treated for cancer compared with the same point in 2019/20	SubICB	2023 03		122%	128%	102%	95%	111%	81%	93%	99%
S012a: Proportion of patients meeting the faster cancer diagnosis standard	SubICB	2023 02	71.6%	74.5%	68.5%	61.1%	66.5%	73%	75.1%	77.4%	77.9%
S013a: Diagnostic activity levels: Imaging	SubICB	2023 02	122%	109.5%	108.9%	114%	109.8%	106.6%	109.8%	102.6%	100.4%
S013b: Diagnostic activity levels: Physiological measurement	SubICB	2023 02	70%	95.6%	87.6%	86.2%	72.2%	68%	87.8%	85.7%	89.5%
S013c: Diagnostic activity levels: Endoscopy	SubICB	2023 02	58.4%	126%	146.5%	122.4%	126.8%	155.2%	119.6%	131.3%	102.7%
S013d: Diagnostic activity levels: Total	SubICB	2023 02	111.2%	109.3%	109%	111.9%	108.3%	106.5%	108.2%	102.6%	99.1%
S044a: Antimicrobial resistance: total prescribing of antibiotics in primary care	SubICB	Feb 2022 - Jan 2023	95.8%	116%	115.9%	111.5%	121.3%	102.9%	117.9%	97.1%	114.8%
S044b: Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care	SubICB	Feb 2022 - Jan 2023	7.03%	6.26%	7%	7.78%	8.27%	8.35%	5.85%	6.38%	9.77%
S047a: Proportion of people over 65 receiving a seasonal flu vaccinatio	SubICB	2023 02	84.3%	80.3%	73.1%	73.8%	76.2%	82.7%	77.7%	80.9%	81.1%
S050a: Cervical screening coverage : % females aged 25 - 64 attending screening within the target period	SubICB	22-23 Q2	74.4%	69.8%	71.1%	63%	68%	71.9%	70.5%	72.8%	71.3%
S053a: % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug therapy	SubICB	2021-22	88.4%	90.7%	91.6%	89%	88.9%	89.5%	90.7%	90.9%	90.6%
S053b: % of hypertension patients who are treated to target as per NICE guidance	SubICB	2021-22	60.7%	57.1%	53.6%	57.3%	52.3%	62.8%	58.1%	58%	57.7%
S053c: % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins	SubICB	22-23 Q2	57.5%	59%	60.7%	61.4%	60%	52.4%	56.8%	56.4%	59.8%
S055a: Number GP referrals to NHS Digital weight management services per 100k population	SubICB	22-23 Q3	74.9 per 100,000	42.6 per 100,000	39 per 100,000	89.4 per 100,000	28.3 per 100,000	103.4 per 100,000	50.6 per 100,000	25.4 per 100,000	19.9 per 100,000
S081a: Access rate for IAPT services	SubICB	2022 12	59.4%	58.5%	62.6%	48.8%	42.8%	44.7%	80.5%	53.2%	69.3%
S086a: Inappropriate adult acute mental health placement out of area placement bed days	SubICB	Nov 2022 - Jan 2023	825	0	0	5	0	0	0	0	265
S105a: Proportion of patients discharged from hospital to their usual place of residence	SubICB	2023 02	88.2%	93.9%	94.5%	93.9%	93.4%	89.7%	94.6%	96%	92.9%
S115a: Proportion of diabetes patients that have received all eight diabetes care processes	SubICB	21-22 Q4	42.9%	28.5%	31.8%	42.9%	32.4%	47.2%	26.9%	27.3%	30.9%

ICB – Provider SOF Segments

NHS Cheshire and Merseyside

Updated 17th March 2023

Trust	Segment	Change from October 22
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	↑
Mersey Care NHS Foundation Trust	2	↔
Mid-Cheshire Hospital NHS Foundation Trust	2	↔
North West Ambulance Service NHS Trust	2	↔
Southport and Ormskirk Hospital NHS Trust	2	↔
St Helens and Knowsley Teaching Hospitals NHS Trust	2	↔
Warrington and Halton Teaching Hospitals NHS Foundation Trust	2	↔
Wirral Community Health and Care NHS Foundation Trust	2	↔
Clatterbridge Cancer Centre 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

NHS ICB Segmentation

ICB	Segment
Frimley	1
Bath and North East Somerset, Swindon and Wiltshire	2
Bedfordshire, Luton and Milton Keynes	2
Dorset	2
Gloucestershire	2
Humber and North Yorkshire	2
North Central London	2
North East & North Cumbria	2
North West London	2
Nottingham and Nottinghamshire	2
Somerset	2
South West London	2
South Yorkshire	2
Suffolk and North East Essex	2
Surrey Heartlands	2
Sussex	2
West Yorkshire	2
Birmingham and Solihull	3
Black Country	3
Bristol, North Somerset and South Gloucestershire	3
Buckinghamshire, Oxfordshire and Berkshire West (BOB)	3
Cambridgeshire and Peterborough	3
Cheshire and Merseyside	3
Cornwall and The Isles of Scilly	3
Coventry and Warwickshire	3
Derby and Derbyshire	3
Greater Manchester	3
Hampshire and the Isle of Wight	3
Herefordshire and Worcestershire	3
Hertfordshire and West Essex	3
Kent and Medway	3
Lancashire and South Cumbria	3
Leicester, Leicestershire and Rutland	3
Mid and South Essesx	3
North East London	3
Northamptonshire	3
South East London	3
Staffordshire and Stoke on Trent	3
Devon	4
Lincolnshire	4
Norfolk and Waveney	4
Shropshire, Telford & Wrekin	4

Published 27th March 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

23 May 2023

ICB Financial Plan / Budget 2023/24

Agenda Item No	**ICB/05/25/12**
Report author & contact details	Rebecca Tunstall (Associate Director of Finance – Planning & Reporting) Emma Edwards (Head of Planning & Reporting) Charlotte Hinchliffe (Senior Finance Manager – Planning)
Report approved by (sponsoring Director)	Claire Wilson – Executive Director of Finance
Responsible Officer to take actions forward	Claire Wilson – Executive Director of Finance

Integrated Care Board Meeting

ICB Financial Plan / Budget 2023/24

Executive Summary	This paper presents the financial plan for Cheshire and Merseyside Integrated Care System (ICS) for 2023/24 and sets out proposed budgets for the Integrated Care Board (ICB) for the same period. Development of the operational plan for the year has been subject to engagement and collaboration across all NHS organisations in the system over recent months and has been developed in line with the national NHS planning guidance requirements. The final revised plan submission was made on 4th May 2023. The Board is asked to note the £51.23m deficit position for C&M ICS which consists of a £68.96m forecast surplus within the Integrated Care Board (ICB) and a £120.1m deficit within NHS providers. Both positions are detailed within this paper including the level of savings required in order to achieve this planned deficit position. The paper also describes the programme expenditure split for budgetary control purposes between 'Central ICB' and 'Place' budgets for the 2023/24 financial year.				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X	X			
Recommendation	**The Committee is asked to:** • **Note** the contents of this report. • **Support** the revised financial plan submission made on the 04 May 2023 by the ICB / ICS in relation to the 2023/24 financial year including resource and expenditure assumptions, particularly noting the level of efficiencies required to achieve the planned deficit position. • **Approve** the high-level budgets for 2023/24. • **Approve** the proposed split for budgetary control purposes between 'Central ICB' and 'Place' budgets for the 2023/24 financial year resulting in a headline 10% / 90% split respectively.				
Key issues	The financial plan is an agreed deficit for 2023/24. Continued focus on delivery of recurrent efficiencies will be critical in supporting the financial sustainability of our system in the future.				
Key risks	Outlined for both the ICB and Providers in the body of the 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	Paper presented to ICB Board and plans discussed at ICB Board Development Session.				
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	Further development of cost improvement plans and system wide efficiency opportunities. Development of financial strategy to support future financial sustainability.
Appendices	Appendices 1-4 provider further detail to the narrative of the report.

Cheshire and Merseyside ICB
Finance, Investment & Resource Committee

ICB Financial Plan / Budget 2023/24

1. Executive Summary

1.1 This paper sets out the Cheshire & Merseyside Integrated Care Board (ICB) final financial plan submission for 2023/24 together with a summary of the provider plans.

1.2 The Board is asked to note the £51.2m deficit position for Cheshire & Merseyside Integrated Care System (ICS), which consists of a £68.96m forecast surplus within the ICB and a £120.1m deficit within NHS providers. Both positions are detailed within this paper including the level of savings required in order to achieve this planned deficit position and the key assumptions which have been made in constructing the plan.

1.3 The paper also describes the programme expenditure split for budgetary control purposes between 'Central ICB' and 'Place' budgets for the 2023/24 financial year.

2. Introduction

2.1 The ICB is responsible for ensuring its expenditure does not exceed the budget allocation from NHSE and for ensuring its expenditure on running costs is within the specified running cost allowance. In its system leadership role, it also takes responsibility for coordinating plans across the NHS in Cheshire and Merseyside which deliver national planning requirements, including system financial balance. A full list of financial duties for the ICB and System is set out in Appendix 1.

3. Background

3.1 A paper was presented to ICB board in January 2023 setting out the NHSE planning guidance, timelines, and national planning requirements. Since then, a number of updates have been provided to the board and its sub-committees as the operational plans have been developed across the system. In addition, a Board development session was held on 22nd March to update on the latest system position and associated risks in advance of the final submission on 30 March 2023. The ICS was required to submit a revised version of its financial plans on the 04 May 2023. This resubmission was based on requirements for financial position improvement from a previous deficit position and to reflect the additional funding announcement in respect of inflationary pressures.

3.2 This paper specifically focuses on the financial elements on the plans for both the ICB and wider Cheshire and Merseyside NHS system.

4. ICB Financial Plan for 2023/24

4.1 The paragraphs below set out the latest funding and expenditure plan for C&M ICB commissioned services and running costs.

ICB Allocations 2023/24

4.3 In response to the COVID-19 pandemic, the NHS adopted emergency payment arrangements from the start of 2020/21. Those arrangements included the establishment of nationally calculated block payments, with the balance of funding to support system breakeven issued as a 'system top-up' through a host clinical commissioning group (now ICB) for each system. A reset has been enacted for 2023/24 to better align allocations to the responsible commissioner. This has resulted in a small net reduction to our allocation but means that some C&M providers now receiving their income from an alternative commissioner.

4.4 Target allocations are calculated for each system based upon a weighted allocation formula. As described in paragraph 4.3 above, allocations during the pandemic were set based upon expenditure levels to support systems to achieve a break-even position. To facilitate systems returning to funded levels, a differential convergence adjustment is applied to a) reduce overall resource consumption back to funded levels and b) move ICBs towards a fair share funding distribution. The total convergence adjustment for an ICB depends on their distance from target allocation. Systems consuming more than their fair share will have a greater convergence ask and therefore a lower level of growth than the national average. For 2023/24, C&M ICB has received a convergence adjustment of 0.71% (compared to national average of 0.63%) which equates to a reduction in its recurrent allocation of £36.5m. It should be noted that our system convergence adjustment increases to £72.1m in 2024/25.

4.5 **Table 1** below shows the net financial position of the ICB statutory body for the 2023/24 financial year, reflecting a £68.96m surplus plan.

Table 1 – ICB Net Financial Position for 2023/24

	£'000s	
Total ICB Allocation (confirmed and unconfirmed)	6,003,151	
Total ICB Forecast Expenditure (total intra and inter system)	(5,934,191)	*
Surplus/(deficit) for the period/year	**68,960**	

* Negative indicates expenditure

4.6 The ICB allocation for 2023/24 is £6.003m, of which £5.740m is recurrent and £262.9m is non-recurrent. **Table 2** below shows the breakdown of allocations for 2023/24.

Table 2 – ICB Allocations 2023/24

Recurrent	**£'000**	
ICB Programme Allocation	5,132,495	
Primary Medical Care Services	494,372	
Delegated Primary Care Allocation	0	
Running costs	48,138	
COVID Funding	21,763	
Additional discharge allocation	18,110	
Additional physical and virtual bed capacity funding	25,401	
Total ICB recurrent Allocation	**5,740,279**	
Non-Recurrent		
Elective Recovery Funding (ERF)	121,494	*
COVID-19 Testing	7,657	
Service Development Fund (SDF)**		
Ageing Well	3,813	
Cancer	21,072	
CYP	965	
LD & Autism	8,078	
Maternity	3,665	
Mental Health	42,572	
Prevention & Long-Term Conditions	7,816	
Primary Care	10,590	
People	212	
UEC – Capacity funding	34,938	*
Total ICB Non-Recurrent Allocation (confirmed)	**262,872**	
Total ICB Allocation	**6,003,151**	

* ERF and UEC – full amount is indicative.
** SDF – Of which £1.7m is indicative; £1.5m Primary Care, £0.2m Cancer.

4.7 As per table above, it should be noted that of the £6.003m resource for the 2023/24 financial year £263.9m is non-recurrent in nature and specifically includes allocations for ERF and SDF, this will have a further impact on the underlying position of the ICB unless expenditure is also managed non-recurrently.

4.8 Of the £6.003m allocation, £158m remains indicative in relation to ERF and SDF funding. It is not anticipated that the indicative allocations result in any additional risk to the system but will only be transacted by NHS England later in the financial year but these are fully reflected in plan submissions in line with guidance.

4.9 The key changes to the 2022/23 recurrent baseline are set on in **Table 3** below:

Table 3 – Key allocation changes from 2023/24 baseline (excludes SDF movements)

	Movement £'000s	%
COVID	(87,152)	-1.6%
Growth	280,100	5.1%
Convergence	(36,526)	-0.7%
Physical capacity and Virtual Wards	975	0.0%
ERF	29,984	0.5%
Discharge Funding	(1,115)	0.0%
UEC Capacity Funding	34,938	0.6%
TOTAL	**221,205**	**4.0%**

ICB Planning Assumptions

4.10 The following planning guidance and assumptions have been reflected in the ICB financial plan for 2023/24:

- Inflationary uplifts of 1.1% have been applied to NHS provider contracts (this represents the standard uplift of 2.9% net of the efficiency requirement 1.1% and convergence of 0.71%).
- National growth/price assumptions for CHC of 7.3% (3% growth and 4.3% price) and 2.4% Prescribing (growth only).
- National COVID19 funding has been reduced by £65.389m to £21.763m and this has been adjusted in contracts.
- NHS contracts have been amended to reflect an Aligned Payment and Incentive (API) approach with elective targets set for each provider.
- The Mental Health Investment Standard (MHIS) requires investment in Mental Health services to increase by more than ICB programme allocation growth. For C&M, growth of 6.8% is required against 2022/23 expenditure levels. This supports additional investment of £25.5m in 2023/24 to help support delivery towards achievement of the Long-Term Plan ambitions.
- The Better Care Fund (BCF) will continue into 2023/24 and for the purposes of planning, ICBs are required to assume a minimum contribution increase of 5.66%.

ICB Expenditure 2023/24

4.11 **Table 4** provides further information on planned ICB expenditure for the 2023/24 across both programme and running costs resulting in an overall spend of £5.934m. This has been compared to 2022/23 expenditure for context. However, as noted below, there are a number of factors which should be considered when interpreting movements between years.

Table 4 – ICB Planned Expenditure 2023/24

	2022/23 Spend*	2023/24 Plan	Movement	Movement	
ICB Total Expenditure	**£'000s**	**£'000s**	**£'000s**	**%**	
Acute Service Expenditure	(3,096,270)	(3,193,399)	(97,129)	3.14%	
Mental Health Service Expenditure	(567,222)	(630,772)	(63,550)	11.20%	
Community Health Service Expenditure	(597,702)	(574,563)	23,139	-3.87%	**
All-age Continuing Care Service	(318,283)	(342,677)	(24,394)	7.66%	
Primary Medical Services Expenditure	(470,418)	(494,372)	(23,954)	5.09%	
Primary Care Service Expenditure	(610,965)	(584,099)	26,866	-4.40%	
Delegated Primary Care Expenditure	(52,085)	0	52,085	-100.00%	***
Other Programme Expenditure	(96,323)	(36,051)	60,272	-62.57%	
Other Commissioned Services	(21,626)	(30,120)	(8,494)	39.28%	
Total ICB Commissioning (Programme) Expenditure	**(5,830,894)**	**(5,886,053)**	**(55,159)**	**0.95%**	
Total ICB Running Costs	(49,986)	(48,138)	1,848	-3.70%	
Total ICB Expenditure	**(5,880,880)**	**(5,934,191)**	**(53,311)**	**0.91%**	

* Includes quarter one 2022/23 total CCG Spend.
** Reduction in Community Health Service Expenditure relates to the removal of non-recurrent system funding including COVID and non-recurrent allocations.
*** Delegated Primary care Expenditure relates to Pharmacy services which were delegated to the ICB in 2022/23 but budgets and expenditure are not included in the ICB plan submission and will be transferred in year.
***** Running Cost for 2022/23 include additional costs and funding relating to employer pensions contributions above 14.38% that are paid centrally each year. These will again be funded in 2023/24 towards the end of the financial year.

ICB Efficiency Plans 2023/24

4.12 The total efficiency target included in the current ICB plan is £57.9m, profiled in equal 12ths across the financial year. This equates to a 5% target on all spend excluding NHS contracts which have already had national efficiency expectations applied as described above. Quality impact assessments (QIAs) and Equality Impact Assessment (EIA) will be required for schemes in order to capture and monitor the impact of scheme implementation.

Table 5 – ICB Efficiencies Plan 2023/24

ICB Area of Efficiencies	£'000s
Demand Management (referrals)	2,097
Evidence based interventions	991
Pathway transformation	3,000
All-age Continuing Care - Commissioning/Procurement	23,056
Primary Care Prescribing	18,989
Transforming community-based primary care	1,797
GP IT transformation	256
Non-NHS Procurement	264
Estates / NHS property rationalisation	610
Running cost review	963
Establishment reviews	300
Other	3,239
Unidentified	2,345
Total Efficiencies - by scheme	**57,907**

ICB Efficiencies - Plan Risks & Status	£'000s
High	20,655
Medium	18,368
Low	18,884
Total Efficiencies by Risk	**57,907**
Efficiency Plan Status	
Fully Developed	7,467
Plans in Progress	28,332
Opportunity	19,763
Unidentified	2,345
Total Efficiencies by Plan Status	**57,907**

4.13 Efficiencies requirement at Place level are as per **Table 6** below, savings equate to approximately 5% of influenceable spend.

Table 6 – Place Split 2023/24

Place / ICB	Allocation	Expenditure	Plan (Deficit) / Surplus	Efficiencies	Efficiency % of Allocation	(Deficit) / Suplus % of Allocation
	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's	£ 000's
HALTON	278,980	(287,554)	(8,574)	(2,451)	-0.88%	-3.07%
KNOWSLEY	383,132	(371,927)	11,205	(3,661)	-0.96%	2.92%
SEFTON	603,335	(609,014)	(5,679)	(6,866)	-1.14%	-0.94%
ST HELENS	418,456	(427,037)	(8,581)	(4,578)	-1.09%	-2.05%
WARRINGTON	397,647	(405,489)	(7,842)	(3,403)	-0.86%	-1.97%
WIRRAL	714,958	(722,129)	(7,171)	(7,758)	-1.09%	-1.00%
CHESHIRE EAST	691,057	(727,436)	(36,379)	(8,941)	-1.29%	-5.26%
CHESHIRE WEST	673,607	(700,907)	(27,300)	(8,075)	-1.20%	-4.05%
LIVERPOOL	1,110,359	(1,103,211)	7,157	(11,211)	-1.01%	0.64%
Total Place	**5,271,531**	**(5,354,704)**	**(83,164)**	**(56,944)**	**-1.08%**	**-1.58%**
ICB	731,620	(579,487)	152,124	(963)	-0.13%	20.79%
Total ICB	**6,003,151**	**(5,934,191)**	**68,960**	**(57,907)**	**-0.96%**	**1.15%**

4.14 The ICB efficiency plans will need to be closely monitored and progress will be reported to the committee each month. The development of place efficiency plans has been subject to review at each place assurance meeting during May 2023.

4.15 Further work is also required to confirm the final split of the Acute provider activity plans which may result in changes in the distribution of deficits/surplus positions by place. An update will be provided at a future meeting.

ICB Running Costs 2023/24

4.16 For 2023/24 the ICB is required to reduce its running costs in real terms by approx. 3% to enable the ICB to fund the estimated inflationary pay uplifts included in planning guidance, which have not been funded within the allocation.

4.17 In addition, ICBs are required to make a further 30% real terms reduction by 2025/26, with at least 20% to be delivered in 2024/25. This provides time for the ICB to reorganise and make the necessary transformational changes needed to release efficiencies in running costs which can then be used to further support front line patient care. Developing plans to deliver on this commitment will be a key element of the ICBs 3-year financial plan being produced over the next 3 months.

ICB Budget Split 2023/24

4.18 ICB Budgets are split into three categories:

1. Budgets to be held and managed at ICB level.
2. Budgets to be held at Place level.
3. Running Costs (to be held at ICB level but with an agreed place-based structure that will be monitored appropriately at local level).

4.19 Appendix 3 provides an overarching summary of the intended approach to delegation of budget, either to be held centrally at ICB level or held at place and managed in accordance with the ICB scheme of delegation. Primary Care and GPIT budgets are currently included in place budgets but will require oversight by the ICB Primary Care Committee.

4.20 This results in the following apportionment of 2023/24 budgets as per the **Table 7** and results in a 90% / 10% indicative split of budgets between place / ICB.

Table 7 – Indicative split of budgets between place / ICB

	ICB	PLACE	TOTAL
	£ 000's	£ 000's	£ 000's
Acute Services	499,781	2,687,800	**3,187,581**
Total ICB Acute Service Expenditure	**499,781**	**2,687,800**	**3,187,581**
Mental Health Services	44,225	586,549	**630,774**
Total ICB Mental Health Service Expenditure	**44,225**	**586,549**	**630,774**
Community Services	25,822	548,739	**574,561**
Total ICB Community Health Service Expenditure	**25,822**	**548,739**	**574,561**
Continuing Care Services	0	342,677	**342,677**
Total ICB Continuing Care Service Expenditure	**0**	**342,677**	**342,677**
Primary Medical Services - General Practice Core Contracts / National Requirements	1,493	402,530	**404,023**
'Local' Enhanced services	0	90,347	**90,347**
Pharmacy Services	0	0	**0**
Total ICB Primary Medical Services Expenditure	**1,493**	**492,877**	**494,370**
Prescribing / Oxygen	0	485,245	**485,245**
Community Base Services	0	41,232	**41,232**
Out of Hours	0	13,629	**13,629**
PC – Other	0	27,822	**27,822**
GP IT Costs	**0**	16,170	**16,170**
Total ICB Primary Care Service Expenditure	**0**	**584,098**	**584,098**
Total ICB Other Programme Service Expenditure	**-39,972**	**90,039**	**50,067**
Total ICB Commissioning Service Expenditure	**0**	**21,925**	**21,925**
Total ICB Running Costs	**48,138**	**0**	**48,138**
Total ICB Expenditure	**579,487**	**5,354,704**	**5,934,191**
	10%	**90%**	

4.21 ICB held budgets within Acute / Mental Health / Community Categories relate to Top-Up, COVID, ERF, SDF and Low Volume Activity (LVA) adjustments.

4.22 Contract Information continues to be developed at place level reflecting submitted plan values and apportionment by place, in addition budgets will iterate during the course of the financial year due to:

- Confirmation / distribution of SDF funding;
- ERF performance against plan; and
- confirmation of other resource allocation adjustments.

4.23 With regards to the key aspects of 'place' budgets in 2023/24 and responsibilities at place level the following should be noted.

- Any areas of 'contract overperformance' will need to be monitored by respective ICB /Place leads and associated budget managers as per normal financial management arrangements with the requirement for the ICB to understand the drivers and available mitigations as appropriate.
- Given the above, place leadership team will be required to consider to management of 'influenceable' spend at place level (in areas such as prescribing, continuing / packages of care, local pooled budgets).
- Place leadership teams will need to deliver efficiency targets recurrently and consider the underlying financial position of the ICB in all local decision-making process regarding financial investment / savings decisions.

4.24 **Delegations to place:** It is recognised that as our operating model develops will continue to develop our place level governance architecture, including Standing Financial Instructions, Scheme of Reservation and Delegation, and pooled budget arrangements) during the year to ensure that place teams have the flexibilities they need to deliver on their local plans. We will develop this work in partnership with system place partners over the coming months.

ICB Risks 2023/24

4.25 There are a number of financial risks and assumptions included in the ICB financial plan as follows:

- efficiency plans are ambitious and challenging for the ICB equating to approximately 5% of influenceable expenditure. Successful delivery of these plans will be critical in supporting not only the in-year delivery of the plan but also need to be delivered recurrently in order to support future financial sustainability of the system.
- the plan assumes full delivery of activity plans and receipt of 100% of available system Elective Recovery Funding (approximately £121m). If targets are not delivered in full, this income would be at risk.
- assumes excess inflationary pressures above national planning assumptions can be managed within current budgets Local estimates for Continuing Healthcare and Prescribing additional inflation risk are in the regional of £22m and £20m respectively.
- it is assumed that the additional pay award above planned levels will be funded.
- a level of slippage has been assumed against in year investments including Virtual wards, SDF and Health Inequalities as programmes are expected to ramp up during the year. This means that slippage or underspends will not be available for in year risk mitigation or additional investments.

5. Providers Financial Plans 2023/24

5.1 The submissions made by NHS providers in relation to Cheshire & Merseyside providers as part of the overall ICS plan are as per the **Table 8** below. The C&M NHS provider contract values with Cheshire & Merseyside ICB are included in Appendix 4.

Table 8 – ICS Financial Plan 2023/24 by Provider

	Total Income £000's	Total Expenditure £000's	Surplus /(Deficit) £000's	Surplus /(Deficit) %
Alder Hey Children's	373,520	361,212	12,308	3.3%
Bridgewater Community	93,976	93,976	0	0.0%
Cheshire & Wirral Partnership	240,990	240,990	0	0.0%
Countess of Chester Hospitals	313,115	338,308	-25,193	-8.0%
East Cheshire Trust	193,042	197,400	-4,358	-2.3%
Liverpool Heart & Chest	218,211	208,387	9,824	4.5%
Liverpool University Hospitals	1,095,544	1,156,207	-60,663	-5.5%
Liverpool Women's	137,824	153,274	-15,450	-11.2%
Mersey Care	696,356	690,047	6,309	0.9%
Mid Cheshire Hospitals	356,689	375,298	-18,609	-5.2%
Southport & Ormskirk Hospitals	257,103	257,103	0	0.0%
St Helens & Knowsley Hospitals	557,479	551,891	5,588	1.0%
The Clatterbridge Centre	244,162	243,799	363	0.1%
The Walton Centre	176,046	171,967	4,079	2.3%
Warrington & Halton Hospitals	322,879	338,627	-15,748	-4.9%
Wirral Community	95,156	94,955	201	0.2%
Wirral University Hospitals	469,435	488,327	-18,892	-4.0%
Total C&M Providers	**5,841,527**	**5,961,768**	**-120,241**	**-2.1%**
Total C&M ICB	**6,003,151**	**5,934,191**	**68,960**	**1.1%**
TOTAL C&M ICS	**6,003,151**		**-51,281**	**-0.9%**

NHS Provider Efficiencies 2023/24

5.2 The submissions made by NHS providers in relation to Cheshire & Merseyside providers as part of the overall ICS plan are as per the **Table 8** below. The C&M NHS provider contract values with Cheshire & Merseyside ICB are included in Appendix 4.

Table 9 – NHS Providers Efficiencies 2023/24

Cheshire & Merseyside Provider Organisation	Recurrent CIP £'000s	Non Recurrent CIP £'000s	Total CIP £'000s	All CIP %age %	Rec CIP %age %
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	(17,691)	0	(17,691)	5.0%	5.0%
BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST	(5,147)	0	(5,147)	5.2%	5.2%
CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	(6,575)	(6,184)	(12,759)	5.0%	2.6%
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	(10,402)	(10,400)	(20,802)	6.1%	3.0%
EAST CHESHIRE NHS TRUST	(10,302)	0	(10,302)	5.1%	5.1%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	(8,951)	0	(8,951)	5.3%	5.3%
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	(58,801)	(22,899)	(81,700)	6.9%	5.0%
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	(8,336)	0	(8,336)	5.2%	5.2%
MERSEY CARE NHS FOUNDATION TRUST	(16,758)	(20,393)	(37,151)	5.1%	2.3%
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	(21,200)	0	(21,200)	5.5%	5.5%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	(13,199)	0	(13,199)	5.1%	5.1%
ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	(21,446)	(7,000)	(28,446)	5.0%	3.8%
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	(8,249)	0	(8,249)	5.1%	5.1%
THE WALTON CENTRE NHS FOUNDATION TRUST	(7,520)	0	(7,520)	5.1%	5.1%
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	(17,895)	0	(17,895)	5.1%	5.1%
WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST	(5,015)	(292)	(5,307)	5.3%	5.0%
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	(26,172)	0	(26,172)	5.3%	5.3%
TOTAL	**(263,659)**	**(67,168)**	**(330,827)**	**5.5%**	**4.4%**

6. NHS Provider Contract Assumptions 2023/24

6.1 The following planning guidance and assumptions have been reflected in NHS providers contracts plan for 2023/24:

- Inflationary uplifts of 1.1% have been applied to contracts (this represents the standard uplift of 2.9% net of the efficiency requirement 1.1% and convergence of 0.71%)

- National COVID19 funding has been reduced by £65.389m to £21.763m and this has been adjusted in contracts.

- NHS contracts have been amended to reflect an Aligned Payment and Incentive (API) approach which adjusts block contract values for current activity levels. Elective targets have been set nationally for each provider and contract values calculated on a PBR basis for this element of the contract.

7. NHS Provider Risks 2023/24

7.1 There are a number of financial risks and assumptions included in the system financial plan as follows:

- efficiency plans are ambitious and challenging provider plans equating to approximately 5%. Successful delivery of these plans will be critical in supporting not only the in-year delivery of the plan but also need to be delivered recurrently to support future financial sustainability of the system.
- provider activity plans assume full delivery of elective activity plans and a step change in productivity will needed to deliver this in several Trusts.
- in line with national guidance, there is no allowance for industrial action in either the costs or activity plans.
- continued flow and discharge challenges relating to levels of patients in acute beds who no longer meet criteria to reside, this continues to be a key area of focus for local system partners in each place.
- assumes excess inflationary pressures above national planning assumptions can be managed within current budgets. System partners will develop a risk management framework to support the differential impact of this across providers, including reviewing any non-recurrent mitigations that we could access in year.
- assumes any additional pay award above planned levels are funded in full. Specific risk exists where contracts are linked to pay award uplifts but are not recognised nationally as a direct pay award pressure.
- overall, the system has sufficient cash balances to support the totality of 2023/24 plans. However, the continued levels of deficits in some providers with low cash balances mean that emergency cash support will be required in year. System partners will need to work together to understand where opportunities exist to provide cash support to these organisations whilst their recovery plans are developed.

8. Conclusion and next steps

8.1 Whilst we have submitted the financial plan set out above, we await formal confirmation from NHS England that this plan is accepted.

8.2 The system has a collective deficit plan for 2023/24 of £51m and as a consequence of this there will be a range of additional expenditure controls implemented to provide assurance that appropriate levels of financial grip and scrutiny is in place. Further updates will be provided to the Board and Finance Committee as these processes are finalised.

8.3 The paper identifies a number of areas where further work is needed and will be progressed in coming weeks.

- Alignment of provider contracts to place budgets
- Budget holder signoff of budgets at both corporate and place level
- System risk share arrangements for inflationary pressures
- Further work to develop financial delegations to place as part of our ongoing work on our operating model

8.4 In addition, the system is now developing a 3-year recovery plan to address the underlying financial deficit alongside achieving our system priorities. Committee and Board members will be briefed on this separately.

9. Recommendations

9.1 **The Board is asked to:**

- **Note** the contents of this report.
- **Support** the revised financial plan submission made on the 04 May 2023 by the ICB / ICS in relation to the 2023/24 financial year including resource and expenditure assumptions, particularly noting the level of efficiencies required to achieve the planned deficit position.
- **Approve** the high-level budgets for 2023/24.
- **Approve** the proposed split for budgetary control purposes between 'Central ICB' and 'Place' budgets for the 2023/24 financial year resulting in a headline 10% / 90% split, respectively.

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Appendix 1

Financial Duties for ICBs and Systems

Rule	ICB	System
Capital resource use		Collective duty to act with a view to ensuring that the capital resource use limit set by NHS England is not exceeded
Revenue resource use	Duty to meet the resource use requirement set by NHS England	Collective duty to act with a view to ensuring that the revenue resource use limit set by NHS England is not exceeded
Breakeven duties (achieve financial balance)	Duty to act with a view to ensuring its expenditure does not exceed the sums it receives	Objective to break even – that is, duty to seek to achieve system financial balance
Financial apportionment	Revenue and capital resources of all trusts apportioned exclusively to a principal ICB	
ICB administration costs	Duty not to exceed the ICB running cost allowance limit set by NHS England	
Risk management	Local contingency decision required to show how financial risks will be managed	
Prior year's under and overspends		Maintain as a cumulative position
Repayment of prior year's overspends		All overspends are subject to repayment
Mental Health Investment Standard	Comply with standard	
Better Care Fund	Comply with minimum contribution	

Integrated Care Board Meeting

Appendix 2

Intended approach to delegation of budget

ICB Expenditure Category	Cheshire & Merseyside ICB Level		Place	Rationale / Supporting Notes
Programme				
Acute				
Acute Services – NHS Providers	x*		x	Contracts Held by ICB Level but managed by lead 'place'
				Contract Expenditure budgets split at place level (with budgets held by each place) includes Ambulance contracts
				* ICB to manage 'Inter' contracts (e.g., Non C&M Providers) at system level
				* ICB hold system resources for Top-Up / COVID / ERF
Acute Services - Independent / Commercial Sector			x	Contracts Managed at Place Level, Reporting at Place Level when / where available
Acute Services - Other Non - NHS			x	Contracts Managed at Place Level, Reporting at Place Level when / where available
Acute Services - Other Net Expenditure			x	Contracts Managed at Place Level, Reporting at Place Level when / where available
Community				
Community Services – NHS Providers	x*		x	Contracts Held by ICB Level but managed by lead 'place'
				Contract Expenditure budgets split at place level (with budgets held by each place)
				* ICB to manage 'Inter' contracts (e.g., Non C&M Providers) at system level
Community Services - Independent / Commercial Sector			x	Locally Commissioned Community Contracts Managed at 'Place Level' e.g., Care Home, AQP Contracts
Community Services - Other Non - NHS (Voluntary, Hospice)			x	Locally Commissioned Community Contracts held at 'Place Level'
Mental Health				
Mental Health Services – NHS	x*		x	Contracts Held by ICB Level but managed by lead 'place'
				Contract Expenditure budgets split at place level (with budgets held by each place)

ICB Expenditure Category	Cheshire & Merseyside ICB Level		Place	Rationale / Supporting Notes
				* ICB to manage 'Inter' contracts (e.g., Non C&M Providers) at system level
Mental Health Services - Independent / Commercial Sector			x	Contracts Managed at Place Level, Reporting at Place Level when / where available
Mental Health Services - Other Non – NHS / Other Net			x	Locally Commissioned Community Contracts held at 'Place Level'
Continuing Health / Packages of Care				
Continuing Health / Packages of Care (Adults & Children's)			x	Consistent Model across C&M, local implementation
Learning Disability and Autism Placement Costs			x	
Funded Nursing Care			x	
Personal Health Budgets			x	
Primary Care				
i) General Practice Core & Nationally Determined Contract Payments including				
GMS / PMS / APMS			x	Oversight through Primary Care Committee
National Enhanced Services			x	Oversight through Primary Care Committee
Premises			x	Oversight through Primary Care Committee
QOF			x	Oversight through Primary Care Committee
Investment and Impact Fund (IIF)			x	Oversight through Primary Care Committee
Additional Roles Reimbursement Scheme			x	Oversight through Primary Care Committee
GP Out of Hours Contracts			x	Oversight through Primary Care Committee
Other Primary Care Costs (Locum / Workforce Development)	x			
Local Enhanced Services			x	
Local Investment (Quality Improvement etc.)			x	
GPIT			x	
ii) Primary Care Dental Contracts				
Core Contract				*To be determined once transfer complete.*

ICB Expenditure Category	Cheshire & Merseyside ICB Level		Place	Rationale / Supporting Notes
Local Enhanced Services				*To be determined once transfer complete.*
iii) Primary Care Optometry Contracts				*To be determined once transfer complete.*
Core Contract				*To be determined once transfer complete.*
Local Enhanced Services				*To be determined once transfer complete.*
iv) Community Pharmacy Contracts				
Core Contract	x			
Local Enhanced Services	x			
Prescribing				
Primary Care Prescribing (Inc Oxygen)			x	
Other Programme examples				
Better Care Fund			x	
Estates (Subsidies / Voids / Other Costs)			x	
NHS 111			x	
Patient Transport			x	

Cheshire and Merseyside ICB
Finance, Investment & Resource Committee

Appendix 3
Summary 2023/24 Budget Book

	2023/24 SUMMA
	£'000
ICB Acute Service Expenditure	
Acute Services - NHS	(3,094,157)
Acute Services - Independent / Commercial Sector	(92,863)
Acute Services - Other Non - NHS	(3,063)
Acute Services - Other Net Expenditure	(3,316)
ICB Mental Health Service Expenditure	
Mental Health Services - NHS	(435,084)
Mental Health Services - Independent / Commercial Sector	(88,616)
Mental Health Services - Other Non - NHS	(98,759)
Mental Health Services - Other Net Expenditure	(8,313)
ICB Community Health Service Expenditure	
Community Health Services	(574,563)
ICB All-age Continuing Care Service Expenditure	
CHC Adult - Fully Funded - Standard	(156,526)
CHC Adult - Fully Funded Personal Health Budgets - Standard	(55,965)
CHC Adult - Fully Funded - Fast Track	(28,622)
CHC Adult - Fully Funded Personal Health Budgets - Fast Track	(3,698)
CHC Adult - Joint Funded	(21,484)
CHC Adult - Joint Funded Personal Health Budgets	(7,122)
Children's Continuing Care	(8,009)
Children's Continuing Care Personal Health Budgets	(2,369)
Funded Nursing Care	(47,657)
Continuing Care Assessment and Support	(11,225)
ICB Primary Care Service Expenditure	
Prescribing	(485,245)
Community Base Services	(41,232)
Out of Hours	(13,629)
PC - Other	(27,822)
GP IT Costs	(16,171)
ICB Other Programme Service Expenditure	
Other Programme Services	(36,051)
ICB Other Commissioned Service Expenditure	
Other Commissioned Services	(30,120)
ICB Primary Medical Services Expenditure	
General Practice - GMS	(191,586)
General Practice - PMS	(92,188)
Other List-Based Services (APMS incl.)	(10,372)
Premises cost reimbursements	(44,278)
Primary Care NHS property Services Costs - GP	(5,436)
Other Premises costs	(681)
Enhanced services	(90,347)
QOF	(38,650)
£1.50 per head PCN Development Investment	(4,117)
Other - GP services	(16,717)
ICB Delegated Primary Care Expenditure	
Dental Services	0
Ophthalmic Services	0
Pharmacy Services	0
ICB Running Costs	
Running costs	(48,138)
ICB Reserves / Contingencies	
Reserves	0
Contingencies	0
Total ICB Expenditure	**(5,934,191)**

Integrated Care Board Meeting

NHS Cheshire and Merseyside

Appendix 4

C&M Provider Contract Values with C&M ICB

	Alder Hey Children's NHS Foundation Trust	Bridgewater Community Health Care NHS Trust	Cheshire and Wirral Partnership Foundation Trust	Countess Of Chester Hospital NHS Foundation Trust	East Cheshire NHS Trust	Liverpool Heart and Chest hospital NHS Foundation Trust	Liverpool University Hospital NHS Foundation Trust	Liverpool Women's NHS Foundation Trust	Mersey Care NHS Foundation Trust	Mid Cheshire NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust	St Helens and Knowsley Teaching Hospitals NHS Trust	The Clatterbridge Cancer Centre NHS Foundation Trust	The Walton Centre NHS Foundation Trust	Warrington and Halton Teaching Hospitals NHS Foundation Trust	Wirral Community NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust	TOTAL
ICB Provider Income 22/23	**96,878**	**56,883**	**172,209**	**247,663**	**148,246**	**32,374**	**708,667**	**102,829**	**443,081**	**296,089**	**140,386**	**409,348**	**27,682**	**23,435**	**274,641**	**59,703**	**367,680**	**3,607,793**
Revised Baseline Contract Expenditure 22/23	**84,157**	**42,130**	**155,403**	**200,580**	**121,816**	**24,134**	**590,140**	**74,361**	**410,886**	**261,497**	**108,194**	**359,462**	**16,035**	**17,919**	**225,910**	**56,248**	**312,758**	**3,061,630**
FYE Service Transfers	0	0	254	0	0	0	0	0	0	0	0	0	0	0	0	0	0	254
Convergence -0.71%	(598)	(299)	(1,103)	(1,424)	(865)	(171)	(4,190)	(528)	(2,917)	(1,857)	(768)	(2,552)	(114)	(127)	(1,604)	(399)	(2,221)	(21,738)
Inflation 1.8%	1,504	753	2,782	3,585	2,177	431	10,547	1,329	7,347	4,674	1,934	6,424	287	320	4,038	1,005	5,590	54,726
Acute Growth 2.1% (excluding elective)	821	1	32	2,410	1,103	236	7,042	892	301	2,670	1,403	4,132	192	209	2,711	1	4,686	28,844
Recovery 0.9%	615	0	14	1,793	814	177	5,234	669	200	1,999	972	3,080	144	157	2,033	1	2,815	20,717
Other SDF	0	0	87	216	221	0	159	0	764	398	0	0	0	0	0	0	0	1,845
MHIS	520	0	3,007	0	0	0	0	0	4,121	0	0	0	0	0	0	0	0	7,647
System Top Up	(2,049)	10,976	2,251	20,479	23,561	169	52,963	9,325	9,203	16,472	22,674	30,452	1,843	2,550	22,894	1,382	30,407	255,552
System COVID	505	287	362	1,735	885	159	5,066	249	1,086	1,576	1,267	2,083	167	189	1,850	147	1,703	19,316
System Other	2,946	(195)	0	187	0	(309)	67	0	1,207	187	0	(135)	0	0	30	(150)	37	3,871
Ockenden	0	0	0	312	0	0	0	1,252	0	506	243	657	0	0	393	0	506	3,869
MH SDF	5,012	0	15,319	0	0	0	0	0	19,210	0	0	0	0	0	0	0	0	39,541
Capacity Funding	560	0	0	1,063	0	0	2,400	0	0	320	960	2,500	0	0	2,393	0	1,980	12,176
ERF	2,096	0	0	9,286	4,037	1,287	27,499	2,414	0	8,682	3,777	15,123	418	1,121	9,899	0	13,672	99,311
Capital Charges	506	115	423	483	1,628	396	2,073	1,136	199	3,279	1,450	1,403	110	411	1,493	165	2,829	18,099
Urgent and Emergency Capacity	0	1,000	0	3,416	0	0	9,442	0	2,000	4,270	0	6,344	0	0	2,440	2,000	2,440	33,352
Virtual Wards	0	1,231	288	914	1,371	972	3,354	0	4,704	1,736	505	1,097	0	0	653	574	1,350	18,751
Baseline Contract Expenditure V 4 23/24	**96,595**	**55,999**	**179,119**	**245,035**	**156,749**	**27,482**	**711,796**	**91,099**	**458,496**	**306,408**	**142,610**	**430,070**	**19,082**	**22,749**	**275,132**	**60,974**	**378,552**	**3,657,763**

Note that some allocations have not yet been received by the ICB and are therefore not yet included in the contract schedule above e.g., SDF. They will be included as a contract variation as allocations are confirmed.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative's Annual Work Plan

Agenda Item No	**ICB/05/25/13**
Report author & contact details	Ben Vinter – CMAST Corporate Lead Linda Buckley – Managing Director CMAST
Report approved by (sponsoring Director)	This is a report of CMAST. It has been approved by CMAST and discussed by the ICB Executive. The request for ICB consideration has been made by the ICB CEO and Chair.
Responsible Officer to take actions forward	Linda Buckley via ICB execs

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative's Annual Work Plan

Executive Summary

The report sets out Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative's purpose, achievements, and delivery priorities for 2023/04.

The delivery areas and targets form part of the ICB's operational plan and reflect national planning expectations and aspirations.

Given the nature of the reporting timeframe, development, and the onboarding of project resource CMAST has committed to delivery of an end of q1 update for deliverables specifically with relation to its workforce and efficiency at scale programme.

CMAST's work plan includes the following targets:

Elective Recovery and Transformation:

i. Targeting a 30% reduction in the number of onward referrals, to levels that could otherwise have been expected, by avoided referrals achieved through specialist advice based on data from the new system Elective Recovery Outpatient Collection (EROC).
ii. Deliver the system specific elective activity target (105%)
iii. Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).
iv. Delivery of a trajectory of reduction of patients waits that will support elimination of waits of longer than a year for elective care by March 2025.
v. Reduce outpatient follow up activity by 25% against 2019/20 baseline by March 2024.
vi. Increase in day case activity, targeting 85%, in line with C&M Plan
vii. Deliver planned, system average theatre utilisation of at least 80%.

Clinical Pathways Programme:

i. Concluded reviews and implement recommendations from established workstreams in Dermatology and ENT
ii. Implement all clinically led improvement and optimisation initiatives. Where necessary and appropriate develop and outputs into a case for change to support system engagement and decision making
iii. Identify future areas or system initiatives benefiting from attention and/or CMAST alignment – targeting at least two more specialities in 2023/4.

Diagnostics:

Increased capacity/activity

i. Expand the number of CDCs in the system, from 6 to 9 operational sites by end of March 2024.
ii. Deliver increased activity levels to support C&M operational plans to reduce elective and cancer backlogs, targeting an overall increase to 114% by March 2024 (from 2019/20 baseline)

Waiting Times

iii. By end of April 2023 no patient waits more than 52 weeks for a diagnostic test, compared to the occurrence of 104 week waits in 2022/3
iv. Ensure that by end of June 2023 no patient waits more than 40 weeks for a diagnostic test.
v. Increase the percentage of patients who receive a diagnostic test within 6 weeks, meeting the March 2025 ambition of 95% of patients seen within 6 weeks and working to a C&M milestone of 90% of patients seen within 6 weeks by end of March 2024.

Productivity

vi. Deliver 10% productivity gains in pathology and imaging by March 2024.
vii. Reduce DNA rates to 5% in endoscopy and imaging by March 2024

Health Inequalities

viii. Produce (by December 2023) diagnostic service comparison maps to include clear recommendations so that each of the 9 places in C&M can commission and oversee service provision to ensure that access inequalities to diagnostic services are reduced.

Workforce:

i. Clear career pathways and support to progress to leadership roles for nursing and midwifery
ii. Agreed principles and offer for health care assistants joining the C&M collaborative bank
iii. Improved time to hire for Health Care Assistants and reduced agency spend
iv. A focus on staff retention within the C&M system
v. Attracting talent to C&M more effectively through a coordinated recruitment process
vi. Increased opportunities for learning and professional development.

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS Cheshire and Merseyside

	Finance, Efficiency and Value (efficiency at scale): i. Medicines management will deliver an estimated £10m of savings in 2023/4 ii. Procurement initiatives have the potential to deliver savings of up to £5m in 2023/4 iii. The finance workstream has the potential to release up to £1m in savings in 2023/4. For the last two work programmes targets and metrics are not completely determined but will be developed and committed to as the workstream PIDs are implemented and signed off and resources agreed with the ICB

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

Recommendation	**The Board is asked to:** • **NOTE** the approach and progress made by CMAST and to **ENDORSE** the commitments made in the workplan as part of C&M's wider delivery undertakings.
Key issues	Provided in executive summary
Key risks	CMAST activity and delivery, like all Trust activity, is dependent upon resource and available capacity. Programme resource is significant and impacted by any financial constraints imposed on the system. Delivery is also influenced by wider system dependents such as planned actions to reduce ED demand, presentation at hospital and overall hospital occupancy rates and delivery by partners in Place, Primary Care, and the community. Any further or continuing industrial action also has the potential to disrupt planned delivery.

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		X

Route to this meeting	This report has been considered by CMAST on a variety of occasions. The report has been discussed with ICB exec. Many of the targets are included within and drawn from the C&M operational plan which has required and been built from substantial engagement including pan C&M teams, ICB and Place representatives.

Management of Conflicts of Interest	It is not considered that there are any conflicts of interest in delivery and development of this report.
Patient and Public Engagement	CMAST works with and through its members who are key parts of their local communities and Place. CMAST is a delivery partner within the ICS and as such engages with the ICB and Place on their communication of delivery imperatives and priorities such as those within the C&M operational plan. The CMAST work plan does not contain matters of substantial service change or variation and as such does not require consultation, any engagement if conducted by trusts and partners is through BAU activity. The majority of our activities are focused on improving service resilience, enhancing choice and access, and reducing patient waiting times for treatments and therefore reducing service inequalities and increasing equity.
Equality, Diversity, and Inclusion	It is not considered that an EIA needs to be completed to support the CMAST workplan. An equalities focus is embedded within our programmes. Further commentary on our delivery on equalities is noted above.
Health inequalities	As above
Next Steps	CMAST delivery is ongoing and in train.
Appendices	**Appendix One:** CMAST Annual Work Plan

NHS Cheshire and Merseyside Integrated Care Board Meeting

CMAST Annual Work Plan

Appendix One: CMAST Annual Work Plan

CMAST &
Cheshire and Merseyside ICB
Agreement

Annual Work Plan
Delivery Priorities for 2023 / 4

CMAST
The Cheshire and Merseyside Acute and Specialist Trust Collaborative

1. Executive Summary

CMAST was formed in spring 2021, following a system wide focus on, and contribution to the pandemic response. Our collaborative was named CMAST from summer 2021 and sought to build on the solid foundations established by the Cheshire and Merseyside Hospital Cell

These decisions were followed by a series of discussions exploring ways of working, our priorities and vision. CMAST Trust Boards formally endorsed a Joint Working Agreement and established a Committees in Common in October 2022. This exercise was seen as a natural culmination of our good work to date.

We add value by:

- Delivering for our residents, patients, our partners, and each other – for example in our elective recovery work
- Being greater than the sum of our parts – for example in our Cancer Alliance and diagnostics programme of work
- Sharing, implementing, and sponsoring best practice – for example in our theatre productivity and our clinical pathways work programme
- Maximising resilience, mutual aid, and resource deployment – for example in our work during the pandemic, UEC / Gold, CDCs, hubs, and our emerging workforce and finance programmes of work
- Focusing on delivering the highest quality care, the best possible outcomes, in the most appropriate location, minimising unwarranted variation - a golden thread through all of our work

Our priorities now and going forward are:

- Reducing health inequalities
- Improving access to services and health outcomes
- Stabilising fragile services
- Improving pathways
- Supporting the wellbeing of our staff and developing more robust workforce plans
- Achieving financial sustainability

In delivering these priorities we aim to enhance patient, family and carers' experience through more efficient, effective, safe and timely treatment.

This document summarises the background and context to CMAST's establishment, its vision, ambition, priorities and our delivery to date, before setting out our proposals for continued delivery through 2023 / 4.

We consider and propose, at this time, that the level of delegated responsibility required

(between system partners) can be transacted largely through the NHS planning process[1] which binds and commits NHS ICS partners together to deliver our priorities. This Plan also makes it clear where Trusts have a lead delivery responsibility or through our, already, well established approach to partnering with the ICB on issues like, potential reconfiguration, system redesign or efficiency at scale programmes which may require ICB sponsorship or action with relation to evidenced recommendations.

Equally though our established but flexible operating model and governance, CMAST considers that its leadership and contribution to the ICS is clearly defined and uncontentious in the areas we identify as our priorities (see section 2) and that routes have already been established to provide appropriate and proportionate assurance on trust delivery to the ICB on significant system contributing work streams via the CMAST Leadership Board and Trust contributions to the C&M Operating Plan.

As ICS working evolves and continues to develop, both nationally and within C&M, we remain open and a partner in continuing this dialogue with the ICB and don't see our current remit as either a defined end point or destination, for example, it would seem logical for CMAST to play a role in specialised commissioning, as the remit of this work becomes clearer and we will continue to flex and provide a wider perspective, resilience and strength to matters of wider interest to the system, as has recently been evidenced with the outputs of the Liverpool Clinical Services Review.

This document is intended for consideration by the ICB and to consolidate already existent and well established ways of working.

Wider and ongoing system engagement and dialogue will continue alongside this work as CMAST has sponsored and championed since its establishment.

Promoting equity and responding to inequalities

Health inequalities and equity of access to all services is of paramount importance to all CMAST programmes. Where applicable our projects include providers adopting the 14 Prevention Pledges, providing an ongoing commitment to the implementation of the Marmot Principles and, for example, are supported through a provider-by-provider breakdown of missed appointments and how these can be considered through a health inequalities lens.

Our health inequalities initiatives in our Elective Programme are overseen by the Health Inequalities Working Group, which is chaired by Dr Sinead Clarke and includes EDI leads from across all Places and CMAST providers. We are also planning a one-off system-wide elective care / health inequalities summit during Q1 of 23/24 that will bring together all providers, along with external stakeholders, to support a prioritisation exercise for health inequalities in elective care.

Our Diagnostics Programme has implemented a monthly performance dashboard which includes monitoring of waiting times and activity rates. We use this health inequalities dashboard to ensure that we improve the overall rates of activity and waiting times for the whole of the C&M population. This approach also supports targeted interventions and tracking to maximise access, patient choice and prioritising a focus on areas with higher deprivation. In the year ahead we have committed to strengthening our use of the equality impact gateway for proposed projects and to fully embed the digital exclusion impact assessment to ensure that all plans include mitigation for those who are not digitally

[1] Or evidenced and written requests made through the year, as they emerge, from the ICB CEO to CMAST for consideration such as TIF funding prioritisation in 2022/3.

connected.

2. Introduction

We believe we will achieve our priorities, best, by being clear about what we will do, with whom and when and ensuring that the Trusts, either, as individual organisations, at a sub system level, or collectively contribute to the relevant spheres of ICS working. Accordingly, CMAST (and its member Trusts) are active participants in:

- The C&M Health and Care Partnership – our ICP
- The ICB – where we discuss and explore programmes of work but also where a Trust and CMAST leader is a Partner Member of the ICB and provides a strong voice, ensuring the experience of Trusts are explored and understood by the ICB
- Through Place – where Trusts continue to play a strong local role but also explore and advocate for the work of CMAST as a collaborative

Our vision and aims span a range of time horizons:

> *In the immediate and short-term our vision is to ensure the coordination of an effective provider response to current system and NHS priorities including: ongoing pandemic response; NHS service restoration and elective recovery; support and mutual aid; sharing best practice, increasing standardisation and reducing unwarranted variation. We will work together to speak with one voice, enhancing our ability to lead on system wide programmes and workforce development, including harnessing clinical and professional leadership resources.*
>
> *In the medium and longer term we will develop an overview of existing services, locations and pathways to ensure they are patient-centred, productive, streamlined and of high quality. We will work with the system to ensure finances and organisational structures facilitate change and do not obstruct progress. We will work together, in places and with partners to ensure that those in greatest need have access to high quality services.*

We recognise that each member Trust of CMAST is also a member of their local Place or Places. It is critical that as anchor institutions and deliverers of care, Trusts are, and remain connected to their own locality and population. Our Places, typically, bring together primary care, local authorities and wider care and voluntary sector stakeholders. They demonstrate the full potential of integrated working. CMAST seeks to echo this broad range of participation through its own work programmes.

Our current CMAST programmes and key areas of focus are set out below. We have a Trust CEO SRO and Chair Sponsor for each work programme, along with a Place Director representative on each of the key programme's boards.

Our programmes:

We currently have several agreed areas of focus and delivery with the ICB and have planned for these to continue through 2023/4. The priorities are largely clear and obvious, if challenging and align with national priorities.

Priorities include elective recovery, increasing diagnostic activity and capacity, as well as cancer delivery via our well-established Cancer Alliance. These areas, coupled with any emerging national or regional priorities, provide a tight focus on patient centred delivery and fulfilment of Trust NHS planning commitments. Our programme reporting forms part of our monthly CEO discussion and oversight and is considered to be CMAST business as usual.

In addition to our core delivery priorities, we have several thought leadership, improvement or innovation focussed programmes of work. Some of these areas of work also provide a system enabling contribution and cover: clinical pathways (opportunities for services redesign or improvement), workforce and finance, efficiency, and value. All of which are exploratory, require clinical and partner exploration and collaboration and are approached on a, per issue basis, to ensure that the mandate is clear and that any connections with the ICB or commissioners that may be required are developed and maintained. In addition, we have established, and participate in a number of clinical and patient focused task and finish groups bringing about change linked to the key priorities for CMAST.

3. 2022 / 2023 Deliverables and Successes

Elective Recovery Programme

- Zero-breach position for 104 week waits by July 2022
- Reduced 78 week waits by over 25,000 in the last 19 weeks (to end January 2023)
- Upper quartile performance theatre utilisation
- Over 19,000 additional treatments through efficiency improvement.
- Established and supported clinical improvement networks for 8 key challenged specialties
- Secured over £76m capital funding for elective recovery and over £1m other revenue sources – Delivering additive elective capacity for C&M wide use

Clinical Pathways Programme

- Established formal governance structure, including NED sponsors & links across ICB
- Established clinical leads for specialties
- Review of Orthopaedics Service, 2 workshops and report
    - Agreed cold site surgery principles and roadmap with clinical consensus
    - Established Orthopaedic Alliance - with plans to focus on patient experience
- Established ENT and Dermatology clinical networks
- Facilitation of GIRFT reviews and action plans

Diagnostics Programme

Our work and focus in this area has improved accessibility and timeliness of treatment for patients through:

- £112m capital investment secured for additional activity and modernised diagnostic kit and facilities
- Delivering 105,000 tests per month, realising over 18% growth through the year.
- 79% of patients for all diagnostics tests are seen in 6 weeks. A 4% increase over the year
- 95% of patients received an MRI in 6 weeks compared with 30% in April 2020[2].
- 91% of patients received a CT scan in 6 weeks compared with 41% in April 2020
- 80% of patients for echocardiography are seen within 6 weeks, a 25% increase over the year. Waiting list for echocardiography have seen a 30% reduction
- 61% of gastroscopy patients are seen within 6 weeks a 22% increase over the year. Waiting list for gastroscopy have reduced by over 40%
- Introduction of region wide naso-endoscopy service delivering an innovative new service for 4000 patients. Reduced discomfort and recovery time
- Mobilisation of 6 (CDCs) Community Diagnostic Centres across C&M
- Overarching programme for all diagnostics in place including the establishment of robust system oversight and reporting

Workforce Programme

- Established programme
- Agreed priorities areas and relevant networks, membership and sponsorship
- Embedding a focus on system leadership and developing our capacity and resilience for the future
- Secured Health Education funding to support delivery of core programmes

Finance Efficiency and Value Programme

- Delivery of an agreed financial plan and control totals at organisation and ICB level
- Peer reviews of underlying financial issues and drivers of the deficit
- Development of a suite of financial reports incorporating I&E, exception reports, capital, cash and agency spend at organisational and aggregate levels
- Production of deep dive productivity and efficiency data shared at a December workshop and for Boards to review to target opportunities
- Membership of the ICB specialised services commissioning steering group advising

[2] The NHSE set baseline for our recovery trajectory

on provider input to delegation

- Established Efficiency at Scale work programme with initial focus on medicines optimisation, workforce (collaborative bank), financial systems and procurement

While we recognise C&M Cancer Alliance's (CMCA) accountability to NHSE the CMAST Leadership Board also receives regular updates on delivery and any Trust or performance specific issues. Our arrangements recognise the absolute interconnectivity of this programme and the alignment of priorities across member organisations and with elective recovery, pathways and diagnostics in particular.

4. 2023 / 2024 Delivery Priorities

A.Elective Recovery Programme:

Scope
Our principles for elective recovery are aligned with the agreed NHSE North West principles, these are:

- Resilience and recovery of our workforce is paramount to ensure both a sustainable recovery and the best possible outcomes for our patients:
  - This will include longer term investment, particularly in health and wellbeing
  - The flexible use of our resources
  - Supporting our staff to lead and transform.
- Patient safety and avoiding harm is key: Effective communication with our patients to keep them informed regularly, in relation to their wait and any service changes.
  - Ongoing PTL validation and clinical review should become a core component of elective restoration involving end-to-end review, involving primary care.
- Health inequalities: We must be ambitious for the citizens of the North West as we seek not only to deliver a reduction during 2021/22 as part of a multi-year plan, within the resources available, address both historic inequalities and also make up the ground lost during COVID.
- Recovery of elective activity forms part of a wider recovery ambition and will be dependent on end-to-end pathway redesign. This should be a defining principle that underpins the three NW ICSs.
- Restoration of elective activity should be planned for at System level, embedding the gains made during the pandemic e.g. improved patient discharges, mutual aid and collaborative arrangements.
- Recovery should be underpinned by system level PTLs to ensure that treatment:
  - Delivers equitable access and use of resources
  - Reduces health inequalities
  - Prioritises most clinically urgent
- Maximise utilisation of IS via local arrangements and the increasing capacity framework (ICF)
- Specialty Hubs should be included in restoration plans to make the most of capacity available, providing resilience during any future COVID wave,

bringing a level of standardisation and clinical productivity for the elective programme

- Critical care capacity to be reviewed to ensure resilience of elective programme, both in any further COVID waves and also during winter surges
- Investment in diagnostic capacity will be necessary, to reduce waiting times. Consideration should be given to those patients requiring repeat diagnostics as a result of long waits (this links to another of our core CMAST programmes – diagnostics)
- Transformation must be embedded within our recovery. Transformation and improvement programmes should tackle variation and focus on the areas that have the longest waits and greatest risk of patient harm (this links to another of our core CMAST programmes – clinical pathways)
- Evidenced and researched based policies and practise should be implemented drawing upon the academic assets of the North West

The translates into the below CMAST programme focus:

Elective Recovery & Transformation

Cheshire and Merseyside
Health and Care Partnership

As part of the provider collaborative the C&M providers will work together to address unwarranted variation and inequality in access, experience and outcomes across the population of Cheshire & Merseyside.

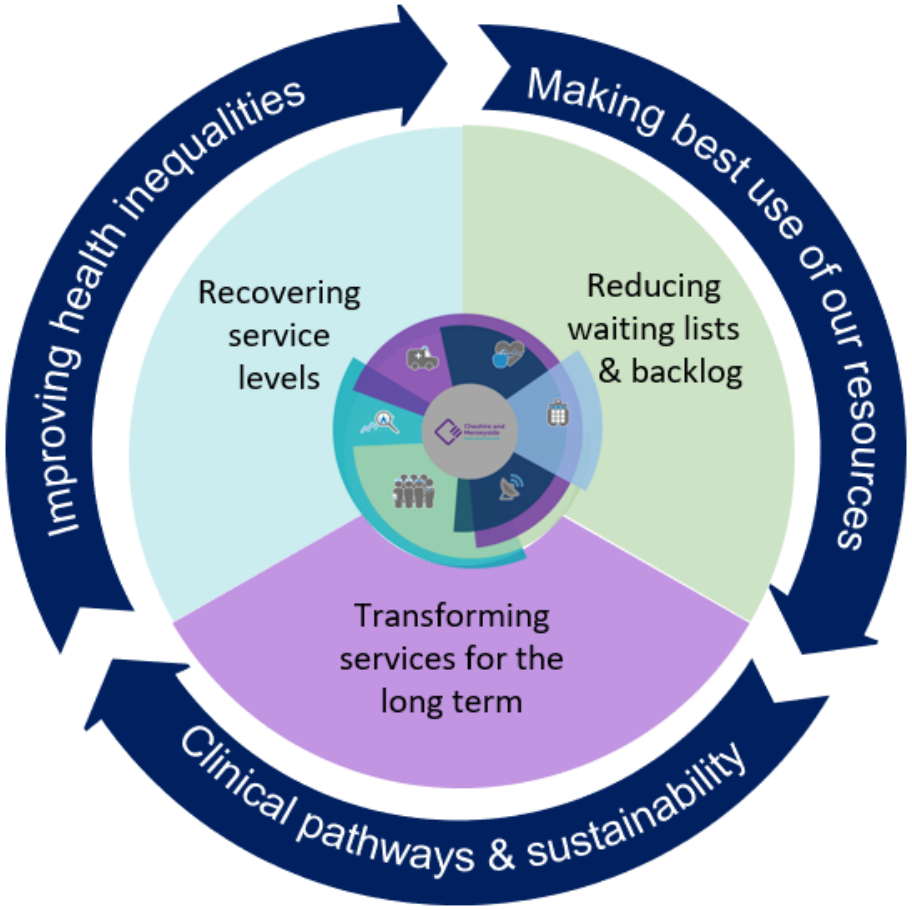
This will focus on populations, improving resilience in smaller trusts, and ensure that specialisation and consolidation occur where this will provide better outcomes and value.

There are three areas of focus for the elective recovery and transformation programme:

1. Recovering activity/service levels to pre-covid levels and better
2. Reducing the waiting lists and backlog of people waiting for OP and treatment
3. Transforming clinical pathways and services to ensure resilience and sustainability of the improvements that we deliver

These improvements will be delivered through a combination of system-led schemes, specialty clinical networks, and trust-level performance improvement initiatives.

As we progress through our recovery journey the transformational elements of the programme will increase and become the main focus.



Delivery

Our Elective Recovery Programme in year focus is on:

- Wating List Management:
    - System-level focus on elimination of 78 week waits by March 2023 and reducing 52 week waits over the course of the year
    - Continued validation, risk stratification and harm reviews for waiting lists
    - Waiting well initiatives providing support for patients waiting
    - Multiple initiatives to aid the reduction of outpatient waiting lists
    - As our work and achievements continue and are further applied we will seek to embed Trust and Place led patient surveys, benefits realisation and a focus on stakeholder led patient experience.

- System Resources Delivery:
    - Establishing elective hubs as shared resources for system use
    - Mutual aid facilitation for challenged specialties
    - System approach to separating elective and emergency care to ring fence elective surgery
    - Moving towards a system-level PTL where appropriate to support equity of care
    - Maximising independent sector opportunities

- Reducing variation
    - Targeting top decile performance for all trusts across clinical and administrative indicators
    - Workforce transformation for elective care
    - Implementing GIRFT and best practice pathways
    - Sharing and promoting best practice across C&M and tailoring for individual Trusts efficiency

Programme and Project Overview

Cheshire and Merseyside
Health and Care Partnership

Risk stratification & cohorting

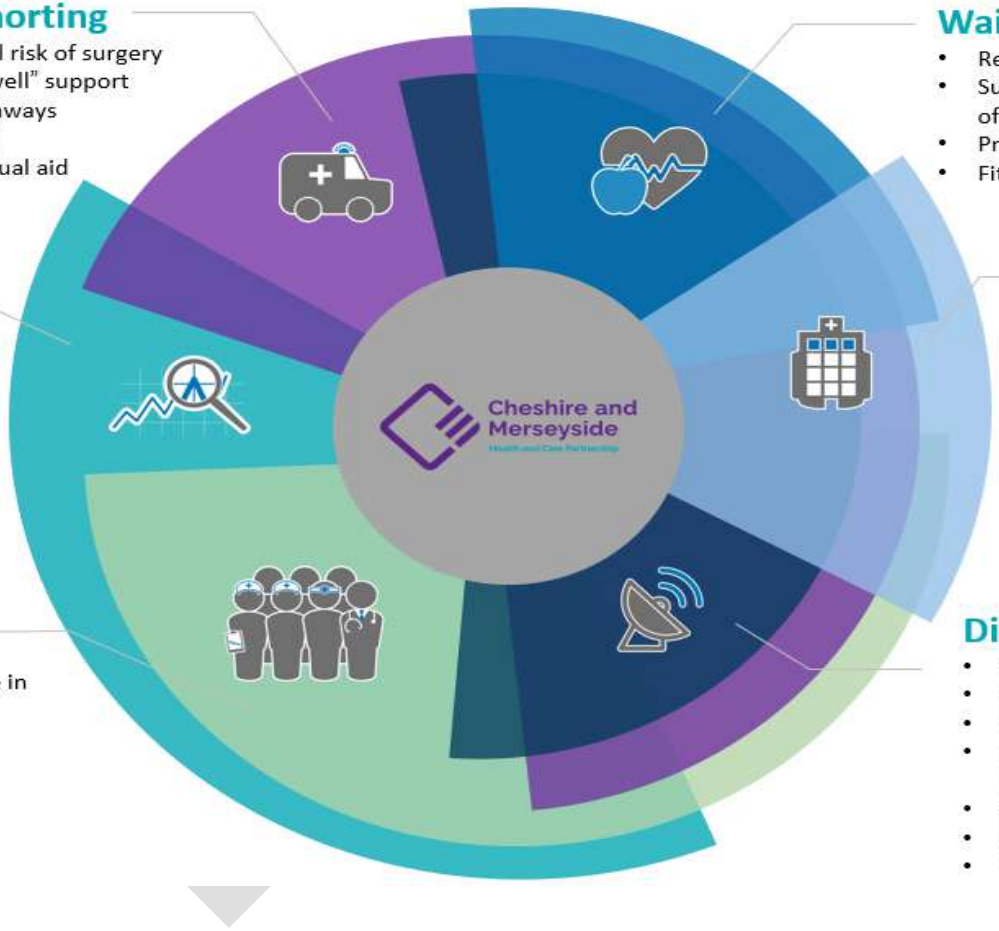
- Prioritisation and reducing clinical risk of surgery
- Identifying patients for "waiting well" support
- Identifying patients for HVLC pathways
- Linking primary care data (CIPHA)
- Cohorting patients for IS and mutual aid
- Defendable decision-making

Provider focus

- Top decile provider performance
- Theatres improvement
- GIRFT pathways & HVLC lists
- Strengthening non-elective & critical care capacity
- Separation of green and hot site activity
- Mutual aid and partnerships
- OP improvement

Workforce innovation

- Shared and ringfenced workforce in elective hubs
- " Theatre Right " staffing
- Innovation in role redesign
- Workforce strategies



Waiting well and prehabilitation

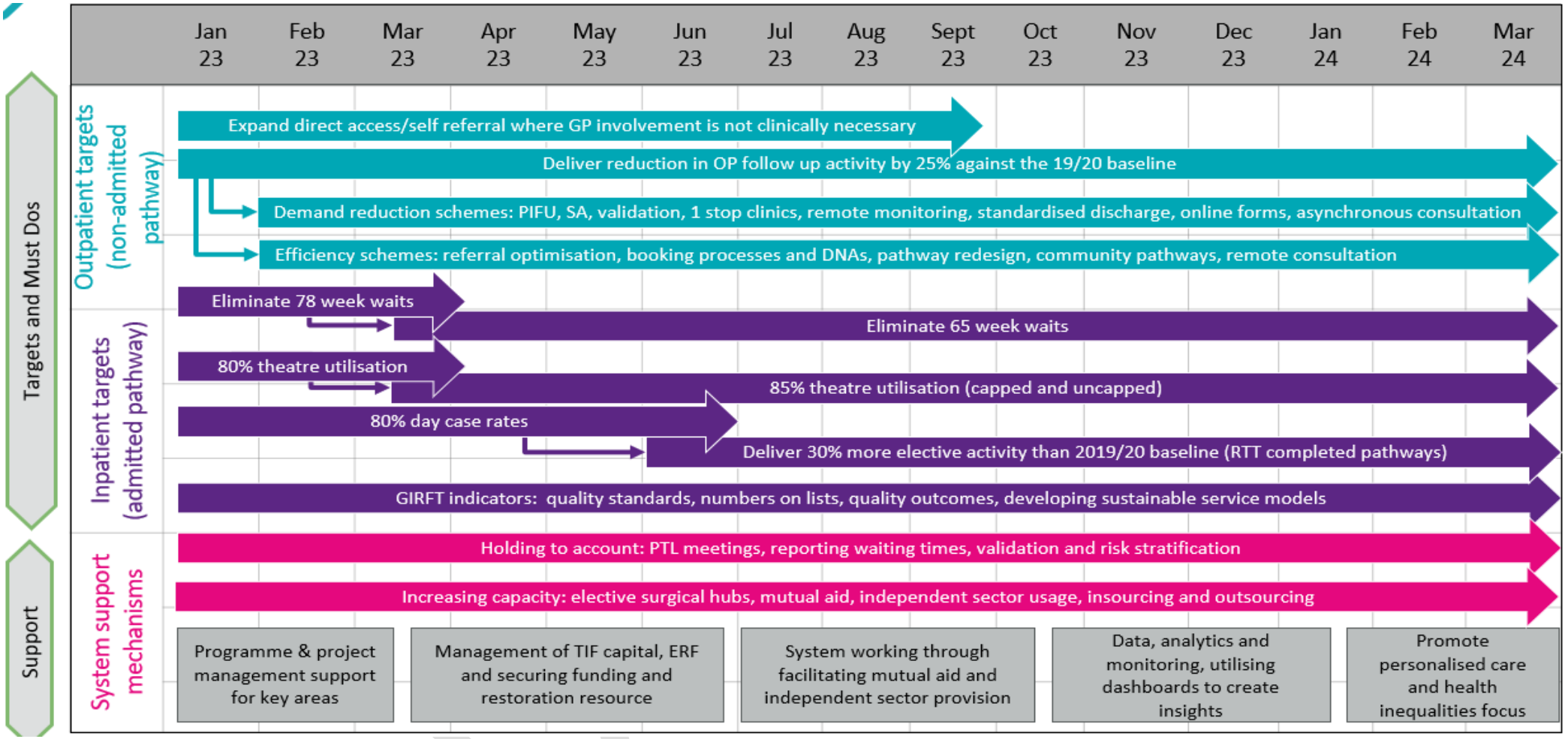
- Reducing risk of decompensation while waiting
- Supporting lifestyle changes to reduce clinical risk of surgery
- Prehabilitation advice and support (Sapien Health)
- Fitness for surgery

Increased capacity

- 4 elective hubs being mobilised,
- Mutual aid hub
- Shared approach to PTL to reduce variation in WL
- Focus on 104+ weeks and P2
- Rapid upscale of IS usage
- Cohorting the right patients for different sites
- GIRFT pathways and top decile
- Strengthened IS offer

Digital innovation & system working

- System level command centre
- Shared PTL concepts and mutual aid
- End to end pathway redesign
- Expansion of virtual wards and remote monitoring (AMITY)
- Shared elective hub facilities & pathways
- Advice and guidance pathways
- Digital appointments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Targets and Must Dos
Support
Outpatient targets (non-admitted pathway)
Inpatient targets (admitted pathway)
System support mechanisms
Expand direct access/self referral where GP involvement is not clinically necessary
Deliver reduction in OP follow up activity by 25% against the 19/20 baseline
Demand reduction schemes: PIFU, SA, validation, 1 stop clinics, remote monitoring, standardised discharge, online forms, asynchronous consultation
Efficiency schemes: referral optimisation, booking processes and DNAs, pathway redesign, community pathways, remote consultation
Eliminate 78 week waits
Eliminate 65 week waits
80% theatre utilisation
85% theatre utilisation (capped and uncapped)
80% day case rates
Deliver 30% more elective activity than 2019/20 baseline (RTT completed pathways)
GIRFT indicators: quality standards, numbers on lists, quality outcomes, developing sustainable service models
Holding to account: PTL meetings, reporting waiting times, validation and risk stratification
Increasing capacity: elective surgical hubs, mutual aid, independent sector usage, insourcing and outsourcing
Programme & project management support for key areas
Management of TIF capital, ERF and securing funding and restoration resource
System working through facilitating mutual aid and independent sector provision
Data, analytics and monitoring, utilising dashboards to create insights
Promote personalised care and health inequalities focus

Targets

i. Targeting a 30% reduction in the number of onward referrals, to levels that could otherwise have been expected, by avoided referrals achieved through specialist advice based on data from the new system Elective Recovery Outpatient Collection (EROC).

ii. Deliver the system specific elective activity target (105%)

iii. Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties).

iv. Delivery of a trajectory of reduction of patients waits that will support elimination of waits of longer than a year for elective care by March 2025.

v. Reduce outpatient follow up activity by 25% against 2019/20 baseline by March 2024.

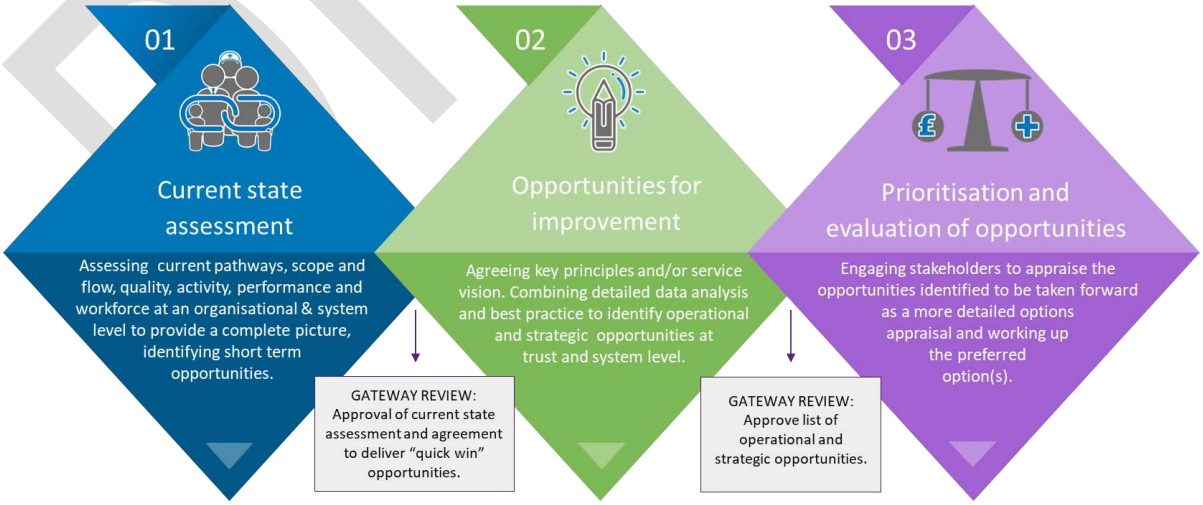
vi. Increase in day case activity, targeting 85%, in line with C&M Plan

vii. Deliver planned, system average Theatre utilisation of at least 80%

B.Clinical Pathways Programme:

Scope

The Clinical Pathways Programme is taking a methodical approach to reviewing specialties:



Our programme focus is on transformation of clinical pathways for the long term, improving resilience in smaller trusts, and ensuring that specialisation and consolidation occurs where this will provide better outcomes and value.

The programme plays an oversight role for system-level clinical transformation across the CMAST organisations, to ensure clinical adjacencies and interdependencies are understood.

Orthopaedics, Dermatology and ENT have either been reviewed or are entering final stages of prioritisation / implementation, and more specialties will be included as the programme progresses. The programme operates a periodic, dynamic review of services that might benefit most from support from the clinical pathways programme (CPP). This rapid assessment supports consideration of clinical, operational, strategic and delivery issues including the current waiting list positions, ability to recover activity levels, and services that had closed / limited access, and services that have had particular difficulty in recovering to pre-covid levels

Wide engagement is undertaken to develop the current state picture, and identify risks, challenges and opportunities for the specialty. Then workshops are used to bring the clinical and operational communities together from across the acute providers, commissioners, community providers and primary care. Once the opportunities are developed, a roadmap is agreed with clinical and operational consensus to outline the key steps required. Then the CPP team work with clinical, network and local infrastructure to support implementation of a programme roadmap.

A key part of the work is supporting and embedding functional clinical networks as a vehicle to gain clinical consensus in the development of new clinical pathways and service models that will help us to address unwarranted variation and inequality in access, experience and outcomes for our population

Delivery

The immediate delivery focus for CPP to date and in year the immediate part of the year ahead spans 3 specialties:

<u>Orthopaedics</u>

Orthopaedics was the first specialty to be taken through the CPP methodology and has completed the first three stages of the review and is in implementation phase to deliver its programme roadmap. There is a clear case for change that has clinical and operational consensus from the orthopaedic community within C&M: the current service is not sustainable in its current form. There is wide variation across all the key performance indicators, and departments are heavily reliant on smooth non-elective care pathways. The specialty experienced unprecedented IPC pressures during the pandemic, which led to whole services being closed for periods of time.

Two combined clinical and operational workshops highlighted key pressures and a shared desire to tackle the problems identified. It was agreed that the system needs to target separation of hot and cold activity with ring fenced staff and beds to provide a sustainable model, alongside improvements to operational performance through theatre efficiencies and best practice pathways.

A number of principles have been agreed, which shape and determine an implementation roadmap. A speciality alliance has also been established which will oversee and coordinate delivery.

Work has commenced utilising the Clatterbridge elective hub as a shared facility for orthopaedic elective surgery, and the CPP team are supporting developing the key enablers to make the service more sustainable and share learning for other elective hubs

across all specialties.

ENT

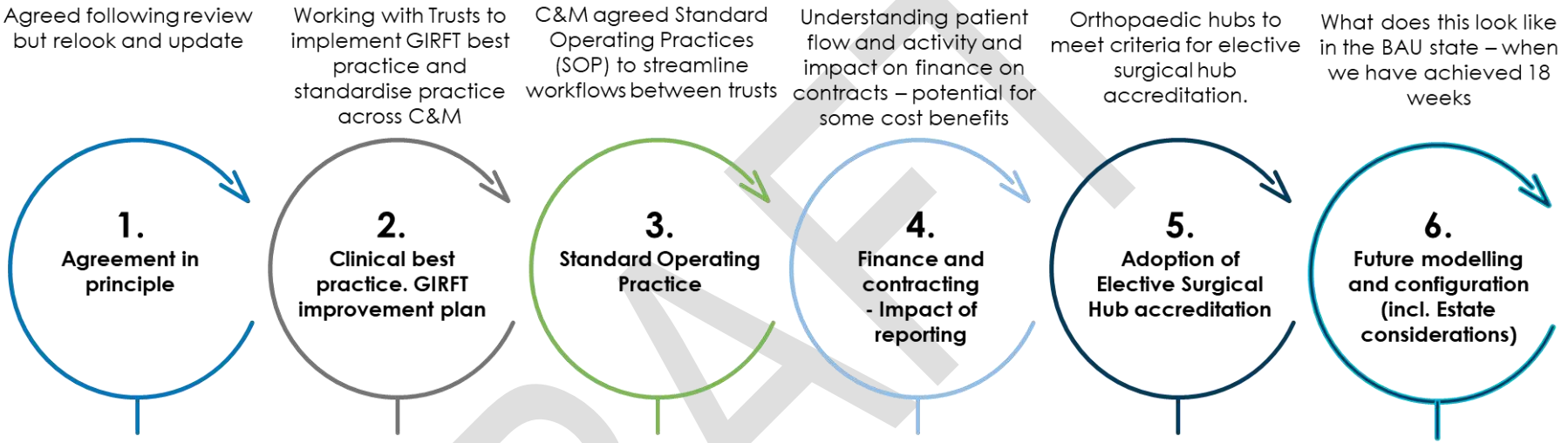
ENT was also significantly impacted by the pandemic with many routine elective surgical cases stood down. Following engagement with commissioners, clinicians and operation leads from providers a number of challenges and opportunities have been identified:

1. Workforce – capacity, training and service resilience
2. Population growth and demand – managing the backlog
3. Performance standards and targets – clinical pathways
4. Financial and resources – system wide solutions

To date the programme has agreed: There is an agreed case for change as it is not possible for the current service model to meet the demand for ENT services and there is inequity and variation in service provision across the system; There is a need for a system-wide approach in standardisation of pathways, workforce development and career pathways and governance and assurance; that too respond to current service demands and capacity constraints a shared single points of access and model approaches to triage should be explored.

These themes form short, medium and long term actions within the programme roadmap.

Orthopaedics Implementation Process



Overarching Enabling Workstreams that can sit across 'all' specialities

Digital – will transcend all similar cross trust models (patient information, adoption of tools such as C2AI

Workforce – will transcend all similar cross trust models (honorary contracts, Staff Passports, Smart Card profiles)

Other system change activity to be aware of

Other CPP – ENT, Dermatology ++ can follow similar methodology and benefit from the enabling work underway

Need to be aware of their improvement/recovery initiatives (Theatres, Mutual Aid, C2AI, CIPHA) to avoid duplication and enhance impact

ENT CPP Roadmap

Cheshire and Merseyside

	Year 1	Year 2	Year 3
Strengthen Network into provider collaborative	• Network established • identified workstream leads and reporting progress. • Data- dashboard development • Workforce gap analysis	• Establish strong core including MDT and User representation • Explore right person/right place, agree non-medical workforce opportunities/workforce re-design • Scope digital capacity, gaps and shared interoperability	• Governance and accountability • Monitoring and audit • System wide digital strategy • System wide workforce strategy
Work with place leads supporting primary/ community care	• Scope Community possibilities • Engage primary care networks-Scope knowledge and skills requirements • Establish direct access for specialist advice	• Education and support programme for primary and community practitioners • Identification of GP ENT champions • Develop GPwSI roles • Increase community provision/community daycase hubs	• Shared pathways • Seamless transfer primary/ community and acute • Dedicated ENT daycase hubs • Recognised skills development/ GPwSI/nurse
Clinical pathways standardisation	• Agree best practice standards • Single point access- Centralised triage- A&G • Seamless diagnostic/investigations • Mutual aid/ Insourcing	• Agree information resources/ Apps, templates • Standardise pathways routine-community default. • Outpatient one stop shop	• Self care • Shared guidelines • National targets/ guidance embedded
Workforce re-design	• Skills gap analysis • Training needs analysis • Recruitment and retention incentives • Explore international recruitment • Build on nurse led services	• System wide strategy • Training and education planning • Non-medical career pathway development- Physician Associate, HCSW, AHP's • Appropriate work planning and allocation of resource Nurse-led vs Cons Led	• Recognised career pathways for all roles in ENT • Accredited programme of education and training • Agreed competency frameworks • Equitable pay

Dermatology

Dermatology was the third specialty to be prioritised for a full CPP service review. Cheshire & Merseyside dermatology service provision is complex with a range of acute, intermediate and community provision. Services range from large tertiary referral units to appointments being held at 1 GP clinic per month, there are both NHS and private providers.

Dermatology has been subject to several historic service reviews, which identified challenges the service has faced from 2017 to the current day. These challenges have been exacerbated by covid, and several acute services have closed to new referrals which has left some services in a fragile position. There are a number of new models of care and innovations that could improve the services and assessment of these formed part of the review.

Continued discussions are planned with a commitment to hold a second workshop in early summer which will seek to hone in on the 6 key areas that were identified by the clinical and operational community for further planning:

1. Referral and prioritisation
2. Right person, right place
3. Commissioning and funding
4. Collaborative network / alliance
5. Cross-system working
6. Primary care

Targets

In 2023/4 we will deliver:

i. Concluded reviews and implement recommendations from established workstreams in Dermatology and ENT

ii. Implement all clinically led improvement and optimisation initiatives. Where necessary and appropriate develop and outputs into a case for change to support system engagement and decision making

iii. Identify future areas or system initiatives benefiting from attention and/or CMAST alignment – targeting at least two more specialities in 2023/4

C.Diagnostics Programme:

Scope

Our Programme includes all diagnostic tests such as pathology, imaging, endoscopy, screening programmes, cardiorespiratory, neurophysiology and more covering patients of all ages.

The scope of our work includes all activity for patients registered with a GP in Cheshire and Merseyside[3] but also includes care delivered to non-C&M patients through these Trusts. Our work influences both physical and mental health and reflects our transformation ambitions beyond any one single organisation.

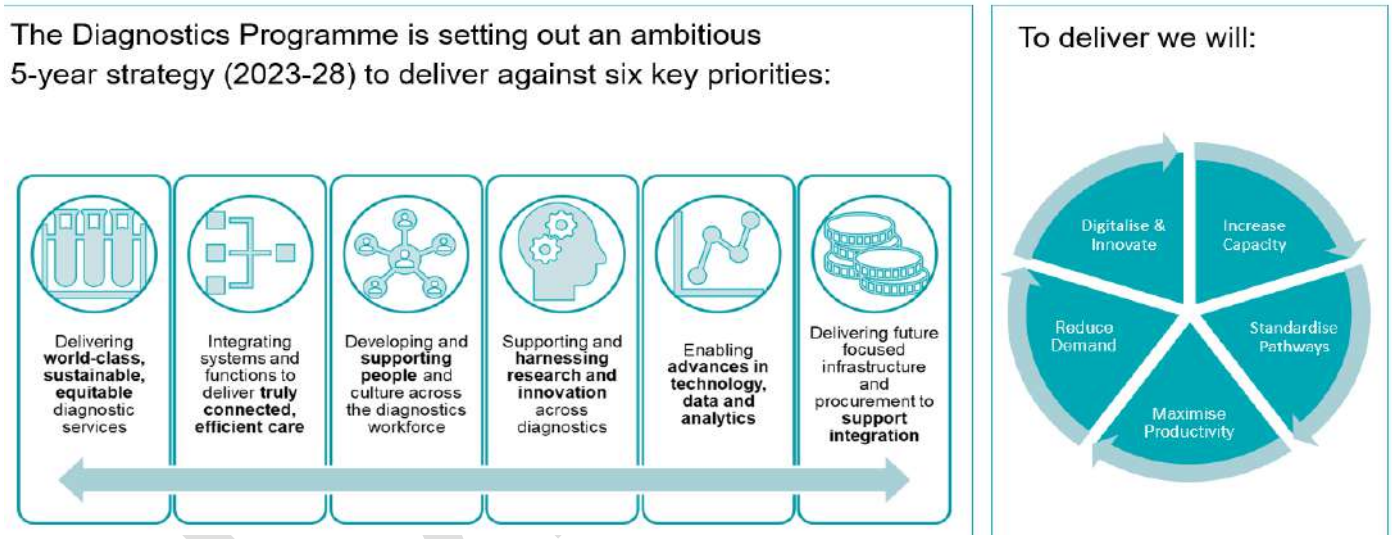
We are responsible for:

- Driving up efficiency, productivity and implementing best practice
- Supporting service sustainability
- Transformation at scale beyond a single organization
- Performance and outcomes
- Connectivity and matrix working

We advocate for and promote interoperability with existing C&M Programmes such as Digital, Cancer Alliance, CVD and more.

Strategic Direction

NHS Cheshire and Merseyside



Delivery

Our programme's in year focus is on:

- Reduce waiting times across all specialities
- Increase productivity
- Improved turnaround times – processing and reporting – targeting imaging and pathology
- Deploying digital investment, including AI, to increase collaboration though alignment with ICB digital lead
- System wide transformation - Future Pathology needs assessment for the ICS delivery of an OBC by Q3 and FBC route map and milestones by end of Q4

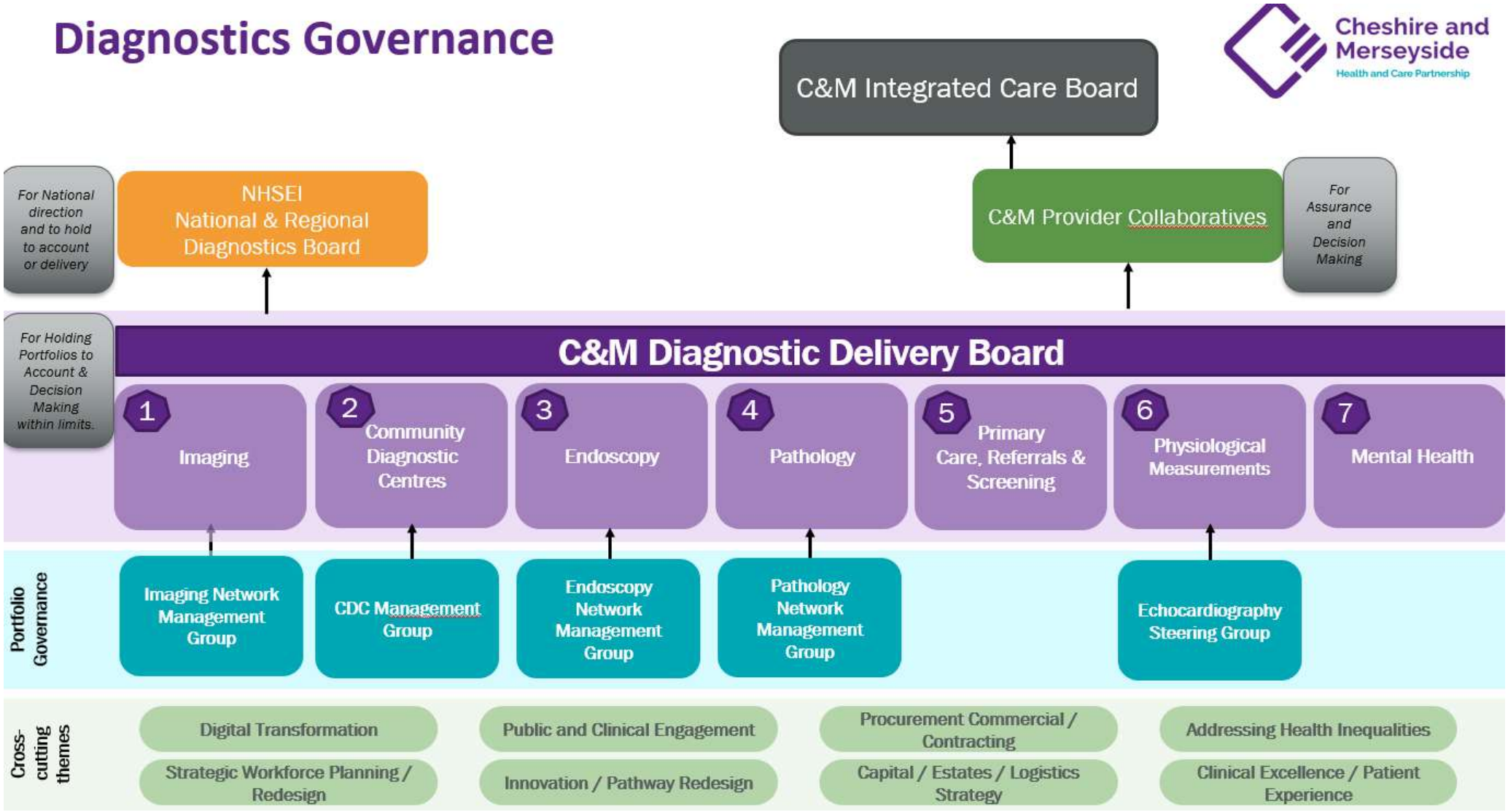
[3] Some diagnostics activity is delivered out of area and not all trusts are members each network

2023/4

- Deploy collaborative staff bank
- Enhance whole system view, utilisation and actions – beyond acutes

Our work is governed through the following structures

Diagnostics Governance



Targets

In 2023/4 we will deliver:

Increased capacity/activity

i. Expand the number of CDCs in the system, from 6 to 9 operational sites by end of March 2024.

ii. Deliver increased activity levels to support C&M operational plans to reduce elective and cancer backlogs, targeting an overall increase to 114% by March 2024 (from 2019/20 baseline)

Waiting Times

iii. Ensure that by end of April 2023 no patient waits more than 52 weeks for a diagnostic test. As compared to the occurrence of 104 week waits in 2022/3

iv. Ensure that by end of June 2023 no patient waits more than 40 weeks for a diagnostic test.

v. Increase the percentage of patients who receive a diagnostic test within 6 weeks. Meeting the March 2025 ambition of 95% of patients seen within 6 weeks and working to a C&M milestone of 90% of patients seen within 6 weeks by end of March 2024.

Productivity

vi. Deliver 10% productivity gains in pathology and imaging by March 2024.

vii. Reduce DNA rates to 5% in endoscopy and imaging by March 2024

Health Inequalities

Viii Produce (by December 2023) diagnostic service comparison maps to include clear recommendations so that each of the 9 places in C&M can commission and oversee service provision to ensure that access inequalities to diagnostic services are reduced.

D. Workforce Programme

Scope

Providing a system leadership contribution and participation in system wide initiatives in this and future years as follows:

- Developing a single staff contract. Supporting movement of staff across the system supporting mutual aid and resource placement with greatest need
- Establishing an evidence base to support intelligence led action on staff recruitment, retention and market development
- Deploying consistent workforce approaches / responses for staffing and employment issues
- Connecting with universities, local authorities, AHSN and wider agencies to

develop whole system approach to education, recruitment and routes to employment. Amplifying and using lessons from the Liverpool Clinical Services Review recommendations, led by Liverpool Place, in this area

- Using digital and systems requirements to support development and implementation of consistent evidence based clinical practices, expectations across organisations to support movement of staff / increase productivity.

Delivery

Development of an approach to implementation of five workforce focussed task and finish groups targeting future workforce needs in the following areas:

- Nursing – developing the ward nurse role
- Midwifery – trainee midwifery associate role
- Allied Health Professionals Faculty
- Health Care Assistant Collaborative Bank
- Elective Recovery - workforce planning

We also aim to develop, embed and align an approach to developing system leaders within the focus of this workstream.

Developing roles for the future workforce is key, the establishment of a Cheshire and Merseyside workforce data set that can be used to support workforce planning will be established.

The work of this programme will align, closely, with the MHLDC provider collaborative workforce programme, sharing opportunities and linking closely with and being dependent with the ICS wide People Board agenda.

Targets

Targets and metrics are not determined at this stage but will be developed and committed to as the workstream PIDs are implemented and signed off. The expected benefits will be:

i. Clear career pathways and support to progress to leadership roles for nursing and midwifery

ii. Agreed principles and offer for health care assistants joining the C&M collaborative bank

iii. Improved time to hire for Health Care Assistants and reduced agency spend

iv. A focus on staff retention within the C&M system

v. Attracting talent to C&M more effectively through a coordinated recruitment process

vi. Increased opportunities for learning and professional development.

E. Finance Efficiency and Value Programme

Scope

Our programme is enabling. It sits between the ICB, Trusts and spans both collaboratives through delivery links and ICS expectations via the efficiency at scale programme.

The programme supports deliver through:

- Implementing the system financial strategy
- Optimising funding flows – reflecting the ICS agenda
- Underpinning system financial strategy with attuned governance and risk approaches
- Aligning assurance and regulation to ICS and CMAST approaches
- Delivery of efficiency at scale work programme and expanded scope

Delivery

The Efficiency at Scale Programme has committed to delivering:

Financial ledger:

- Implementing the recommendations from the SBS review
- Consolidating financial systems and capacity where appropriate and develop a collaborative approach to meeting the skills/capacity gaps across the finance network, building upon the recent HFMA checklist.
- Consider other projects such as review of External Audit Contracts to determine benefits of collaborative approaches to contracts.

Procurement:

- Structured workplan based on the analysis of Influenceable spend across all providers, review of contracts, use of PD Plus and development of the workplan with NHS Supply Chain.
- The Programme will also continue to identify benefits in relation to other programmes it supports such as Radiology and Pathology.

Medicines Optimisation:

- Many of the current key projects in 22-23 will continue into 23/24 such as; DOAC reviews, AMR, Pain Management, Insulin Pumps, Oral Nutrition and others.
- A good pipeline of other projects can be developed and deployed if funding and capacity can be identified – a strategy to develop a more sustainable approach to Pharmacy capacity is needed to address gaps that are a concern within Providers.
- Building on the progress made towards a single C&M Area Prescribing Committee
- The Programme also intends to undertake a project on managing the impact of High Cost Drugs across the region.

Workforce:

- Identify an SRO and agree scope of specific, discreet, projects for 23-24 aligned with workforce programme e.g. Establishment of HCA collaborative bank

Estates

- Scope estates opportunities dependent upon enabling resource

We will contribute and play our role in delivery of an ICB led Financial Recovery Plan. CMAST is committed to working with partners across the ICS in the development of this plan to support the delivery of services in a sustainable way and achieve best value for the local population within the resources available.

Targets

The efficiency at scale work programme is in the process of being relaunched with a Programme Director being recruited. Currently projected programme delivery is as follows:

i. Medicines management will deliver an estimated £10m of savings in 2023/4

ii. Procurement initiatives have the potential to deliver savings of up to £5m in 2023/4

iii. The finance workstream has the potential to release up to £1m in savings in 2023/4

The potential for and scale of delivery in this area is and will continue to be dependent upon the amount of resources made available, through the ICS, to support delivery. Partnering with the ICB and partners in the MHLDC Collaborative is essential to this pan system workstream.

5. CMAST Development

We recognise that effective collaboration and system working is not about resting on your laurels and standing still but evolving, developing, improving and partnering to further embed progress and capacity within the ICS and providing more and better care to our residents and patients.

As such CMAST bid for and was one of only nine Provider Collaboratives in the country to secure Provider Collaborative Innovator status. This is an NHSE scheme that offers access to national expertise for collaboratives, to accelerate the benefits they can deliver for their populations and to provide a strong platform and community of practice to help spread the benefits to every area. We understand it should also enable CMAST to play a greater role in leading service transformation and shaping national policy.

We are delighted that CMAST was successful in its bid – this is testament to all that we have achieved so far, and our ability to describe this confidently, clearly and in a compelling way. Our attention now turns to working with national colleagues and partners to identify how we can best secure and utilise the support and insight available to us. We anticipate this will be linked to some elements of the scope of our bid: set out below

- Preparing for and extrapolating on the impact of decision making before we get there – building a bridge from Programme, to Board, or system decisions making.
- Exploring and defining how wider system decision making, beyond CMAST, would work in practice on issues that might be considered to represent 'significant change'
- Supporting our wider Board and Trust leadership teams with a comparable amount of shared OD to support and instil a comprehensive collaborative culture.
- When CMAST is delivering on its mandate for system innovation, improvement and efficiency how could / should it most successfully partner with the ICB and with Cheshire and Merseyside's diverse nine Places on proposals.
- How is consultation and engagement best extended beyond clinical and professional networks to the public, when will this be necessary and how is this determined, by who and how is it best delivered in Cheshire and Merseyside.
- Exploring and defining our approach to risk and gain share in PvCv decision making. Minimising the impact of any loses and maximising the system wins

During the year ahead we remain committed to exploring and consolidating our contribution toward ICS and system leadership. This is an area we will keep revisiting and discussing with partners. In the interim we commit to continuing to explore opportunities to work jointly with the ICB, Place and, in particular, the MHLDC collaborative to ensure our system fully recognises the potential and opportunities associated with community services and that urgent care works optimally including alleviating pressures wherever possible.

6. Governance

CMAST operates at several different levels of activity as may be required by the task or focus required of it.

CMAST also operates and facilitates a federated model of collaborations, connections, and networks across our system through its professional groups. These provide a vehicle through which work can be progressed, initiated, or delegated (from the Board) and encourage and support collaboration across professional disciplines.

Where decision making is required which is beyond the responsibility of a professional group or the combined authority of the CMAST CEOs, CMAST has the ability to initiate a committees' in common process to support combined and aligned system decision making across each of our statutory trusts or a subset of these. Depending upon the views and inputs of CMAST Trusts and their Boards' our decision-making framework allows for these decisions to be taken by either CEOs or CEOs with Trust Chairs.

Our work, priorities, values, and behaviours are set out within our Joint Working Agreement and are refined and documented through an agreed annual workplan (this document) which identifies key milestones and provides a platform to begin to describe anticipated decision-

making points associated with our programmes of work.

Our membership is described at annex one. Our governance framework and connections with our programmes and professional groups are described in annex two.

7. Quality

The quality of care that we, collectively, provide, and the best possible patient experience is at the centre of the work that CMAST lead and deliver.

For each of the CMAST programmes there is an enquiring focus on quality and how system change affects patients their families and carers.

The delivery priorities for 2023/2024 will continue to be applied with the same quality focus and will include the progression of quality impact assessments, benefits realisation and stakeholder feedback.

Annex one

CMAST Membership

CMAST is a collaboration and to that extent a virtual membership organisation. Its members are all of the acute and specialist trusts in Cheshire and Merseyside as follows;

- Alder Hey Children's Hospital NHS FT*
- The Clatterbridge Cancer Centre NHS FT
- Countess of Chester Hospital NHS FT
- East Cheshire NHS Trust*
- Liverpool Heart and Chest Hospital NHS FT
- Liverpool University Hospitals NHS FT
- Liverpool Women's NHS FT
- Mid Cheshire Hospitals NHS FT*
- Southport and Ormskirk Hospital NHS Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust*
- Warrington and Halton Teaching Hospitals NHS FT
- Wirral University Teaching Hospital NHS FT
- The Walton Centre NHS FT
- North West Ambulance Service NHS Trust**

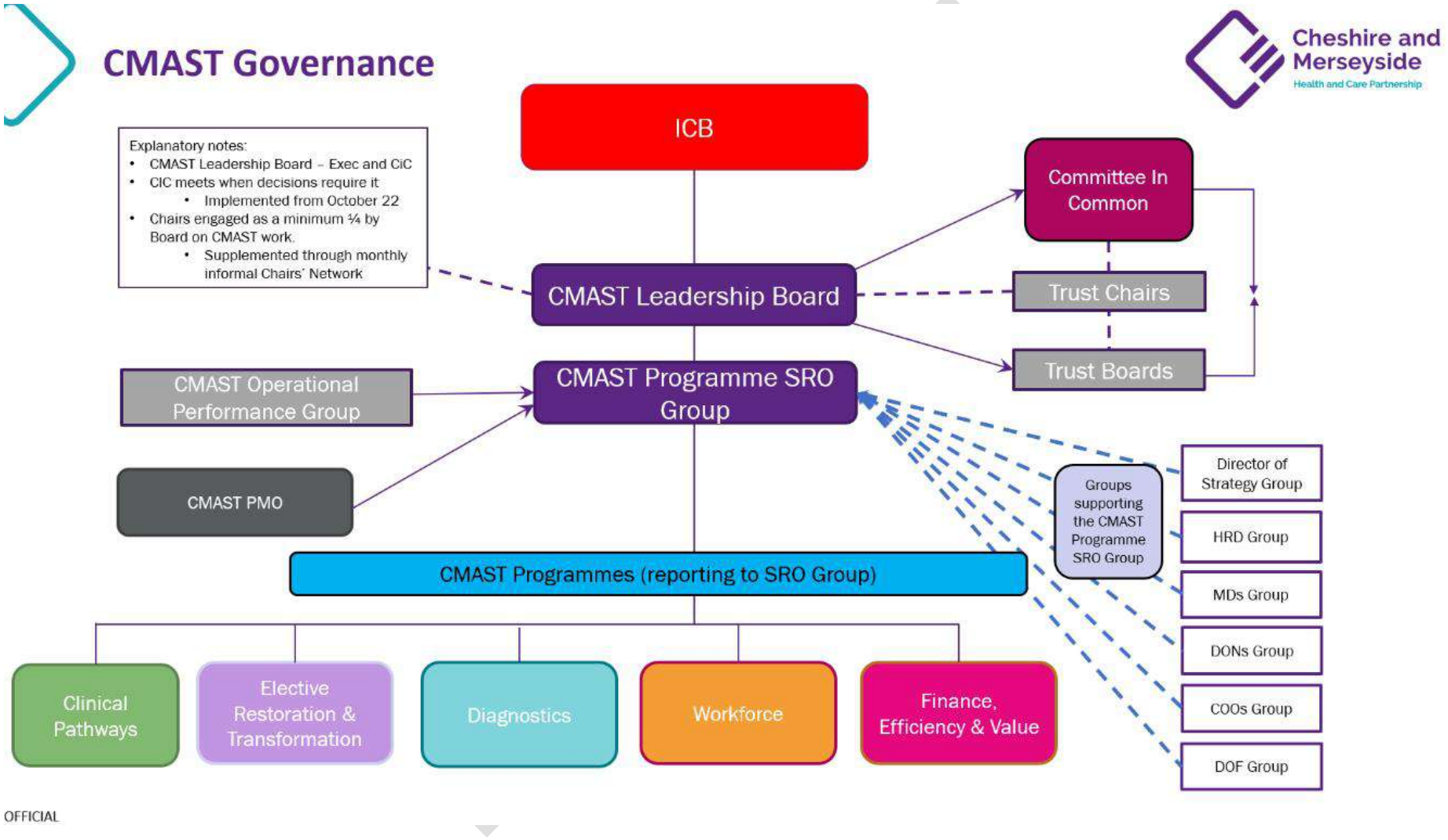
*Also a part of the MHLDC Provider Collaborative

** *Key system partner*

Our collaborative is drawn from trusts that provide a range of acute services and which extend to a number of specialist care areas: paediatrics; neurology; cancer; cardio thoracic and women's.

All members fund a small CMAST coordinating team which is supplemented by a number of programme budgets. All Members have signed up to the CMAST joint working agreement and have established a Committee in Common to support delegated system decision making where this is required.

Annex Two


CMAST Governance
Cheshire and Merseyside
Health and Care Partnership
Explanatory notes:
• CMAST Leadership Board – Exec and CiC
• CIC meets when decisions require it
• Implemented from October 22
• Chairs engaged as a minimum ¼ by Board on CMAST work.
• Supplemented through monthly informal Chairs' Network
ICB
Committee In Common
CMAST Leadership Board
Trust Chairs
Trust Boards
CMAST Operational Performance Group
CMAST Programme SRO Group
CMAST PMO
Groups supporting the CMAST Programme SRO Group
Director of Strategy Group
HRD Group
MDs Group
DONs Group
COOs Group
DOF Group
CMAST Programmes (reporting to SRO Group)
Clinical Pathways
Elective Restoration & Transformation
Diagnostics
Workforce
Finance, Efficiency & Value
OFFICIAL

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Board Assurance Framework

Agenda Item No	**ICB/05/25/14**
Report author & contact details	Dawn Boyer, Head of Corporate Affairs & Governance
Report approved by (sponsoring Director)	Report reviewed and approved by Matthew Cunningham, Associate Director of Corporate Affairs & Governance / Company Secretary Audit Risk Committee (16 May 2023)
Responsible Officer to take actions forward	Matthew Cunningham, Associate Director of Corporate Affairs & Governance / Company Secretary Dawn Boyer, Head of Corporate Affairs & Governance

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS
Cheshire and Merseyside

Board Assurance Framework

Executive Summary	The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this. This report presents the initial 2023-24 BAF report and principal risks developed by the Board and ICB Executive Team for adoption by the Board. These principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives There are currently 10 principal risks, including four extreme risks and six high risks. The most significant risks are: • P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience, currently rated as extreme (20). • P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, currently rated as extreme (16). • P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as extreme (16). • P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes, currently rated as extreme (15). Mitigation strategies are having an impact in relation to a number of the risks, with some reductions from the inherent (uncontrolled) risk scores but further action required to achieve an acceptable level. The report and appendices 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 have been identified in relation to each principal risk and these will be provided through the work of the Committees and through Board reports over the course of the year. The priority activity in relation to the majority of the risks, as would be expected at this point, is the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level.

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS
Cheshire and Merseyside

	Included within this report is an update on the establishment of the ICB Risk Committee, whose Terms of Reference were approved by the ICB Audit Committee at its meeting on 16 May 2023.

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

Recommendation	**The ICB Board is asked to:** • **APPROVE** 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. • **NOTE** 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. • **Note** the establishment of the ICB Risk Committee.
Key issues	There is further work required to complete the detailed risk appetite statement and refine target risk scores. The most significant risks will require action over multiple years to mitigate to an acceptable level and targets for 23/24 reflect that.
Key risks	This report concerns the Board Assurance Framework and as such is focused on the principal risks to the delivery of the ICB's strategic objectives.

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	X

Route to this meeting	Draft principal risks were discussed during the board development session in November 2023. The ICB Executive Team have completed further work at the request of the Chair to develop and refine the principal risks. The BAF has been further reviewed by the Board Sub-Group resulting in some changes and endorsed by the Audit Committee.
Management of Conflicts of Interest	The recommendations do not present any potential conflict of interest for any members of the ICB Board.
Patient and Public Engagement	No patient and public engagement has been undertaken.
Equality, Diversity, and Inclusion	Principal risks P3, P4, P5, P6, P8 and P9 have the potential to impact on equality, diversity and inclusion in service delivery, outcomes, or employment. The mitigations in place and planned are described in more detail in the risk summaries at Appendix D.
Health inequalities	Principal risks P1 and P2 have the potential to impact on health inequalities. The mitigations in place and planned are described in more detail in the risk summaries at Appendix D.
Next Steps	The priority actions and assurance activities will be progressed as identified in appendix A and in the individual risk summaries at Appendix D. An update will be provided in the Quarter One BAF report to the July 2023 Board meeting.

Appendices		
	Appendix A	Board Assurance Framework Summary
	Appendix B	Heat Map

	Appendix C	Risk Assurance Map
	Appendix D	Risk Summaries
	Appendix E	Risk Committee Terms of Reference

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Board Assurance Framework 2023-24

1. Executive Summary

1.1 The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this.

1.2 This report presents the initial 2023-24 BAF report and principal risks developed by the Board and ICB Executive Team for adoption by the Board. These principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives

1.3 There are currently 10 principal risks, including 4 extreme risks and 6 high risks. The most significant risks are:

- P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience, currently rated as extreme (20).
- P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, currently rated as extreme (16).
- P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as extreme (16).
- P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes, currently rated as extreme (15).

1.4 Mitigation strategies are having an impact in relation to a number of the risks, with some reductions from the inherent (uncontrolled) risk scores but further action required to achieve an acceptable level.

1.5 The report and appendices 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 have been identified in relation to each principal risk and these will be provided through the work of the Committees and through Board reports over the course of the year.

1.5 The priority activity in relation to the majority of the risks, as would be expected at this point, is the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level.

2. Introduction / Background

2.1 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. The ICB Board needs to receive robust and independent assurances on the soundness and effectiveness of the systems and processes in place for meeting its objectives and delivering appropriate outcomes.

2.2 The Board has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Board discharges this duty as follows:

- identifying risks which may prevent the achievement of its strategic objectives
- determining the organisation's level of risk appetite in relation to the strategic objectives
- proactive monitoring of identified risks via the Board Assurance Framework and Corporate Risk Register
- ensuring that there is a structure in place for the effective management of risk throughout the organisation, and its committees (including at place)
- receiving regular updates and reports from its committees identifying significant risks, and providing assurance on controls and progress on mitigating actions
- demonstrating effective leadership, active involvement, and support for risk management.

2.3 As part of the annual planning process the Board undertakes a robust assessment of the organisation's emerging and principal risks. This aims to identify the significant external and internal threats to the achievement of the ICB's strategic goals and continued functioning. The principal risks identified form the basis of the Board Assurance Framework which is reported quarterly to the Board.

2.4 Draft principal risks were discussed during the board development session in November 2023. The ICB Executive Team have completed further work at the request of the Chair to develop and refine the principal risks which are presented here for consideration and adoption by the Board.

2.5 The ICB must take risks to achieve its aims and deliver beneficial outcomes to patients, the public and other stakeholders. Risks will be taken in a considered and controlled manner, and the Board has determined the level of exposure to risks which is acceptable in general, and this is set out in the core risk appetite statement. Further work is underway to define the appetite specifically in pursuing each of the strategic objectives and in relation to each of the risk elements. The Risk Management Strategy will be updated to reflect this once complete.

2.6 The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this.

2.7 The principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives and, as such, have extreme or high inherent scores. The BAF sets out the mitigation strategy, progress in implementing or strengthening required controls, and their effectiveness and impact in controlling the risk. Once the mitigation is in place, the focus will be on seeking assurance that controls are, and continue to be, effective in controlling the risk.

2.8 The BAF is a dynamic document, and the Board should expect improving risk scores and assurance ratings over time. This may span multiple years in the case of some risks and target scores reflect this. Once the Board is assured that a risk is at an acceptable level and is being effectively controlled, it may consider de-escalating it, or closing it where the objective has been achieved. New risks may also be added, with the Board's agreement, in response to new strategic challenges.

3. Board Assurance Framework

3.1 This BAF report follows the standard format agreed by the Board in February and comprises 4 elements which are described in more detail below.

3.2 **Summary** (Appendix A) – which lists the principal risks for each strategic objective, together with key data on ownership, risk scores and priority control and assurance activity. It aims to inform the Board regarding the extent to which the principal risks are being controlled, movement and distance from target score. It suggests the priority activities and focus of scrutiny in terms of identifying additional controls to reduce the level of risk or seeking assurance that controls in place are effective.

3.3 **Heat Map** (Appendix B) – which provides the current risk profile in relation to the principal risks and plots the extent to which this has shifted from the inherent (uncontrolled) risk profile.

3.4 **Risk Assurance Map** (Appendix C) – which summarises the assurances available to the Board in relation to each principal risk. It provides a rating of the adequacy and effectiveness of each group of controls and briefly describes the assurances provided in relation to each of the three lines of defence, being:

- 1st line - assessment and monitoring of the effectiveness of controls by the senior responsible lead and operational lead as the responsible risk owners
- 2nd line - scrutiny and oversight of effective risk management practices by corporate teams, thematic / portfolio leadership groups, ICB committees
- 3rd line - external review and oversight, including by auditors, external regulators and NHSE oversight.

3.5 **Risk Summaries** (Appendix D) – for each principal risk and which describe the risk in more detail and provide scores, trends, controls list, ratings, gaps, and actions, planned and actual assurances, ratings, gaps, and actions. This enables the Board to dive into the detail of any area of risk which is giving cause for concern.

4. Key Points Highlighted

4.1 The ICB Executive Team have refined, amended, and added to the draft principal risks discussed at the Board development session. Risk assessments, including scoring, mitigation strategy and planned assurances have been developed and are reflected in the appendices.

4.2 There are currently four extreme risks and six high risks.

4.3 The most significant risks are:

4.3.1 **P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience**, currently rated as extreme (20). This is to be mitigated through the delivery of operational plans spanning urgent and emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy. The national delivery plan for recovering urgent and emergency care spans the next 3 years to 2024/25 e.g., an improvement to 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvements in 24/25. The risk is expected to diminish over this timeframe and the target score for 23/24 (15) reflects that improvement to pre-pandemic constitutional standards e.g., 95% of patients being admitted, transferred, or discharged within four hours will span multiple years. Oversight and assurance will be provided through the work of the Urgent and Emergency Care Oversight and Transformation Group to be established.

4.3.2 **P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population**, currently rated as extreme (16). This is to be mitigated through the development and delivery of the Primary Care Strategic Framework, Primary Care Access Recovery Plan, and Dental Improvement Plan. This is in the context of significant and increased post Covid-19 demand which continues to exceed supply despite the substantial progress in recovering activity levels. Oversight and assurance will be provided through the System Primary Care Committee supporting by the work of the programme delivery governance structure to be established.

4.3.3 **P7 - The Integrated Care System is unable to achieve its statutory financial duties**, currently rated as extreme (16). This is to be mitigated in the short term through the 23-24 System Financial Plan which is currently under discussion and expected to be concluded in May. During the course of the year a long-term financial strategy will be developed. This is in the context of a significant underlying system deficit which is reflected in the risk score. Oversight and assurance will be provided through the work of the Finance, Investment and Our Resources Committee and the monthly system finance reports to the Board.

4.3.4 **P3 - Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes**, currently rated as extreme (15). This is to be mitigated through the delivery of operational plans, including the elective recovery programme, diagnostics programme, Cancer Alliance programme and place delivery plans. Delivery is subject to a range of uncertainties including demand and capacity issues within the NHS and the independent sector, workforce, industrial action, which are reflected in the risk score. The national delivery plan for tackling the COVID-19 backlog of elective care spans the next 3 years to 2024/25 and the risk is expected to diminish over this timeframe. Oversight and assurance will be provided through the work of the Quality and Performance Committee and Transformation Committee and the monthly performance reports to the Board. External assurance with be through the NHS System Oversight Framework.

4.4 Mitigation strategies are having an impact in relation to a number of the risks as illustrated by the heat map at appendix B and summarised below:

4.4.1 **P1 - the ICB is unable to progress meeting its statutory duties to address health inequalities**. Mitigated from extreme (16) to high (12) through strategy and plans to implement Marmott principles and focus on Core 20+5 supported by ringfenced funding for health inequalities & transformational programmes. Key further actions are to finalise prioritisation framework, and re-focus Population Health Board.

4.4.2 **P2 - The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities.** Mitigated from high (12) to high (9) through the Digital and Data Strategy 2022-25 and key contracts for population health management and shared care record integrated health and care data platform and analytical services. Key further actions are to complete appointments and governance arrangements, establish 'intelligence into action' programme and conduct review of data and intelligence assets.

4.4.3 **P4 - Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience.** Mitigated from extreme (15) to high (10) through contractual standards and extensive infrastructure for quality review, analysis, learning and assurance. Key further actions include development of clinical quality strategy and further improvement of existing controls.

4.4.4 **P8 - The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services.** Mitigated from high (12) to high (8) through the transformation programmes in Liverpool, East Cheshire, and Sefton and for women's services and clinical pathways. Key further actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways, and re-launch the Sefton Shaping Care Together Programme.

4.4.5 **P9 - Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives.** Mitigated from extreme (16) to high (12) through a range of programmes developed and supported by the Cheshire and Merseyside People Board. Key further actions are review of workforce data, greater focus on system workforce planning and development of the system workforce strategy and establishment of new roles.

4.4.6 **P10 - ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population**. Mitigated from extreme (16) to high (9) through the development of the Interim HCP Strategy and the Joint 5-Year Forward Plan, together with the associated consultation and engagement. Key actions are to secure final approval to these and establish delivery arrangements and governance.

Further detail is provided in the risk summaries at Appendix D.

4.5 The priority activity in relation to the majority of the risks, as would be expected at this point, is the strengthening and implementation of controls with the aim of reducing the likelihood or potential impact. This is summarised in appendix A.

4.6 As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level. Planned assurances have been identified in relation to each principal risk and these are summarised in appendix C and detailed in the risk summaries at appendix D.

5. Establishment of the ICB Risk Committee

5.1 The Audit Committee at its meeting in May 2023 approved the terms of reference for the ICBs Risk Committee, attached at Appendix E. As approved by the Board, this will be established as a Sub-Committee of the Audit Committee on an interim basis to provide support in overseeing the successful development and embedding of risk management systems across the ICB. Nominations for membership, including an ICB Board Member representative, will be sought and the first meeting arranged.

5.2 The Corporate Risk Register, compiled from the significant risks scoring high (12+) from the committee risk registers, will be subject to check and challenge at the initial meeting of the Risk Committee. They will be reported to Board alongside the Quarter One BAF report to the July 2023 Board meeting.

6. Recommendations

6.1 The ICB Board is asked to:

- **APPROVE** 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.
- **NOTE** 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.
- **Note** the establishment of the ICB Risk Committee.

7. Next Steps

7.1 The risk appetite is still to be finalised. The Board has determined the level of exposure to risks which is acceptable in general, and this is set out in the core risk appetite statement. Board members are in the process of individually defining the appetite specifically in pursuing each of the strategic objectives and in relation to each of the risk elements. Further discussion and moderation will be required on any points where board members views differ to achieve consensus.

7.2 Principal risks will be included in the risk reporting to the responsible committees identified in the risk summaries at Appendix D. Committees have a key role in providing assurance on key controls where this is identified as a requirement within the Board Assurance Framework. Committee Chairs are responsible, with the risk owner and the support of committee members, for determining the level of assurance that can be provided to the Board in relation to risks assigned to the committee and overseeing the implementation of actions as agreed by the Committee.

7.3 Senior responsible leads and operational leads for each risk will continue to develop and improve the controls in line with the targets, and progress the priority actions and assurance activities as identified in appendix A and in the individual risk summaries at Appendix D. An update will be provided in the Quarter One BAF report to the July 2023 Board meeting.

8. Officer contact details for more information

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NHS Cheshire and Merseyside ICB
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NHS Cheshire and Merseyside Integrated Care Board Meeting

Board Assurance Framework 2023/24

Appendix A	Board Assurance Framework Summary
Appendix B	Heat Map
Appendix C	Risk Assurance Map
Appendix D	Risk Summaries

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Board Assurance Framework 2023/24

Appendix A – Summary

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score	Priority Actions / Assurance Activities
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access, and Experience						
P1: The ICB is unable to meet its statutory duties to address health inequalities	Transformation Committee Clare Watson	**4x4=16**	**3x4=12**	n/a	**2x4=8**	Further action to strengthen controls. Key actions are to finalise prioritisation framework, and re-focus Population Health Board.
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	Transformation Committee Rowan Pritchard-Jones	**4x3=12**	**3x3=9**	n/a	**2x3=6**	Further action to strengthen controls. Key actions are to complete appointments and governance arrangements, establish 'intelligence into action' programme and conduct review of data and intelligence assets.
Strategic Objective 2: Improving Population Health and Healthcare						
P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes	Quality & Performance Committee Anthony Middleton	**5x5=25**	**3x5=15**	n/a	**2x5=10**	Further action to strengthen controls. Key actions are the Mutual Aid Hub and increasing diagnostics capacity through Community Diagnostic Centres and elective capacity through elective hubs

P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	Quality & Performance Committee Chris Douglas / Rowan Pritchard-Jones	**3x5=15**	**2x5=10**	n/a	**1x5=5**	Significant controls in place with some actions for further improvement, including development of clinical quality strategy. Priority will be to provide assurance on continuing effectiveness of control framework.
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience	Quality & Performance Committee Anthony Middleton	**5x5=25**	**4x5=20**	n/a	**3x5=15**	Further action to strengthen controls. Key actions are implementing operational plan for urgent emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	Primary Care Clare Watson	**5x4=20**	**4x4=16**	n/a	**3x3=9**	Further action to strengthen controls. Key actions are to complete and secure approval to primary care plans and establish delivery and governance arrangements.
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money						
P7: The Integrated Care System is unable to achieve its statutory financial duties	Finance, Investment & Our Resources Committee Claire Wilson	**5x4=20**	**4x4=16**	n/a	**2x4=8**	Further action to strengthen controls. Key actions are to finalise 23-24 System Financial Plan and conclude provider contracts.
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	Transformation Committee Rowan Pritchard-Jones	**3x4=12**	**2x4=8**	n/a	**2x3=6**	Further action to implement and strengthen controls. Key actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways,

						and re-launch the Sefton Shaping Care Together Programme.
P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives	Finance, Investment & Our Resources Committee Chris Samosa	**4x4=16**	**4x3=12**	n/a	**2x3=6**	Further action to implement and strengthen controls. Key actions are review of workforce data, greater focus on system workforce planning and development of the system workforce strategy and establishment of new roles.
Strategic Objective 4: Helping the NHS to support broader social and economic development						
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	ICB Executive Graham Urwin	**4x4=16**	**3x3=9**	n/a	**2x3=6**	Further action to strengthen controls. Key actions are to secure final approval to HCP Strategy and Joint 5-Year Forward Plan, and to establish delivery arrangements and governance.

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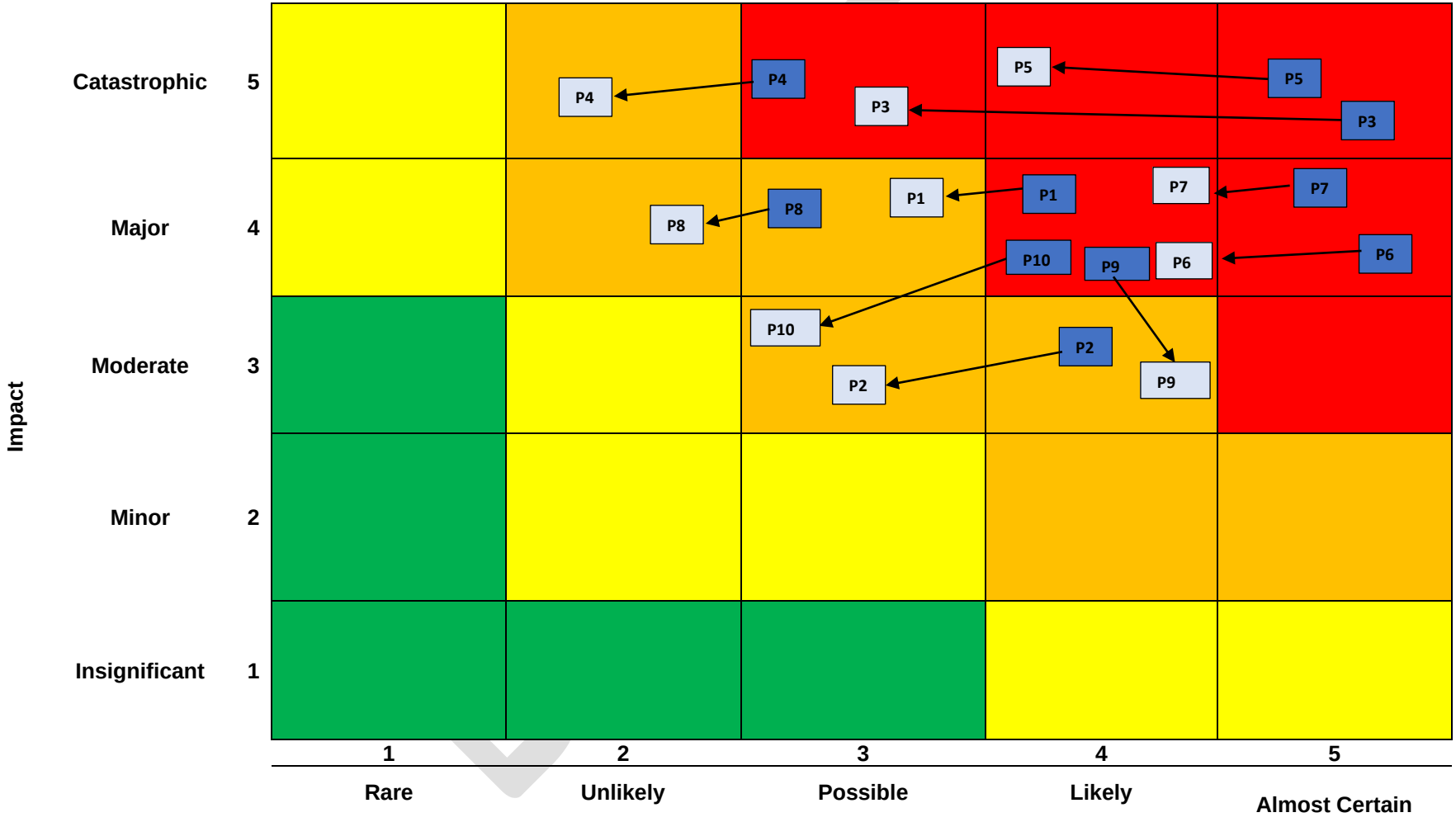
Appendix B – Heat Map



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Appendix C – Risk Assurance Map

Principal Risks	Current Risk Score	Controls					1st line of defence	2nd line of defence	3rd line of defence	Assurance Rating
		Policies	Processes	Plans	Contracts	Reporting				
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access, and Experience										
P1: The ICB is unable to meet its statutory duties to address health inequalities	**12**	**A**	**A**	**A**	**A**	**A**	Management oversight of the development & implementation of the prioritisation framework. Appraisal of health inequalities funding bids / allocations.	Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles - ***Planned***	Core 20+5 & health inequalities stocktakes by NHSE/I reported to Population Health Board & C&M HCP Board - ***Planned***	
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	**9**	**G**	**A**	**A**	**A**	**A**	Management scrutiny and prioritisation of requests. Management oversight of programme delivery.	Approval of 'intelligence into action' investment case by ICB Board – ***Planned*** Programme delivery reporting to Transformation, Quality & Performance Committees, Population Health Board – ***Planned***		

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Strategic Objective 2: Improving Population Health and Healthcare										
P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes	**15**	**G**	**A**	**G**		**G**	Executive sign off to the operational plan Management oversight of operational and programme planning and delivery	Performance reporting to Quality & Performance Committee, ICB Board – ***In place*** Programme delivery reporting to Transformation Committee, ICB Board – ***Planned***	NHSE/I Systems Oversight Framework – ***In place***	
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	**10**	**A**	**A**	**R**	**A**	**G**	Executive oversight through system-wide quality governance structure and reporting	Executive Nurse report to ICB Board – ***In place*** Quality reporting and dashboard to Quality and Performance Committee – ***In place***	Regional Quality Group reporting - ***Planned***	
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience	**20**	**G**	**A**	**A**		**A**	Executive sign off to the operational plan Management oversight of activity and performance	Urgent and Emergency Care Oversight and Transformation Group - ***Planned***		

P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	**16**	**G**	**A**	**A**	**G**	**G**	Executive sign off to the primary care strategic framework and plans and to the operational plan Management oversight of operational and programme planning and delivery	ICB Board approval of primary care strategic framework and plans – ***Planned*** Programme delivery reporting to System Primary Care Committee, ICB Board – ***Planned*** Performance reporting to Quality & Performance Committee, ICB Board – ***In place***	NHSE/I Systems Oversight Framework – ***Planned*** NW Regional Transformation Board oversight - ***Planned***	
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money										
P7: The Integrated Care System is unable to achieve its statutory financial duties	**16**	**A**	**G**	**R**	**A**	**G**	Management oversight of financial planning & budget setting Management oversight of contract development & negotiation	System Finance Reports to ICB Board – ***In place*** ICB Board approval of 23-24 Financial Plan - ***Planned***	NHSE/I Systems Oversight Framework – ***Planned***	
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	**8**	**G**	**A**	**A**	**A**	**R**	ICB Executive & Place representation on programme boards	Programme delivery reporting to Transformation Committee, ICB Board – ***Planned*** ICB Women's Services Committee oversight of LCSR - ***Planned***	NHSE/I Major Service Change Process - ***Planned***	
P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to	**12**	**A**	**A**	**A**	**G**	**A**	Executive sign off of workforce plans Management oversight of operational and	Workforce performance reporting to the People Board – ***Planned***	CQC Well Led Review – ***Planned***	

deliver the strategic objectives							programme planning and delivery		NHSE/I Systems Oversight Framework – ***Planned***	
Strategic Objective 4: Helping the NHS to support broader social and economic development										
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	**9**	**G**	**G**	**A**	**A**	**G**	Executive oversight of strategic planning process & associated engagement activity	Review and approval of joint strategy & plans by ICB & HCP Boards – ***Interim approved***	NHSE/I Systems Oversight Framework – ***Planned*** CQC Well Led Review - ***Planned***	**Reasonable**

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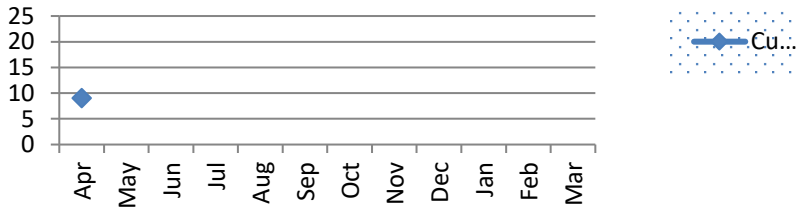
Appendix D – Risk Summaries

ID No: P1	The ICB is unable to meet its statutory duties to address health inequalities			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	4	**8**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Dave Sweeney / Ian Ashworth	Assistant Chief Executive	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities in Outcomes, Access and Experience	Transformation	C- Beyond the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	12/05/23	16/06/23

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Risk Description
There are longstanding social, economic and health inequalities across Cheshire and Merseyside, when comparing outcomes both between different communities in our area and to the national average. Population health is largely shaped by the social, economic, and environmental conditions in which people are born, grow, live, and work in. This can only be addressed through collective efforts and investment across a partnership of our communities, the NHS, local government, the voluntary and private sectors. This risk relates to the potential inability of the ICB to secure the necessary investment and influence priorities across the multiple organisations, agencies and communities involved.

Linked Operational Risks	

Current Controls		Rating
Policies	Constitution, membership & role of HCP Partnership Board, 'All Together Fairer' (Marmott Review), Core 20+5, Prioritisation Framework, Public Engagement / Empowerment Framework	**A**
Processes	Strategic planning, consultation & engagement, HCP & Place-based partnership governance, financial planning, proactively securing investment / bidding opportunities	**A**
Plans	C&M HCP Interim Strategy, draft Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, ringfenced funding for health inequalities & transformational programmes, continued focus on Core 20+5 for adults and children, implementation of Marmott principles	**A**
Contracts	Role of Director of Population Health	**A**
Reporting	C&M HCP Partnership Board oversight of health inequalities, Population Health Board, Place-based partnership boards, ICB Board	**A**

Gaps in control
Work is still ongoing to finalise & secure agreement to the strategy Joint 5-year Forward Plan is in development Prioritisation framework is in development and further work is required to complete and secure approval Director of Population Health not fully in post until July Plan to re-focus Population Health Board - July MOUs with place-based partnerships to be agreed in relationship to delivery at place

Actions planned	Owner	Timescale	Progress Update
Complete & secure approval to prioritisation framework	Neil Evans	31/5/23	
Finalise & secure partner sign off to strategy	Neil Evans	30/6/23	
Finalise Joint 5-year Forward Plan	Neil Evans	30/6/23	
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	
Re-focus Population Health Board	Ian Ashworth	31/7/23	

Assurances		
Planned	**Actual**	**Rating**
Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles (place & system where appropriate) (quarterly)		**Reasonable**
Core 20+5 & health inequalities stocktakes by NHSE/I reported to Population Health Board & C&M HCP Board (quarterly)		

Gaps in assurance
Work is still underway to finalise joint strategy & plan Assurance around infrastructure to deliver transformation programmes

Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final strategy & plans	Neil Evans	July 2023	
Establish population health programme governance structures	Ian Ashworth	TBC	

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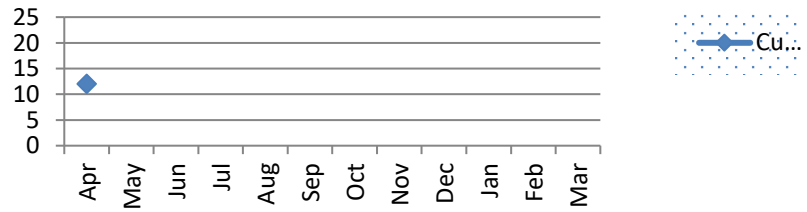
ID No: P2	Risk Title: The ICB is unable to address inadequate digital and data infrastructure and interoperability, which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	3	**12**	
Current Risk Score	3	3	**9**	
Target Risk Score	2	3	**6**	
Risk Appetite	In the short term (3 months) the ICB can accept the risk because existing arrangements are supporting a reduced capability for data and intelligence. In the medium and longer term The ICB cannot accept the risk at the current level because resolution is required to fulfil its core objectives.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard-Jones	John Llewelyn	Medical	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities in Outcomes, Access, and Experience	Transformation	B – within the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/04/23	31/05/23

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Risk Description
Understanding the health and care needs of our population and our ability to bring focused and meaningful interventions to those who most need it, and therefore improve health and care outcomes of our population in an equitable way, is dependent on a robust interoperable infrastructure to deliver high quality data and intelligence. Developing consistent at scale capabilities will require a levelling up, and rationalisation, of our digital and data infrastructure across places, communities, partner, and provider organisations. This risk relates to the potential inability of the ICB to deliver equitable access to a common set of technologies and services across the whole system.

Linked Operational Risks	

Current Controls		Rating
Policies	What Good Looks Like success criteria, technical & data architecture standards, IT policies, information governance policies, Data Saves Lives	**G**
Processes	Digital and data maturity assessment, programme & project management, training, communication & engagement, academic validation,	**A**
Plans	Digital and Data Strategy 2022-2025, System P programme, 2-year funding plan,	**A**
Contracts	IT provider contracts, data sharing agreements, AGEM CSU Data Services for Commissioners Regional Office (DSCRO), CIPHA (Graphnet contract for: population health management and shared care record integrated health and care data platform; Johns Hopkins Population Health risk stratification tools; and analytic services) Liverpool University Civic Health Innovation Lab (CHIL) including Civic Data Cooperative and analytic resource from Faculty of Health and Life Sciences , C2Ai tools,	**A**
Reporting	Digital Transformation & Clinical Advisory Board, Transformation Committee	**A**

Gaps in control
Shared governance with system partners still in development Funding Proposal awaiting Board approval Gaps in data coverage – e.g., social care

Actions planned	Owner	Timescale	Progress Update
Complete shared governance arrangements, including pipeline process for analytics requests, prioritization process and progress reporting.	John Llewelyn	30/6/23	Draft Governance being consulted on
Conduct review of data and intelligence assets (including Social Care) and platforms to identify rationalization opportunities	John Llewelyn/Anthony Middleton	Dec 2023	Initial desk-based assessment complete. More detailed review and consultation with users is in planning stage
Establish C&M Digital Design Authority	John Llewelyn	May 2023	Draft T.O.R written. Discuss with formal CIO group April 2023
Appoint Chief Technical Officer (CTO)	John Llewelyn	June 2023	Digital TOM and Orgs structure under staff consultation until end April
Establish an 'intelligence into action' programme	John Llewelyn	May 2023	

Assurances		
Planned	**Actual**	**Rating**
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	ICB Finance Investment and Resources Committee (FIRC)agreed the 'intelligence into action' investment case to continue 2 further years funding of the Graphnet contract, SystemP and C2AI	
Through the Medical Director establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers. The ICB will use this programme to set objectives consistent with CM joint forward plan and receive assurances on delivery through Transformation Committee, Quality and performance Committee and Population Health Board.	ICB Medical Director appointed Senior Academic from University of Liverpool as Associate Director of Research	

Gaps in assurance			
Actions planned	**Owner**	**Timescale**	**Progress Update**
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	Rowan Pritchard-Jones	27 April 2023	Investment case has been approved by FIRC
Establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers.	Rowan Pritchard Jones	May 2023	Draft proposition for discussion at existing 'data into action' meeting on 21 April 2023 Paper to be prepared for Corporate Executives meeting before end of April 2023 Programme to be established during May 2023

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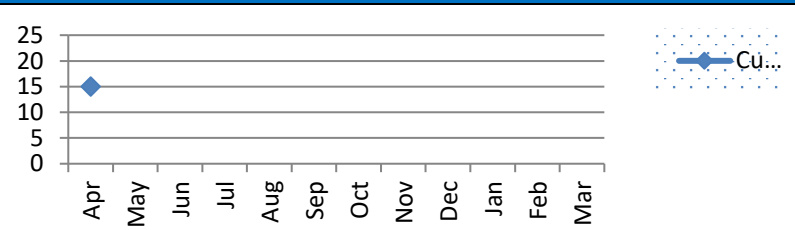
ID No: P3	Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	3	5	**15**	
Target Risk Score	2	5	**10**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Andy Thomas	Finance	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Performance	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	25/04/23	31/05/23

Risk Description

The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. The Cheshire and Merseyside Operational Plan sets out service recovery plans to deliver significantly more elective care and diagnostic activity to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and to improve timely access to primary care. This risk relates to the potential inability of the ICB to ensure that these plans are effective in delivering against national targets for recovery of electives, diagnostics, and cancer services, which may result in patient harm and increased health inequalities. This may be due to a range of factors including demand and capacity issues within the NHS and the independent sector, workforce, industrial action.

Linked Operational Risks	

Current Controls		**Rating**
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, NHS elective recovery plan published February 2022 '**Delivery plan for tackling the COVID-19 backlog of elective care'**	**G**
Processes	System level operational planning, performance monitoring, contract management, system oversight framework	**A**
Plans	C&M Operational Plan, Elective Recovery Programme and Plans, Diagnostics Programme and Plans, Cheshire & Merseyside Cancer Alliance work programme, Place Delivery Plans	**G**
Contracts	NHS Standard Contract	
Reporting	Programme level reporting, Quality & Performance Committee, Primary Care Committee, ICB Board	**G**

Gaps in control
Industrial Action. IA to date has had significant impact thus far, scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts/programmes seek to mitigate impact overall.

Actions planned	**Owner**	**Timescale**	**Progress Update**
Mutual Aid Hub	AM	Ongoing	23/24 Plans set out in operational plans
Increasing diagnostics capacity through CDCs and elective capacity through elective hubs	AM	Ongoing	23/24 Plans set out in operational plans

Assurances		
Planned	**Actual**	**Rating**
Implementation of C&M SOF Framework in 23/24		
Performance reporting to Quality & Performance Committee, ICB Board (monthly)		

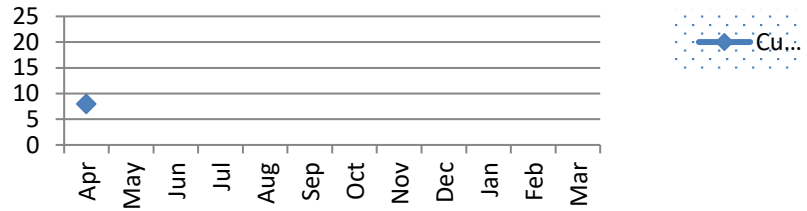
Programme delivery reporting to Transformation Committee, ICB Board		

Gaps in assurance

Actions planned	Owner	Timescale	Progress Update

NHS
Cheshire and Merseyside

ID No: P4	Risk Title: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	5	**15**	
Current Risk Score	2	5	**10**	
Target Risk Score	1	5	**5**	
Risk Appetite	The ICB has a low appetite for risk that impacts upon patient safety and experience			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Douglas / Rowan Pritchard-Jones	Kerry Lloyd	Nursing & Care / Medical	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	B – within the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	10/05/23	16/06/23

NHS
Cheshire and Merseyside

Risk Description
The ICB has a statutory responsibility to improve the quality of commissioned services and safeguard the most vulnerable, the quality governance framework that has been established supports early identification and triangulation of risks to quality and safety. This risk pertains to the potential failure of the established framework, with the consequence of a major impact on the safety and experience of services by our population. The current score is reflective of the mitigations in place which support in reducing the likelihood and potential impact of a major quality failure.

Linked Operational Risks	TBC

Current Controls		Rating
Policies	National Quality Board guidance on risk management and escalation Safeguarding legislation and policy alignment Patient Safety policy alignment - Patient Safety Incident Response Framework and Serious Incident Framework	**A**
Processes	System Quality Group Place based quality partnership groups Place based serious incident panels (Maternity panel at C&M level) Quality Assurance Visits Rapid Quality Review Desktop reviews Responses to national enquiries and investigations Safeguarding practice reviews and serious adult reviews Multi- agency safeguarding boards/partnerships Clinical effectiveness group Infection Prevention Control/Anti-Microbial Resistance Board Independent Investigations	**A**
Plans	Development of clinical quality strategy	**R**

NHS
Cheshire and Merseyside

Contracts	Place based quality schedule within NHS standard contract Development of standardized C&M quality schedule Service specifications Safeguarding commissioning standards	**A**
Reporting	Quality & Performance Committee System Oversight Board Quality and Performance Dashboard National quality reporting requirements	**G**

Gaps in control

1. Alignment and maturity of PSIRF development
2. Development of ICB governance and interface with place-based governance
3. Clinical quality strategy not yet in place
4. C&M wide quality schedule under development in 23/24, with full implementation planned in 24/25
5. Development of data and intelligence platforms to identify and triangulate quality concerns / failures

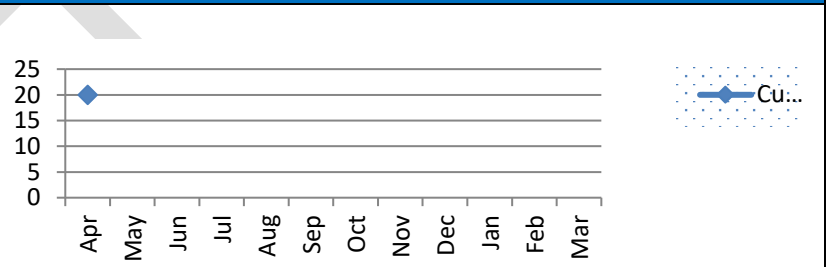
Actions planned	Owner	Timescale	Progress Update
Oversight and implementation of PSIRF, with close down of SIF	CD	April 2024	C&M steering group established Panel process to sign off individual organization priorities pan underway Closing down of legacy serious incidents in progress
Ongoing and iterative maturity of ICB level and place-based roles and responsibilities	CD/RPJ	Ongoing	Continuous review and evaluation of governance, with place-based maturity assessment in development
Development of clinical quality strategy	RPJ	October 2023	Initial meeting of senior system clinical leaders (primary care, ICB corporate and CMAST) took place on 17.4.23 with next meeting planned for May 23. A review of Provider Trust clinical strategies is underway to look for themes and to assess alignment between system strategy and provider strategies.
C&M group established	CD/KL	April 2024	C&M group mapping exercise underway

			Strategic and ops group established Standardisation reviews underway Streamlining reporting requirements Provider forum to be established
Ongoing review and alignment of quality reporting requirements	CD/AM	Ongoing	Iterative review of national, regional, and local quality reporting requirements

Assurances		
Planned	**Actual**	**Rating**
Executive Director of Nursing & Care report to ICB		
Monthly quality report to Quality & Performance Committee		
Monthly quality and performance dashboard to quality and performance committee		
Regional quality group reporting (quarterly)		

Gaps in assurance			
Work to strengthen quality, safety and experience reporting through intelligence led approach			
Actions planned	**Owner**	**Timescale**	**Progress Update**
Development of digital strategy and alignment of place-based reporting	CD/RPJ	April 2024	

NHS
Cheshire and Merseyside

ID No: P5	Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals, and social care) results in patient harm and poor patient experience.			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	4	5	**20**	
Target Risk Score	3	5	**15**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Andy Thomas	Finance	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	12/05/23	16/06/23

NHS
Cheshire and Merseyside

Risk Description
The wider urgent and emergency care system, spanning primary care, community and mental health care and social care is under significant pressure with similar demand, capacity and flow challenges impacting on the ability of patients to access the right urgent or emergency care at the right time in the right place. Within the acute sector, high bed occupancy, driven by excess bed days due to delayed discharges and increased length of stay compared to pre-COVID is resulting in reduced flow from emergency departments into the acute bed base, and is in turn impacting on waiting times in ED, ambulance handover delays and failure to meet ambulance response time standards. Delays in ambulance response times and delays in ED are associated with patient harm and poor patient experience, and increased health inequalities as people living in more deprived areas are more likely to present at EDs.

Linked Operational Risks	As acute hospitals must accommodate urgent and emergency care this may impact on the delivery of elective care and cancer care.

Current Controls		Rating
Policies	NHS Delivery plan for recovering urgent and emergency care services (“the recovery plan”)	G
Processes	System Control Centre, system level operational planning, performance monitoring, contract management, System Oversight Framework, UEC Tiering and associated Trust and ICB level processes	A
Plans	C&M Operational Plan, Place Delivery Plans, Action Plan following national discharge visit April 2023.	A
Contracts	NHS Standard Contract	
Reporting	SCC reporting, Winter Plan reporting, Programme level reporting, Quality & Performance Committee, ICB Board	A

Gaps in control
Demand exceeds planned levels in a range of sectors, and fuller understanding of demand and capacity across all sectors is required Variation in processes C&M wide, e.g., application of patient choice, discharge processes

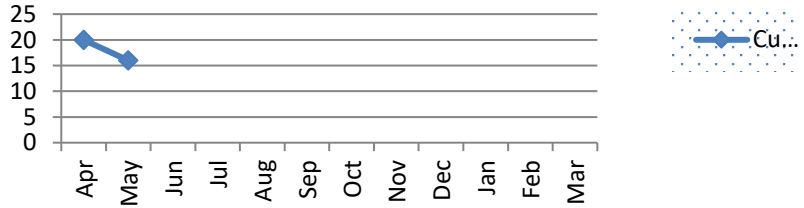
Actions planned	Owner	Timescale	Progress Update
UEC and wider actions within operational plans, spanning UEC, Virtual Wards, Admissions Avoidance, NCTR, Bed occupancy	Provider, Place and ICB	23/24	
Production of action plan in response to national discharge visit	Provider, Place and ICB	Q1 23/24	
Production of action plan and implementation of improvement actions in response to UEC Tiering of C&M Providers and ICB	Provider, Place and ICB	Q1 23/24	

Assurances		
Planned	**Actual**	**Rating**
UEC Oversight and Transformation Group to be established	AM	

Gaps in assurance

Actions planned	Owner	Timescale	Progress Update

NHS
Cheshire and Merseyside

ID No: P6	Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	**20**	
Current Risk Score	4	4	**16**	
Target Risk Score	3	3	**9**	

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Chris Leese & Tom Knight	Assistant Chief Executive	Primary Care

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Primary Care	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
10/05/23	18/05/23	16/06/23

Risk Description
The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. While general practice is delivering more appointments than pre-pandemic, this increase is not keeping pace with demand. Primary Care dentistry is slowly recovering, and patients are presenting in greater need than pre-COVID. Access for new patients seeking an NHS dentist remains an ongoing issue. Community Pharmacy continues to play a key role in managing patient demand and creating additional GP capacity but is also under considerable pressure. The national delivery plan for recovering access to primary care focuses initially on

streamlining access to care and advice. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer outcomes and inequity for patients. We continue to work with optometry colleagues to understand risk in this area.

Linked Operational Risks	

Current Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, National Stocktakes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, Core 20 plus 5	G
Processes	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework, dental reporting midyear/end year performance	A
Plans	Draft Primary Care Strategic Framework, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Draft Dental Improvement Plan, ICS Operational Plan	A
Contracts	GMS PMS APMS Contracts (note no specific ask in terms of number of appointments), Local Enhanced/Quality Contracts (poss stretch asks within), Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS PDS Contracts nationally determined	G
Reporting	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board	G

Gaps in control

System Workforce dashboard in development
Primary Care Strategic Framework yet to be formally signed off
Primary Care Access Recovery Plan yet to be completed
Dental Improvement Plan yet to be formally signed off
Governance arrangements for delivery of Access Recovery Plan to be finalised

Actions planned	Owner	Timescale	Progress Update
Secure approval to Primary Care Strategic Framework	Jonathan Griffiths	June 2023	
Complete & secure approval to Primary Care Access Recovery Plan	Chris Leese	October 2023	
Complete & secure approval to Dental Improvement Plan	Tom Knight	June 2023	

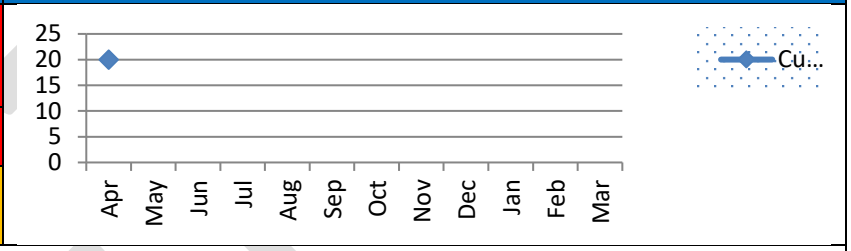
Secure agreement & establish governance arrangements	Clare Watson	May 2023	

Assurances		
Planned	**Actual**	**Rating**
Sign off plans by ICB Board		
Reporting on delivery to System Primary Care Committee & ICB Board		
Performance Reporting to ICB Board (monthly)		

Gaps in assurance
Plans yet to be approved Delivery reporting yet to be established

Actions planned	**Owner**	**Timescale**	**Progress Update**
Secure approval to plans	Jonathan Griffiths, Chris Leese & Tom Knight	October 2023	
Establish delivery reporting	Chris Leese & Tom Knight	June 2023	

NHS
Cheshire and Merseyside

ID No: P7	Risk Title: The Integrated Care System is unable to achieve its statutory financial duties			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	**20**	
Current Risk Score	4	4	**16**	
Target Risk Score	2	4	**8**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Wilson	Rebecca Tunstall	Finance	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Finance	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/04/23	31/5/23

Risk Description
There is a substantial underlying financial gap across the Cheshire and Merseyside healthcare system between current spending levels and the national formula-based allocation. If the ICB is unable to secure agreement to and deliver a long-term financial strategy which eliminates this gap whilst also enabling delivery of statutory requirements and strategic objectives, then it will fail to meet its statutory financial duties. This is further exacerbated by the relative' distance from target' and convergence adjustments for both core ICB allocations and future specialised services and inflationary pressures anticipated in the short -medium term compared to funding settlements.

NHS
Cheshire and Merseyside

Linked Operational Risks	

Current Controls		Rating
Policies	Standing Financial Instructions, Scheme of Reservation & Delegation, Delegation Agreements (ICB / Place), Financial Policies	A
Processes	Financial planning	G
Plans		R
Contracts	NHSE/I Funding allocations (Revenue & Capital), NHS Standard Contracts	A
Reporting	ICB Executive Team, Finance Investment and Resources Committee, ICB Board, NHSE/I	G

Gaps in control

23-24 System Financial Plan
23-24 Contracts yet to be signed
ICB / ICS 5-Year Financial Strategy
Operational scheme of reservation and delegation (SoRD) doesn't yet reflect final structures

Actions planned	Owner	Timescale	Progress Update
Finalise 23-24 System Financial Plan	Claire Wilson	May 23	
Conclude 23-24 contracts	Claire Wilson	May 23	
Update Operational SoRD	Rebecca Tunstall	June 23	
Develop long term financial strategy	Claire Wilson	Dec 23	

Assurances

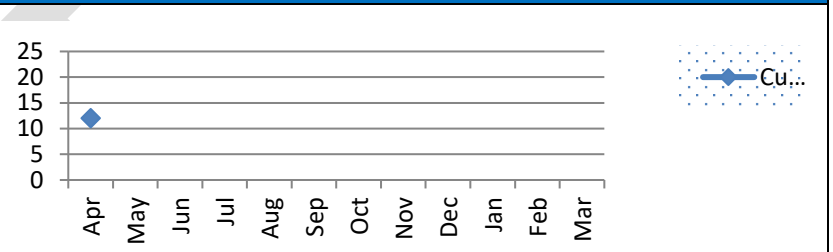
Planned	Actual	Rating

ICB Board approval of 23-24 Financial Plan (annual)		
System Finance Reports to ICB Board (monthly)		
NHSE/I ICB Assessment (annual)		

Gaps in assurance
The system financial plan is yet to be finalised and agreed

Actions planned	**Owner**	**Timescale**	**Progress Update**
ICB Board & system partners sign off to 23-24 System Financial Plan	Claire Wilson	May 23	

NHS
Cheshire and Merseyside

ID No: P8	The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	4	**12**	
Current Risk Score	2	4	**8**	
Target Risk Score	2	3	**6**	
Risk Appetite	The ICB has a low appetite for risk that impacts on patient outcomes.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard Jones	Fiona Lemmens	Medical	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	25/03/23	31/05/23

NHS
Cheshire and Merseyside

Risk Description
There are significant service sustainability challenges across the Cheshire and Merseyside system. • The Liverpool Clinical Services Review (LCSR) identified significant clinical risks for Women's, Maternity and Neonatal Services both locally in secondary care services provided to the population of Liverpool and North Mersey, and for specialist tertiary services provided to the whole C&M population, due to the configuration of hospital services in Liverpool. • The LCSR also identified challenges with both timely access and poor outcomes in the urgent and emergency care pathways particularly in acute cardiology which affects the entire C&M population. • Liverpool University Hospital Foundation Trust (LUHFT) is at SOF4 indicating critical quality and / or finance issues • 4 other trusts in C&M are at SOF3 indicating significant support needs. • Southport and Ormskirk Hospital (S&O) Trust has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications • East Cheshire Trust (ECT) has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications. • There are a number of services identified as fragile due to national workforce shortages and require providers to work collaboratively to identify mitigations This risk concerns the potential inability to maintain services in their current configuration and inability to deliver the necessary transformational business cases in relation to our most challenged services.

Linked Operational Risks	

Current Controls		Rating
Policies	NHSE Major Service Change Guidance NHSE Standard Operating Framework	**G**
Processes	NHSE Major Service Change Process S&O and St Helens and Knowsley Hospital (StHK) Transaction process.	**A**
Plans	C&M Clinical Improvement Hub S&O and StHK transaction Development of the ICB Women's Services Committee Liverpool Place Provider collaboration on Urgent care pathways CMAST Clinical Pathways Programme Re-establishment of the Shaping Care Together Programme in Sefton Place (to oversee the S&O services transformation). Continuation of the ECT/Stockport Foundation Trust (SFT) Programme in East Cheshire Place	**A**
Contracts	Provider contracts held at Place. NHSE Specialist Commissioning Contracts held at NHSE region	**A**
Reporting	Provider Boards and internal governance arrangements, Liverpool Provider Joint Committees, ICB Women's Services Committee, ICB Transformation Committee, ICB Board	**R**

Gaps in control

The C&M ICB Clinical Improvement Hub is still under development and the Medical Directorate currently does not have capacity to progress this at the speed it would like. In addition, there is uncertainty over the transfer of NHSE regional improvement team staff into the ICB to support this work.

The S&O and StHK transaction programme which will see StHK taking over S&O and a single organisation being formed, is still awaiting Secretary of State approval. This is a critical first step in the process of securing the sustainability of services at S&O.

The Joint Committees between Liverpool Providers as recommended in the LCSR have not yet been established. No clear plans to address the urgent care pathways in Liverpool have been established.

The Shaping Care Together (SCT) programme in Sefton Place is currently paused while agreement is sought on the scope, resources, and personnel to carry out the work.

The ECT/SFT programme board has not met for a number of months and is refreshing its delivery plan and timeline and requires more Place based input.

Actions planned	Owner	Timescale	Progress Update
Clinical Improvement Hub Development	RPJ	October 2023	A working group has been established led by Fiona Lemmens that is bringing together the NHSE and ICB teams to agree on improvement methodologies and to develop the offer for C&M stakeholders.
AMD for Transformation and East Cheshire Place team to support the ECT/SFT programme	Fiona Lemmens Mark Wilkinson	October 2023	Revised timeline developed and Programme Board to recommence during Q1 2023-24.
AMD for Transformation and Sefton Place team to work with provider to re-launch the SCT programme	Deb Butcher Fiona Lemmens		
Liverpool Place Team to support the development of the programmes of work and governance arrangements to progress the urgent care pathway improvements	Mark Bakewell Fiona Lemmens	April 2024	

Assurances		
Planned	**Actual**	**Rating**
ICB Womens Services Committee oversees the LCSR		
ICB Exec (FL) and Place Director (DB) attendance at SCT Programme Board ICB Exec (FL) and Place Director (MW) attendance at ECT/SFT Programme Board		
Programme plans approval – Transformation Committee		

Programme Delivery reporting – Programme Boards for S&O, ECT and Clinical Pathways to report to the ICB - Transformation Committee		
NHSE Major Service Change Process is being followed in all these programmes which includes compliance with gateway reviews.		

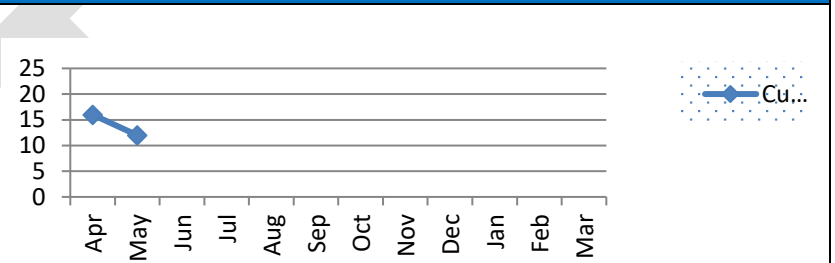
Gaps in assurance

- Overall oversight of the LCSR: it is unclear whether this sits with Providers or requires an ICB Executive SRO
- Plans for S&O and ECT are not yet fully developed to provide assurance on deliverability (workforce, financial investment etc.)

Actions planned	Owner	Timescale	Progress Update
Discussion at ICB Execs re LCSR SRO Role	FL C.Watson	June 2023	
Programme Boards to confirm scope on S&O and ECT programmes of work going forward	FL and DB or MW	June 2023	

NHS
Cheshire and Merseyside

ID No: P9	Risk Title: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	3	**6**	

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Samosa	Vicki Wilson	Nursing & Care	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity & Value for Money	Workforce	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	10/05/23	31/05/23

Risk Description
Ensuring that we have a workforce with the necessary skills and experience, and that is reflective of our local population, is essential to the delivery of our strategic objectives. The C&M system has significant workforce challenges including recruitment, retention, and sickness absence.

Linked Operational Risks	

NHS
Cheshire and Merseyside

Current Controls		Rating
Policies	Provider Recruitment & Selection, Apprenticeship, Retention Strategies.	**A**
Processes	Organisational development, workforce planning, PDR, training & development, communication & engagement, recruitment, demographic profiling, international recruitment, apprenticeship levy, C&M retention forum	**A**
Plans	C&M People Plan, NHS People Promise, provider workforce plans	**A**
Contracts	TRAC, ESR, Occupational Health, Payroll, EAP	**G**
Reporting	WRES, WDES, Staff survey, reporting to People Board	**A**

Gaps in control

System Workforce dashboard in development
Maturity of collaborative working at system level
Inconsistent workforce planning process/methodology across the system
Links to educational institutions and local authorities
Technology and inconsistent use of workforce systems across the region (ESR, ERoster, TRAC, NHS jobs, OH system)

Actions planned	Owner	Timescale	Progress Update
Develop workforce dashboard framework			
Identify opportunities for collaborative working including LA's and education establishments			
Develop and enhance workforce planning capabilities across the system			
Benchmark and develop best practice guidance on workforce systems			
CPD Money pool across the system			
Delivery of the C&M retention plan			
Maximise the use of apprenticeship levy			

Assurances

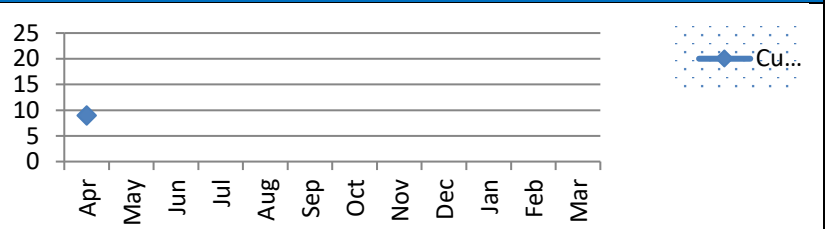
NHS
Cheshire and Merseyside

Planned	Actual	Rating
People Board		
CQC Well Led review (annual)		
WRES & WDES reporting (annual)		

Actions planned	Owner	Timescale	Progress Update

NHS
Cheshire and Merseyside

ID No: P10	Risk Title: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	3	**9**	
Target Risk Score	2	3	**6**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Graham Urwin	Clare Watson	Assistant Chief Executive	ICB Executive

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Helping the NHS to support broader social & economic development	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	12/05/23	16/06/23

Risk Description
Delivery of our shared aims, strategy and 5-year plan is dependent on collective ownership and collaborative effort by communities and organisations across Cheshire & Merseyside. The ICB has a key role in system leadership and promoting greater collaboration across the NHS and with local partners. This risk relates to the potential that the ICB is unable to build effective collaboration, shared ownership, and delivery of the strategy on behalf of the population. This is in the context of the changing operating model of NHSE/I and the ICB, and current national and local quality, safety, performance, and financial pressures during the post COVID recovery period and the impact this is having on patients.

NHS
Cheshire and Merseyside

Linked Operational Risks	

Current Controls		**Rating**
Policies	Constitution & membership of ICB Board & HCP, Public Engagement / Empowerment Framework, Prioritisation Framework	G
Processes	Strategic planning, consultation & engagement, public / stakeholder / local media communications & campaigns, programme & project management, culture & organisational development, Provider Collaboratives, CQC well led review, attendance at C&M wide and/or sub regional leadership / partnership forums & networks	G
Plans	C&M HCP Interim Strategy, draft Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, Operational Plan, Communications & Engagement Plan, Provider Collaborative business plans, allocation of resources for health inequalities & transformation programmes	A
Contracts	MOU with NHSE for system oversight	A
Reporting	C&M HCP Partnership Board, Place-based partnership boards & H&WB Boards, ICB Board	G

Gaps in control

Work is still ongoing to finalise & secure agreement to the strategy
Work is still ongoing to finalise the Joint 5-year Forward Plan
MOUs with place-based partnerships to be agreed in relationship to delivery at place
Joint committees with local authorities to be established following end of purdah

Actions planned	**Owner**	**Timescale**	**Progress Update**
Finalise & secure agreement to C&M HCP Strategy	Neil Evans	30/6/23	
Finalise Joint 5-year Forward Plan	Neil Evans	30/6/23	
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	
Establish Joint Committees with local authorities	Matthew Cunningham	31/7/23	

Assurances

NHS
Cheshire and Merseyside

Planned	Actual	Rating
C&M ICB Quality & Performance Report to ICB Board (monthly)	C&M ICB Quality & Performance Report - 26/1/23, 23/2/23 (reasonable)	Reasonable
Joint Overview & Scrutiny		
Approval and review of joint strategy & plans (annual)	C&M HCP Interim Draft Strategy – 26/1/23 (reasonable)	
NHSE Systems Oversight Framework (annual)		
CQC Well Led review (annual)		

Gaps in assurance
Work is still underway to finalise joint strategy & plan CQC approach to assessing integrated care systems is still evolving

Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final strategy & plans	Neil Evans	July 2023	
Respond to CQC framework as it evolves & build evidence base as required	Clare Watson	Ongoing	

NHS Cheshire and Merseyside Integrated Care Board Meeting

Board Assurance Framework 2023/24

Appendix E: **ICB Risk Committee Terms of Reference**

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside ICB

Risk Sub-Committee

Terms of Reference

Document revision history

Date	Version	Revision	Comment	Author / Editor
01/05/23	0.1	Initial draft for discussion		Dawn Boyer
05/05/23	0.2	Updated following review by Associate Director of Corporate Affairs & Governance		Matthew Cunningham
09/05/23	0.3	Updated to reflect feedback from Board Sub-Group		Dawn Boyer
16/05/23	1.0	Approved by Audit Committee 16 May 2023		

Approved 16 May 2023 by the ICB Audit Committee

Review due: February 2024

1. Introduction

The Risk Committee (the Sub-Committee) is established by the NHS Cheshire & Merseyside Integrated Care Board (NHS C&M) as a Sub-Committee of the ICB Audit Committee in accordance with its Constitution.

These Terms of Reference (ToR), set out the membership, the remit, responsibilities and reporting arrangements of the Sub-Committee and may only be changed with the approval of the Audit Committee.

The Sub-Committee members, including those who are not members of the Board of NHS C&M, are bound by the Standing Orders and other policies of NHS C&M.

2. Role & Purpose

The Audit Committee's role 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.

The Risk Sub-Committee has been established on an interim basis, initially for 12 months, to support the Audit Committee in overseeing the successful development and embedding of risk management systems across NHS C&M.

The Risk Sub-Committee has no executive powers, other than those delegated to it by the Audit Committee as specified in these terms of reference and that which is within the delegated authority of the individuals present at meetings.

It is not the role of the Sub-Committee to replace the role of other ICB Committees in overseeing the risks associated with their areas of responsibility and in providing assurance to the Audit Committee or Board of NHS C&M. Rather it is the role of this Sub-Committee to support this by scrutinising processes, ensuring consistent application of the ICB Risk Management Strategy, promoting best practice and proposing improvements. The Sub-Committee has a key role in providing instruction and guidance to the ICBs Risk Practitioners meetings support the implementation of risk management across the ICB, ensure consistent application of the risk management strategy across the ICB, provide development opportunities and share good practice for us as risk practitioners, and facilitate mutual support and assistance across corporate and place teams

The principal functions of the Risk Sub-Committee will be as follows:

1. <u>Oversee the implementation and further development of the ICB risk management strategy, systems and processes</u>
    - To review the adequacy and effectiveness of plans to implement the ICB risk management strategy, systems and process, including resources and support across the ICB
    - To oversee delivery of the plan seeking reports and assurance from directors and managers as appropriate
    - To identify opportunities to improve the risk management strategy, systems and processes

2. <u>Support the development of an effective risk culture and understanding of roles and responsibilities across the organisation and system</u>
    - Demonstrate effective leadership, active involvement and support for risk management within the Board, ICB Committees, leadership and management forums

- To support the development and completion of the ICB risk appetite statement, its communication and adoption in practice
- To ensure that accountability for and ownership of risk management in relation to all aspects of the ICB's strategic plan and business as usual functions is clearly defined
- To oversee the wider launch, training and development programme for risk management across the ICB

3. Review and moderate risks ensuring completeness, consistency, and compliance with the ICB strategy and processes
   - To scrutinise the BAF principal risks, specifically in relation to consistency of scoring, adequacy and progress of mitigation strategies, and strength of assurance processes
   - To scrutinise the CRR, specifically in relation to consistency of scoring, adequacy and progress of mitigation strategies, and strength of assurance processes
   - To scrutinise Committee and Place Risk Registers specifically in relation to consistency of scoring, adequacy and progress of mitigation strategies, and strength of assurance processes

4. Develop and monitor key performance indicators on the operation of the risk management system in relation to the following:
   - To ensure that the ICB maintains a robust BAF and CRR
   - To ensure that all corporate functions, places and programmes maintain an up-to-date risk register and are actively managing the identified risks
   - To measure the roll out and uptake of risk management training

5. Develop system approach to BAF and risk management in relation to joint strategic objectives
   - Consider guidance from NHSE and others and good practice examples from other areas and organisations to shape the approach to system risk management
   - Engage with system partners to build a picture of significant risks in relation to health and care across all system partners
   - Engage with system partners to develop the systems and processes for the identification and management of system risks
   - Engage with partners in relation to system risk appetite

3. Authority

The Risk Sub-Committee is authorised by the Audit Committee to:

- investigate and seek assurance in relation to the ICB and ICP risk management arrangements
- bring matters to the attention of other committees to investigate or seek assurance in relation to risks assigned to that committee or to highlight and promote good practice
- 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
- review consistency of approach in relation to specific risk areas or risk registers to gain assurance in relation to risk assessments, mitigation strategies and the effectiveness of risk management arrangements
- make recommendations to the Audit Committee
- escalate issues to the Audit Committee
- produce a 12-month work plan outlining its priorities to discharge its responsibilities

- review and recommend to the Audit Committee changes to the ICB Risk Management Strategy and associated processes, toolkit and templates

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

4. Membership & Attendance

4.1 Members

The Sub-Committee members shall be appointed by the Audit Committee in accordance with the ICB Constitution.

Membership of the Sub-Committee may be drawn from the ICB: Board membership; ICB executive; supporting officers; wider partners in the wider health and social care system; and other individuals / representatives as deemed appropriate.

The Sub-Committee members shall be:

- Assistant Chief Executive (Chair)
- Associate Director of Corporate Affairs & Governance / Company Secretary (Deputy Chair)
- Head of Corporate Affairs and Governance
- ICB Board representative
- Medical (including digital) Directorate representative
- Nursing & Care (including workforce) Directorate representative
- Finance (including performance) Directorate representative
- Assistant Chief Executive (including strategy / primary care / population health / governance) Directorate representative
- Place representative x 2

Members will possess between them knowledge, skills and experience spanning the breadth of the ICB's business, and in governance and risk management.

All Sub-Committee members may appoint a deputy to represent them at meetings of the Sub-Committee. Sub-Committee members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed.

The Sub-Committee may also request attendance by appropriate individuals to present agenda items and/or advise the Sub-Committee on particular issues.

4.2 Attendees

Only members of the Sub-Committee have the right to attend Sub-Committee meetings, however all meetings of the Sub-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:

- Head of Business Support (Liverpool)
- Governance & Corporate Services Manager (St Helens)
- Senior Responsible Owners and Operational Leads for risks under discussion as required

It is anticipated as the work progress on system risk framework development that regular attendees will also be drawn from representatives of Provider Collaboratives and other Partner Members who lead on risk management.

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.

5. Meetings

5.1 Leadership

The Sub-Committee shall be chaired by the Assistant Chief Executive. The Associate Director for Corporate Affairs and Governance will be the Deputy Chair.

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

5.2 Quorum

A meeting of the Sub-Committee is quorate if the following are present

- at least five Committee members in total:
- at least two ACE Directorate representatives*
- at least one Place representative*

**If regular members are not able to attend, they should make arrangements for a representative to attend and act on their behalf.*

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 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 taken in according with the Standing Orders. The Sub-Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Sub-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 Sub-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.

5.4 Frequency

The Risk Sub-Committee will meet bi-monthly and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Audit Committee may ask the Risk Sub-Committee to convene further meetings to discuss particular issues on which they want the Sub-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.

5.5 Administrative Support

The Sub-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 members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
- good quality minutes are taken in accordance with the standing orders and agreed with the chair 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 Audit Committee
- the Sub-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.

5.6 Accountability and Reporting Arrangements

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

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

The Chair will provide assurance reports to the Audit Committee at the subsequent meeting of the Audit Committee following a meeting of the Sub-Committee and shall draw to the attention of the Audit Committee any issues that require disclosure to the Audit Committee or require action.

The Risk Sub-Committee will contribute content to the Audit Committee Annual Report to the Board, timed to support finalisation of the accounts and the Governance Statement. This 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 Committee can also escalate any concerns or raise any matters of importance to the Executive Team Committee where a resolution is required and Executive Director involvement is required.

6. Behaviours and Conduct

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

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

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

7. Review

The Sub-Committee will review its effectiveness after the first 9 months and consider whether an extension beyond the initial 12-month term is required.

These terms of reference will be reviewed as required. Any proposed amendments to the terms of reference will be submitted to the Audit Committee for approval.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year

Agenda Item No	**ICB/05/25/15**
Report author & contact details	Suzanne Burridge, Head of Staff experience, Engagement and Wellbeing Lyn Cooke, Senior Communications and Engagement Programme Lead
Report approved by (sponsoring Director)	Claire Watson, Assistant Chief Executive Chris Samosa, Chief People Officer
Responsible Officer to take actions forward	Maria Austin, Associate Director for Communications and Empowerment

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year

Executive Summary	This report gives an overview of our communications and engagement plans to mark the 75 anniversary of the NHS and the first year of operation for NHS Cheshire and Merseyside.				
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 this report and the approach to marking NHS at 75 and NHS Cheshire and Merseyside's 1st anniversary.				
Key issues	None				
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**	
Route to this meeting	This paper has been informed by views from our newly formed NHS Cheshire and Merseyside Staff Engagement Forum. This paper has been presented to the Executive of NHS Cheshire and Merseyside on 18/05/23 and supported.				
Management of Conflicts of Interest	N/A				
Patient and Public Engagement	N/A				
Equality, Diversity, and Inclusion	N/A				
Health inequalities	N/A				
Next Steps	We will continue to develop our plans and co-ordinate our approach across the wider C&M system. We will update the Board on our plans and activities as appropriate as they progress.				
Appendices	-				

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS
Cheshire and Merseyside

Marking NHS@75 years and NHS Cheshire and Merseyside@ 1 year

1. Introduction

1.1 The NHS, founded in 1948, celebrates 75 years on 5 July 2023. In the same week as this milestone anniversary NHS Cheshire and Merseyside marks its first year of operation on 1 July 2023.

1.2 These anniversaries are a chance to reflect on progress, innovation, and achievements, and look ahead to the opportunities we have in shaping the future of our organisation, Integrated Care System (ICS) and the wider NHS. This paper sets out our overarching communications and staff engagement approach, and activities towards the following aims:

- Celebrating our teams through a focused internal communications exercise, and staff engagement activity
- Sharing our stories and successes widely through our external communications channels and those of our partners
- Raising awareness of the role and contribution of NHS Cheshire and Merseyside in our wider Integrated Care System (ICS).

2. Our audiences and mechanisms

2.1 Our primary audience is our staff. Our newly formed Staff Engagement Forum, working closely with our Communications and Engagement and People Teams, will play a central role in developing and delivering plans to involve staff across Cheshire and Merseyside. Other key priority audiences include our residents, local, regional, and national stakeholders, and the media.

2.2 We will use a wide range of channels and mechanisms to support our communications activities including the websites, intranets, staff and stakeholder bulletins of NHS Cheshire and Merseyside and our partners.

2.3 Staff and public engagement activity will take place both through key internal meetings and meetings in public, as well as a series of informal gatherings across our estate.

3. Our activity

3.1 We will reflect national plans and messaging in our programme of activity for Cheshire and Merseyside, making use of key dates and themed events in the run up to the two anniversaries and beyond.

3.2 Some of these key dates are set out below:

22 June	75th anniversary of Windrush - Windrush Day, with NHS organisations encouraged to fly the Windrush flag
2 July	Together Coalition's National Thank You Day
5 July	National 75th anniversary events taking place including promotion of national and local achievements, staff event at Westminster Abbey, a parkrun event with MPs and NHS Parliamentary Awards
8-9 July	National NHS 75 Parkrun
31 December	Final promotional activity and end of use for the NHS 75 logo

3.3 Full details of the national activities programme can be found on the NHS 75 hub https://www.england.nhs.uk/nhsbirthday/

4. Communications overview

4.1 Below are some of the broad communications activities that we are carrying out in the run up to NHS@75 and NHSCandM@1. This list is not exhaustive and we are regularly updating our planner (page 5) which sets out the fuller range of our activities and those of our partners across Cheshire and Merseyside.

Our staff – internal communications and staff engagement

- Staff bulletin rebranded with NHS@75 logo and with a new dedicated weekly section to share resources, stories, events, and activities – such as the NHS1000 miles challenge, and photography competition.
- Staff provided with NHS@75 branded assets such as MS Teams background and email signature etc., with screensaver and desktop background deployed across staff IT network.
- Staff asked to share their own stories and experience of working in the NHS to start creating content for our internal channels (particularly our We Are One staff hub), and to identify opportunities for external communications, such as press releases and case studies
- Creation of staff focused content including highlighting our newest members of staff, longest serving staff members, linking with NHS Retirement Fellowship etc.
- Building awareness of 'our story' – refining our NHS Cheshire and Merseyside narrative to create a greater collective understanding of who we are, what we do and how we do it, amongst staff across our organisation.
- Daily "open office" events across the anniversary week with staff encouraged to attend and visit organizational locations during the course of the week for informal engagement activities and connect with colleagues and enjoy a slice of celebration cake. Members of the Board and Senior Leadership teams will be asked to support engagement activities through the course of the anniversary week
- Organisation wide staff engagement session via We Are One platform

- Reflections from Chair and Chief Executive through staff blog for NHSCandM@1
- Opportunity to promote and launch respective activities from the “Improving Staff Experience” work programme across this period and to provide an opportunity to provide staff with new NHS Cheshire and Merseyside Name badges and lanyards.

5. Recommendations

5.1 The Board is asked to:

- To note and provide comment on the content of this report – noting that this is work in progress and plans continue to be developed.
- To support 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 our estate

6. Next Steps

6.1 As part of our more detailed activity delivery plans, we are identifying any resource requirements and gaps as they arise.

7. Officer contact details for more information

Maria Austin, Associate Director of Communications and Empowerment

Email: mariaaustin@nhs.net

Telephone: 07917 738659

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS Cheshire and Merseyside

Activity planner for NHS@75 / NHS Cheshire and Merseyside@1

Week – 8-12 May 2023				
Activity	Assets	Channels / mechanisms	Lead org	Comments
Staff Engagement Forum – presentation and request for task and finish involvement	Presentation	n/a	NHS C&M	
Sefton Place Communications and engagement Group – presentation and request for details of partners plans	Presentation / link to NHSE tracker	n/a	NHS C&M	
Mersey Care magazine – spring edition – Windrush feature		Quarterly magazine	Mersey Care	
Week – 15–19 May 2023				
NHS C&M Executive Team discussion and paper	n/a	Report	NHS C&M	
Rebranded staff bulletin and dedicated weekly NHS75 section launched	n/a	Staff bulletin	NHS C&M	
NHS75 email signature and MS Teams backgrounds shared with staff	Digital assets	Staff bulletin	NHS C&M	
NHS75 Assembly survey shared with staff	n/a	Staff bulletin	NHS C&M	
NHS C&M We Are One staff forum – encouraging staff involvement and interactive NHS Assembly survey	n/a	MS Teams briefing / Menti	NHS C&M	Outcomes to inform NHS Assembly report
Trust NHS Assembly staff engagement session – including Mersey Care, Cheshire, and Wirral Partnership Trust (CWP), Clatterbridge	n/a	Staff meeting	C&M trusts	
Cheshire and Merseyside NHS trusts comms network established - to share and coordinate plans	n/a	Virtual forum	NHS C&M	
Cheshire and Merseyside Healthwatch / CVS / Equality forums / councils – request to share and coordinate plans	n/a	Virtual	NHS C&M	

Cheshire and Merseyside ICB
Integrated Care Board Meeting

NHS Cheshire and Merseyside

Week - 22–26 May 2023				
NHS C&M Board paper and discussion		Report	NHS C&M	
New dedicated staff web hub section launched in staff bulletin		Staff bulletin / staff hub	NHS C&M	
Screensaver / desktop background pushed out to all staff	Digital assets	Staff IT networks	NHS C&M	
Wirral Place Communications and engagement Group – presentation and request for details of partners plans	Presentation / link to NHSE tracker	n/a	NHS C&M	
Trust NHS Assembly staff engagement sessions – including Wirral Community Health and Care Trust (WCHC)		Staff engagement	C&M trusts	
Week – 26-30 June 2023				
Schools Talks programme - Dr Paula Cowan (Wirral) – Prenton High School for Girls		Community engagement	Wirral PCN	Tues 27 June
Week – 3-7 July 2023				
Place based Big Tea / open office events – (Liverpool, Sefton confirmed)		Staff engagement sessions	NHS C&M	
Message of thanks to staff from chair and chief executive on first anniversary and NHS75		All internal	NHS C&M	3 July 2023
Blogs from chair and chief executive reflecting on first year and NHS75	Supporting videos	All internal and external channels	NHS C&M	3 July 2023
WCHC official opening of Marine Lake Health and Wellbeing Centre		All channels	WCHC	5 July event
Light up Blue for the NHS – Confirmed so far: Warrington Town Hall, Runcorn Bridge, Royal Liver Building, Chester Clock, Chester Town Hall, and Ellesmere Port Library		All channels	Numerous	5 July event
Media activity proposed @ the Royal		All channels	LUFT	

Cheshire and Merseyside ICB
Integrated Care Board Meeting

Week – TBC September 2023				
NHS Cheshire and Merseyside Annual General Meeting – themed to mark both anniversaries	Supporting event materials / assets to be developed	Community / partner engagement meeting	NHS C&M	Date TBC

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

13 April 2023

Report of the Quality & Performance Committee Chair

Agenda No:	ICB/05/25/16
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

Cheshire and Merseyside ICB Board Meeting

NHS Cheshire and Merseyside

Report of the Quality & Performance Committee Chair

Executive Summary	The purpose of this report is to provide assurance to the C&M Integrated Care Board in 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	x		
Recommendation	**The Board is asked to:** 1. Section 2 note the content 2. Section 3 note the content and the issues considered by the Committee and actions taken. 3. Section 4 note the planned work relating to East Cheshire Trust.				
Key issues	-				
Key risks	-				
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				

NHS Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

Report of the Quality & Performance Committee Chair

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
23/04/08	13/04/23	**LMNS Maternity Report** The committee received its monthly report in relation to maternity and neonatal services. Pertinent points raised included how maternal and neonatal mortality and morbidity in C&M is lower than the national average. Workforce is monitored rigorously through daily reporting and weekly Gold Meetings; meetings are stepped up more frequently when required and mutual aid is provided when necessary. The committee requested further information is provided in future reports to support reasons for delays in Induction of labour. The committee heard how Maternity Voice Partnership (MVP) funding is being reviewed to ensure consistency and equity across all 9 places in C&M. The committee discussed the regulatory breach notices issued to Liverpool Women's Hospital, which will require the Trust to undertake further work in relation to maternity safety. The results of the national maternity survey were discussed and how C&M Trusts were working to respond to the findings and develop improvement plans accordingly. The committee noted the national maternity delivery plan and how the detail contained within the plan already aligned with the programs of work in place within C&M.
23/04/09	18/04/23	**Place Based Quality Reporting:** The committee received the monthly place-based quality report that included assurance in relation to: The work being undertaken via the Lead Provider Collaborative – Prospect in relation to several concerns relating to Rowan View, a medium secure unit for those with mental health and learning disabilities following safeguarding referrals made via Sefton place arrangements. Safeguarding incidents have been reported via Sefton LA and will be investigated by them accordingly. Sefton place quality team has been in close contact with relevant colleagues and is connecting through to ICB Quality. The overarching provider of Rowan View, Mersey Care underwent a CQC inspection in

Decision Log Ref No.	Meeting Date	Issues considered
		December 2022 and outcome was awaited at the time of committee, with quality assurance visits on-going. The committee was assured in relation to the ongoing work to support the Countess of Chester Hospital (CoCh) under the auspices of the System Improvement Board (SIB). The place-based team is working closely with CoCh to agree a jointly assured approach to progression towards the defined exit criteria from SIB process. The committee noted the work being undertaken to seek further assurance from CoCh in relation to the number of Never Events occurring in the last 12-month period (5 reported). The committee agreed that a more detailed report should be presented at the June 2023 meeting that outlines the work undertaken and the level of assurance/impact gained.
23/04/05	18/04/23	**Risk Register** The committee received a paper which provided assurance as to the ongoing development of the corporate risk register for quality. The committee was assured in relation to the transfer of legacy risks and the aggregation of those risks pertaining to quality into consolidated approach and endorsed the approach being taken in relation to new and emerging risks.
23/04/12	18/04/23/23	**Performance Report** The committee received its monthly report that described the levels of performance in key areas across the C&M system. The committee heard how ongoing industrial action had affected elective recovery work. The committee received information that described how the Urgent Care & Emergency system continues to experience pressures across C&M area with majority of Trusts declaring OPEL level 3, 6 Trusts declared level 4 for a period in January and returned to level 3 mid-January. Ambulance handover delays rose significantly in December 2022 but improved through January and February, with March having more challenges with NWAS reporting its highest level of escalation, handovers are primarily due to overcrowding in Acute hospitals AED and insufficient bed capacity within hospitals. Industrial Action impact was managed well, Trusts were made as safe as possible, and good planning ensured Trusts managed. Some resurgence of demand has been seen in the last week, possible due to public not accessing services when they know strike action is being held. The overall picture is

Decision Log Ref No.	Meeting Date	Issues considered
		now more positive. Occupancy levels were reported as more than 95%, over Easter this figure reduced slightly, but many Acute Trusts reporting 97-100% occupancy, Specialist Trusts at lower figure. Non criteria to reside position is broadly unchanged, still running between 16-25% for C&M Acute Trusts. The committee agreed that the focus of the June 2023 System Quality Group should prioritise the Non-Criteria to Reside issue, with alignment to both patient safety and experience of those awaiting discharge. A further action to set up a steering group that considered the quality impact of discharge delays was agreed by the committee.

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
23/04/06	18/04/23	**C&M Complaints Policy** The committee received the draft ICB Complaints, Compliments, Patient Advice & Liaison Service (PALS) Policy. The committee heard how the policy had been updated and now includes process for PALS for C&M ICB, following a previous iteration and comments received in July 2022. The committee discussed the addition of the 'Persistent Behaviours' section, and how this aligned with he approaches taken by NHSE for consistency and how the policy now includes the Primary Care complaint reporting process. The committee suggested that additional work is undertaken to better outline timelines for complaint response, noting that some complaints are more complex and therefore take longer to resolve. The committee also suggested that an 'easy read' and summarised version is developed that includes a visual aid that details the process for complaints. Subject to the additional suggestions being included, the committee approved the policy for onward publication.

4. Issues for 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
	18/04/23	The committee discussed the ongoing outlier status of East Cheshire Trust related to the SHMI (Summary Hospital-level Mortality Indicator) rate index, which remains "higher than expected". The committee discussed whether robust monitoring of mortality reviews is taking place and the ICB Medical Director confirmed he was engaged with the Trust to ensure that full understanding and resultant action was being taken to address. The ICB Medical Director agreed to communicate directly with the Trust for an update on progress and report back.

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
	18/04/23	The committee discussed the ongoing outlier status of East Cheshire Trust related to the SHMI (Summary Hospital-level Mortality Indicator) rate index, which remains "higher than expected". The committee discussed whether robust monitoring of mortality reviews is taking place and the ICB Medical Director confirmed he was engaged with the Trust to ensure that full understanding and resultant action was being taken to address. The ICB Medical Director agreed to communicate directly with the Trust for an update on progress and report back.

6. Recommendations

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

1. Section 2 note the content
2. Section 3 note the content and the issues considered by the Committee and actions taken.
3. Section 4 note the planned work relating to East Cheshire Trust.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Report of the Audit Committee Chair

Agenda Item No	**ICB/05/25/17**
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 Mark Bakewell, Deputy Director of Finance Matthew Cunningham, Associate Director of Corporate Affairs and Governance

Cheshire and Merseyside ICB Board Meeting

NHS Cheshire and Merseyside

Report of the Audit Committee Chair

Executive Summary	The Audit Committee of the NHS Cheshire and Merseyside Integrated Care Board met on 18 April 2023. The meeting was quorate and was able to undertake the business of the Committee. Declarations of interest where applicable where minuted. Main items considered at the meeting via papers received or verbal update provided included: • ICB Risk Management and Board Assurance Framework Update • ICB Declarations of Interest Progress Update • an update on the development of the Annual Report and Accounts 2022-23 • A paper on financial policies to approve • Internal Audit progress report • The 2023-24 Internal Audit Plan • The draft Head of Internal Audit Opinion • A paper outlining the HfMA Improving NHS Financial Sustainability Checklist - Audit Outcomes & Insights Briefing (March 2023) • a paper outlining the ICBs Fraud Service workplan • a paper outlining the External Audit 2023-24 workplan • Bi-monthly Information Governance Update Report. The next meeting of the Committee is scheduled to be held on 16 May 2023, with a further meeting scheduled for 20 June 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 Audit Committee at its meeting on the 18 April 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			

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	None
Appendices	None

Report of the Audit Committee Chair

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
-	18.04.23	**ICB Declaration of Interest Update**. Committee members received its regular update on the ICBs work around implementing the ICBs Conflicts of Interest (COI) Framework, and the population of and management of its COI registers. An update was given regarding the confirmation that a COI training module to be hosted on ESR has been commissioned by NHSE and will soon be available to ICB staff. **The Audit Committee noted the update report and will receive a further update at its next meeting.**
-	18.04.23	**ICB Board Assurance Framework Development.** Committee members received an update on the development of the ICB Board Assurance Framework, and ICB Risk Committee. Committee members received and considered the 10 Principal risks and the format of the Board Assurance Framework. Committee members also noted that further engagement was being undertaken to the populate the Board Assurance Framework before it was taken to the Board at its April meeting. The Committee noted the update report and agreed to receive a further update at its next meeting in May.

	18.04.23	**Annual Report and Accounts 2022 - 2023** Committee members received an update on the ICB's timetable for the completion of the 2022/23 Annual Accounts and received a first draft of the Annual Report for review. The Committee noted the progress in developing the report and agreed to receive a further update at its meetings in May and June prior to approval by the Board in June and submission to NHSE on 30 June 2023. The Committee commented on the need for an easy read summary for members of the public and received assurance that this would be produced.
	18.04.23	**Internal Audit Progress Report, Internal Audit Charter Report, Head of Internal Audit Opinion, HfMA Improving NHS Financial Sustainability Checklist** The Progress report provided an update to the Audit Committee in respect of the assurances, key issues, and progress against the Internal Audit Plan for 2022/23. The Committee was advised that significant progress had been made in the following areas: • reports on Conflicts of Interest Core Controls Checklist, Key Financial Systems Core Controls Checklist, Quality Governance Core Controls Checklist had been completed • work on Payroll/ESR and Delegated Commissioning Assessments – Dental & Optometry had started. **Head of Internal Audit Opinion (HOIAO)** The report to the Committee summarised the timescales for the submission of the HoIAO and the key considerations in forming the overall assurance opinion. The draft opinion was due by the deadline of 27 April with the final document being submitted in advance of the 30 June deadline. It was confirmed that the HoIAO would recognise the maturity of the new organisation and advised that when compiling the Annual Report that this background information was included in the document. **Internal Audit Charter**

		The Committee received the Internal Audit Charter which is mandated through the Public Sector Internal Audit Standards (2017) and is a formal document that defines the internal audit activity's purpose, authority, and responsibility. The charter establishes the internal audit activity's position within the organisation; authorises access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. **Financial Sustainability - Healthcare Financial Management Association (HfMA) Improving NHS Financial Sustainability Checklist - Audit Outcomes & Insights Briefing** In April 2022, the HFMA produced a briefing 'Improving NHS financial sustainability: are you getting the basics, right?' which included a self-assessment tool consisting of 12 questions covering key themes. Section 3 summarised areas of learning and good practice against each of the 12 areas reviewed by Internal Audit. This information has also been shared with providers. **The Audit Committee noted all the reports.**
	18.04.23	**External Audit Workplan 2023-24** The Committee reviewed the External Audit Workplan for the 2023-24 period, which provided an overview of the proposed scope and timing of the statutory audit of the ICB. This was set in accordance with the Code of Audit Practice and International Standards on Auditing. External Audit confirmed that work would commence in the following weeks and that preliminary reviews should standard risk that would be expected within the first year of a large organisation such as ICBs. With respect of the Value for Money findings these had been decided on nationally. External Audit took members through the report on a page-by-page basis starting with the introduction and report headlines of:

		• Significant Risks – there was one risk mandated, management override of controls • Materiality – this was £66.6m for the ICB Financial Statements. • Value for Money Arrangements – the required more work (hours) than it had previously. The report provided details on the risks of significant weakness and the potential types of recommendations to address these • Audit Logistics and the Audit Team – the team introduced themselves and the report set out both the auditors and the ICB responsibilities Members discussed the plan and confirmation was provided that reviews concentrated on arrangements and processes that the ICB had in place, not on the outcome of said reviews. Confirmation was provided to the Committee that CCGs compiled a full set of accounts at the end of Quarter 1 2022/23 and that the audit of these was nearly concluded. The findings from this audit would be included in the ICB report to be brought to the Audit Committee in June 2023. **The Audit Committee noted the update report.**
	18.04.23	**Bi-monthly IG Update Report.** Committee received its regular IG Update report. This provided assurance against annual workstreams and escalated any known issues to Members. The report covered the period 1 February to 31 March 2023 The report provided detail on the progress on the ICB's Data Security & Protection Toolkit, projects supported by the MLCSU IG Team, IG breaches, MLCSU SAR/FOI provision etc. The report further highlighted: • The target for the ICB in relation to annual Data Security Awareness Training was 95% and it was hoped that this would be reached by June 2023 • Actual compliance stood at 58% end of December, failing to meet the internal ICB target for December of 82%. • The figure for January stood at 67% • As at the week prior to the meeting the figure was 73%

		• DSPT assertion 3.4.1 requires 100% of Board Members to complete IG training since 1 July 2022. The compliance rate stood at 68% • 42% Staff signed Code of Conduct The 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
-	18.04.23	**Annual Reports and Accounts Finance Policy** Committee members received a report that provided an update on the development of the ICB's financial policies, and which included the proposed draft Annual Report and Accounts Finance Policy for approval. **The Audit Committee approved the Annual Report and Accounts Finance Policy.** Committee members noted that further policies would come to its meeting in May for approval.
-	18.04.23	**23/24 Internal Audit Plan.** The Committee also received the Internal Audit plan for 2023-2024 for review and noted that it would receive the final draft for approval at its April 2023 meeting.
-	18.04.23	**Anti-Fraud, Bribery and Corruption Work Plan Workplan 2023-2024** Committee members received and reviewed the Anti-Fraud, Bribery and Corruption Work Plan 2023-24 which included core work, taking account of actions required for compliance with the new Functional Standard, requirements from NHS Counter Fraud Authority (NHS CFA), risks identified through the MIAA Fraud Risk Assessment and emerging risks identified by NHS CFA. MIAA proposed to deliver 80 anti-fraud plan days with proposed fees of £28,480, factoring in an anticipated net uplift of 1.8%.

Decision Log Ref No.	Meeting Date	Issues considered
		Members were advised that it was an indicative plan and was subject to review following continued risk assessment and re-evaluation. **The Audit Committee reviewed and approved the Anti-Fraud, Bribery and Corruption Work Plan Workplan 2023-2024**

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 and decisions made by the Audit Committee at its meeting on the 18 April 2023.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Report of the Finance, Investment & Resource Committee Chair

Agenda Item	**ICB/05/25/18**
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

Cheshire and Merseyside ICB Board Meeting

Report of the Finance, Investment & Resource Committee Chair

Executive Summary	The Finance, Investment and Resource Committee of the NHS Cheshire and Merseyside Integrated Care Board met on 28 March 2023 and 25 April 2023. Both meetings were quorate, and the Committee was able to undertake its business The main items considered at the March 2023 meeting included: • Committee Risk report 23/24 • Month 11 financial position • 2023/24 Planning update The committee in March also held a private meeting considering a number of procurement items relevant to the ICB Business and in accordance with the scheme of reservation and delegation. The main items considered at the April 2023 meeting included: • People Committee, workforce update and workplan for 23/24 • Draft Month 12 financial position • 2023/24 Planning. The committee in April also held a private meeting considering a number of procurement items relevant to the ICB Business and in accordance with the scheme of reservation and delegation The next meeting of the Committee is scheduled to be held on 23rd May 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 main areas of discussion at the committee meetings which were in line with workplan • **Note** the financial risks to delivery of the 22/23 financial plan as described within the Month 11 Finance Report. • **Note** the draft month 12 financial outturn position for capital and revenue • **Note** the financial risks in the financial plan for 2023/24 as verbally updated.				
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				

Report of the Finance, Investment & Resource Committee Chair

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:

Decision Log Ref No.	Meeting Date	Issues considered
-	28.03.23	Committee risk report: • progress in identifying and assessing finance and resource risk **- NOTED** Committee identified need to carry out further work to complete implementation of the ICB Risk Management Strategy **- NOTED**
-	25.04.23	People Committee, workforce update and workplan for 2023/24 • establishment of People Committee as a sub-committee of the FIRC – APPROVED • proposed Terms of Reference – APPROVED

Decision Log Ref No.	Meeting Date	Issues considered
		• proposed workplan – APPROVED • progress made in developing people governance – NOTED

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
-	28.3.23 (Private)	The private section of the meeting considered a number of procurement items relevant to ICB Business and was in accordance with the scheme of reservation and delegation
-	25.04.23 (Private)	The private section of the meeting considered a number of procurement items relevant to ICB Business and was in accordance with the scheme of reservation and delegation

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
-	28.3.23	**Month 11 Finance Report** The Committee noted • the contents of the finance report in respect of the month 11 year to date ICB / ICS financial position for both revenue and capital allocations within the 2022/23 financial year. Highlighted risk in delivering financial position by end of year.
-	28.3.23	**2023/24 Planning update** • verbal update noted, paper to be brought May FIRC and add together with budget book / proposals
-	25.4.23	**Month 12 Finance Report** The Committee noted • the contents of the finance report in respect of the **draft** month 12 year to date ICB / ICS financial

Decision Log Ref No.	Meeting Date	Issue for escalation
		position for both revenue and capital allocations within the 2022/23 financial year.
	25.4.23	**2023/24 Planning update** • verbal update noted, paper to be brought to May FIRC • significant risk highlighted requiring further work across the system.

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 main areas of discussion at the committee meetings which were in line with workplan
- **Note** the financial risks to delivery of the 22/23 financial plan as described within the Month 11 Finance Report.
- **Note** the draft month 12 financial outturn position for capital and revenue
- **Note** the financial risks in the financial plan for 2023/24 as verbally updated.

7. Next Steps

7.1 The committee will

- continue to meet 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

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Report of the Chair of the System Primary Care Committee

Agenda Item:	**ICB/05/25/19**
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

Cheshire and Merseyside ICB Board Meeting

NHS Cheshire and Merseyside

Report of the System Primary Care Committee Chair

Executive Summary	The Committee should note the contents of the report of the System Primary Care Committee held on 20.4.2023				
Purpose (x)	**For information / note**	**For decision / approval**	**For assurance**	**For ratification**	**For endorsement**
	X		X		
Recommendation	**The Board is asked to:** • note the contents of the report.				
Key issues	The Committee discussed the following business as listed In **Part A** , the nonpublic section: • Draft Minutes of Sub-Committee Meeting – 3rd March 2023 • Risk Assurance • Escalation of issues from Place • Minutes of Pharmaceutical Services Regulatory Committee PSRC • Extension of (named) Dental Contracts • Finance – Revenue / Capital Update • Harmonisation of the Cheshire and Merseyside Minor Ailments Service. In **Part B**, the public section: • Update on the operating model and governance • Contracting, Commissioning and Policy Update • Strategic Framework Update / Workforce Steering Group Update • Place update – transformation • Digital Update • System Pressures. No questions before the meeting were asked by members of the public, for response				
Key risks	Key risks were noted and mitigating actions confirmed as part of the main papers.				
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	X		X	
Management of Conflicts of Interest	Managed by the Chair				
Next Steps	As detailed in the full papers				
Appendices	None				

NHS Cheshire and Merseyside
Integrated Care Board Meeting

NHS Cheshire and Merseyside

Report of the (add name) Committee Chair

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
	20.4.23	• The minutes of the additional subcommittee held on 3.3.2023 were accepted without amendment • The Committee discussed the fully formatted and in template primary care risks. This is the first time the risk has been discussed in the correct format, based on primary care risk registers from the previous CCGs. It was recommended that some of the risks required re-scoring and updating, these risks would therefore be returned to the risk practitioners group for amendments – and be presented to the risk owners. These would return to the Committee in June • Some place raised escalation issues were discussed and noted but none were for formal decision. • The minutes of the Pharmaceutical Services Regulatory Committee (PSRC) were accepted without amendment. • There was a discussion regarding approaches to finance allocations in respect of core and discretionary budgets for primary care. It was agreed a Task and Finish group would be convened to discuss further, and to report to this Committee. • This was a verbal update on the review of the Minor Ailments Schemes across the ICB • A verbal update on the ICB Primary Care operating model and related governance was received and noted.

Decision Log Ref No.	Meeting Date	Issues considered
		• A contracting, commissioning, and policy update on all 4 primary care contractor groups was noted. • An update on the development of the Primary Care Strategic Framework was noted. • An update on the development of the Primary Care Workforce Steering Group was received and it was noted that the first meeting will take place in May, with an update to the next Committee meeting (and to the People Board) • The Place Director member updated the Committee on the progress of primary care transformation and development, which is led at place level. • There was an update to the Committee in relation to the various digital programs in primary care. • There was a verbal update to the Committee on the various current system pressures. Colleagues from the Local Optical, Pharmacy, Dental and Medical Committees were invited to update on this issue from their members perspective.

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
	20.4.2023	Paper seeking approval from the committee to allow for an extension to existing providers to allow for a rescoring process, for some orthodontic services, was considered. This was approved by the 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
		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

NHS Cheshire and Merseyside Integrated Care Board Meeting

25 May 2023

Report of the Chair of the Women's Services committee

Agenda Item No	**ICB/05/25/20**
Report author & contact details	Matthew Cunningham, Associate Director of Corporate Affairs & Governance
Report approved by (sponsoring Director/Chair)	Hilary Garratt, Deputy Chair of the Women's Services Committee
Responsible Officer(s) to take actions forward	Christine Douglas, executive Director of Nursing and Care

Cheshire and Merseyside ICB Board Meeting

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 in shadow on 25 April 2023. Declarations of interest where applicable where minuted. Main items considered at the meeting via papers received or verbal update provided included: • Committee TOR • NHS England's three-year delivery plan for maternity and neonatal services. • Programme Risks • Women's Services Programme Working Groups • Options Development – discussion on parameters that will guide the develop of options. • Key Indicators of Safety – initial proposals for metrics that the committee will use to gauge success. • Initial thought on how we can improve engagement with stakeholders. The next meeting of the Committee is scheduled to be held on 27 June 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 Women's Services Committee at its meeting on the 25 April 2023. • **approve** the Committees Terms of Reference.				
Impact (x) (further detail to be provided in body of paper)	**Financial**	**IM &T**	**Workforce**	**Estate**	
	X		X		
	Legal	**Health Inequalities**	**EDI**	**Sustainability**	
	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	Publish the approved Terms of Reference on the ICB website.				
Appendices	**Appendix One**	Committee Terms of Reference			

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
-	25.04.23	**NHS England's three-year delivery plan for maternity and neonatal services.** Committee members received a report summarizing the NHSE Three-year Delivery Plan for maternity and neonatal services that was published on the 30 March 2023. Committee members heard how the three-year plan brings together the key objectives maternity and neonatal services, and systems that support them, are being asked to deliver against over the next three years. The report set out the twelve priority objectives for trusts and systems for the next three years, across four themes. 1. Listening to women and families with compassion 2. Supporting the workforce 3. Developing and sustaining a culture of safety 4. Meeting and improving standards and structures The report also outlined an initial gap analysis

		undertaken by the Liverpool Maternity and neonatal System in response to the plan, and the development of an action plan against the asks, which will need further review. **The Committee noted the report.**
-	25.04.23	**Women's Services Programme Working Groups.** Committee members received an update report on the development of and scope of the working groups that will be tasked in delivering the actions of the Women's Services Programme and which will report to the Committee. Working groups that will be established to deliver the work overseen by the committee include: • engagement and involvement • finance • clinical evidence and research • estates • workforce. Committee members requested that an Operation group was also established and agreed to have reports from each of the groups as standing items on the Committee. The Committee also asked that the Clinical Evidence and Research Group be renamed to Clinical Evidence, Standards and Research Group. It was agreed to have the groups as a standing agenda item on the committee and the TOR, workplan and objectives of each group would be approved by the Committee. Committee members were informed that the Programme Director would be responsible for programme management, reporting, management of dependencies, escalation of issues and recommendations from the working groups to the Women's Services Committee. **The Committee noted the report and agreed to the establishment of the working groups**.
	25.04.23	**Programme Risks**

		Committee members received a short report on the development of the programme Risk Register that would be reported to the Committee at its meetings. Committee members discussed the need for the Senior Responsible Officer to lead the development of the risk register for the Committee and programme of work. Committee members agreed that further work was required on the risks highlighted within the report.
	25.04.23	**Options Development – discussion on parameters that will guide the develop of options.** Committee members received a short report that provided an overview of the methodology and process that would guide the development of options for a new model of care and the future delivery of women's services. **Committee members noted the report.**
	25.04.23	**Key Indicators of Safety – initial proposals for metrics that the committee will use to gauge success.** Committee received a presentation regarding key indicators for safety metrics. The presentation highlighted the activity underway against timelines and the key themes that had come from the review. **Committee members noted the report.**
	25.04.23	**Initial thought on how we can improve engagement with stakeholders.** Committee members received a presentation entitled 'Developing a stakeholder engagement approach for the women's services programme. There is currently no new involvement/engagement approach for the programme, although some individuals were recruited by Liverpool Women's Hospital during 2022 to provide public input. The Committee noted however that there had been a long history of engagement with the public regarding women's services and the Liverpool Clinical Services Review. Committee members discussed that it was important that any engagement needed to be an open and proactive approach about the programme, and the communications and engagement approach must be closely aligned with the programme and not as a standalone activity; with the patient/public voice embedded, with clear reporting lines. The engagement and involvement group of the Committee will lead on this work and a future report will come back to the Committee outlining next steps.

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
-	25.04.23	**Committee Terms of Reference** Members reviewed the amended Terms of Reference (TOR) for the Committee and supported the proposed TOR to be submitted to the ICB Board for approval.

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 25 April 2023.
- **approve** the Committees Terms of Reference.

NHS Cheshire and Merseyside Integrated Care Board Meeting

Report of the Chair of the Women's Services Committee

Appendix One: Committee Terms of Reference

NHS
Cheshire and Merseyside

NHS Cheshire & Merseyside Integrated Care Board

Women's Services Committee

Terms of Reference V1.1

Document revision history

Date	Version	Revision	Comment	Author / Editor
10.03.23	1.1		Revision following first shadow meeting of the Committee on 28.02.23	Matthew Cunningham

Review due:
April 2024

V1.1 approved by NHS Cheshire & Merseyside Integrated Care Board *(add date)*

Women's Services Committee

Terms of Reference

1. Purpose

The Women's Services Committee (the Committee) is established by NHS Cheshire and Merseyside as a Committee of the Integrated Care Board (ICB) in accordance with its constitution.

The Committee 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 Liverpool Clinical Services Review report, published in January 2023,[1] recommended that a sub-committee of the ICB be established to oversee a programme of work to help determine the future of women and families' services delivered across the city region. 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.

The Liverpool Clinical Services Review, informed by and building on the considerable work undertaken by others reviews over a number of years, recommended a whole-system approach to addressing the clinical risks and sustainability challenges affecting women's health services, which is why NHS Cheshire and Merseyside ICB will be responsible for overseeing this programme of work.

The Committee will be established with a diverse membership, drawn from a variety of partner organisations, including representatives drawn from the NHS Trusts with a role in delivering these services, reflecting the dependencies with other services across Cheshire and Merseyside.

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.

2. Responsibilities / duties

The Committee's duties are as follows:

- to approve an annual workplan
- to identify solutions to key clinical risks and to develop proposals for the future model for women and families' services delivered across the Liverpool City region
- to be assured of the delivery of all elements of the programme
- to involve and engage NHS and wider partners in the programme, managing the interdependencies with similar services across Cheshire and Merseyside (and beyond) and resolving any conflicts

[1] https://www.cheshireandmerseyside.nhs.uk/media/vz2na242/cm-icb-board-public-260123.pdf

- to ensure the programme has sufficient resources drawn from all partners, with the right skills and capacity to deliver a large-scale, complex programme
- to ensure any proposals for the future delivery of women and families services are financially sustainable, deliverable and opportunities for efficiencies are maximised
- identify and address programme risks and issues.
- to ensure that the programme complies with statutory and best practice standards in the delivery of potential major service reconfiguration.
- to ensure that the voice of patients, public and stakeholders are integral to the programme and there is meaningful involvement of the public, patients, carers, and stakeholders in any proposal development
- to ensure that proposals for future delivery of these services are clinically led, informed by clinical evidence, research, and intelligence, and can demonstrate that they meet the needs of women and their families
- to ensure that proposals for future delivery of these services have robustly considered, been informed by and address the findings of equality, quality and sustainability impact assessments
- to provide oversight and contribute to the development of any strategic case for change.
- to ensure a robust and defendable process for option development for the future care model which will inform the development of a business case.
- seek external clinical and professional advice where specialist or independent review is required, including involvement from an NHS Clinical Senate.
- report on progress, risks, issues and delivery to the Board of NHS Cheshire and Merseyside.

3. Authority

The Committee will oversee the development 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.

The Committee is authorised by the ICB to:

- request further investigation or assurance on any area within its remit
- bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- make recommendations to the ICB Board
- escalate issues to the ICB Board
- approve an annual work plan to discharge its responsibilities
- approve the terms of reference of any sub-groups or sub-committees to the committee
- delegate responsibility for specific aspects of its duties to sub-groups, sub-committees of individuals.

Decisions on areas, functions, or budgets outside of the authority or scope of the ICB is discharged through the authority that is delegated to the individual members of the Committee by their respective organisations.

For the avoidance of doubt, in the event of any conflict when making any decisions or recommendations, 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 membership shall be appointed by the ICB in accordance with the ICB Constitution. Membership of the Committee may be drawn from the ICB Board membership; the ICB' executive leadership team; officers of the ICB; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

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

The Committee Membership will be composed of:

- Committee Chair - Chair of the ICB
- an Independent Clinical SRO, from outside the Cheshire and Merseyside ICB footprint
- x1 ICB Liverpool Women's Services Programme SRO, who will be an ICB executive
- x1 ICB Non-Executive member
- ICB Director of Finance
- ICB Associate Medical Director - Transformation
- x1 ICB Primary (GP) Care Partner representative
- x1 representative from the Local Maternity and Neonatal System
- x1 Liverpool Place Director
- x1 Sefton Place Director
- x2 representatives from Liverpool Women's Hospital NHS FT
- x2 representatives from Liverpool University Hospitals NHS FT
- x1 representative from Alder Hey NHS FT
- x1 representative from Clatterbridge Cancer Centre NHS FT
- x1 representative from CMAST
- x1 lay person with lived experience of maternity services
- x1 lay person with lived experience of gynaecology services.

Attendees
Only members of the Committee have the right to attend Committee meetings, but the Chair will invite relevant staff for all or part of a meeting as necessary in accordance with the business of the Committee.

The Chair may also invite specified individuals to be regular participants at meetings of the Committee in order to inform its decision-making and the discharge of its functions as it sees fit.

Participants will receive advance copies of the notice, agenda, and papers for Committee meetings. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote. Named regular participants may include:
a) a Director of Public Health
b) a representative from Healthwatch Liverpool on behalf of all the Cheshire and Merseyside Healthwatch organisations

c) an individual bringing knowledge and a perspective of the voluntary, community, faith, and social enterprise sector
d) an individual(s) representing the Local Medical Committee
e) an individual(s) representing Primary Care (Pharmacy, Dentistry)
f) x1 representative from the University of Liverpool.

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.

Working Groups
The Committee will establish working groups to deliver each component workstream of the programme. These groups will include, but not limited to:

- Finance & Capital
- Communications and Engagement
- Estates
- Clinical Evidence, Research and Data
- Workforce.

The Committee programme and that of the working groups will be the responsibility of a dedicated Programme Director. Working groups will report progress and escalate risks and issues to the Committee via a Programme Director report to the Committee.

5. Meetings

5.1 Leadership
The Chair of the Committee will be the Chair of NHS Cheshire and Merseyside ICB.

A Deputy Chair will be identified from within the standing membership of the Committee by the Chair.

The Chair will be responsible for agreeing the agenda with the Senior Responsible Officer for the Programme, and the Programme Director, 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 five Committee members need to be present, including:

- the Committee Chair or Deputy Chair
- at least one NHS Trust representative
- at least one clinically qualified member
- at least one ICB Executive member.

Committee members may identify a deputy to represent them at meetings of the Committee when they are absent. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of any clinical members).When in attendance, a deputy of a Committee member has the same right to vote as that of the member.

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.

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

5.3 Decision-making and voting

The Committee will ordinarily reach its 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.

5.4 Frequency and meeting arrangements

The Committee will meet in private.

The Committee will meet at least six times each year. Additional meetings may take place as required.

In normal circumstances, each member of the Committee will be given not less than one month's notice in writing of any meeting to be held. However:

- the Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.
- a majority of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting.
- in emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

As a Committee of the ICB, meetings maybe conducted virtually using telephone, video, and other electronic means, when necessary.

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 having been agreed by the Chair with the support of the SRO of the programme.
- good quality minutes are taken in accordance with the standing orders and agreed with the Chair 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 Integrated Care 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 Cheshire and Merseyside Integrated Care Board and shall report to its Board on how it discharges its responsibilities.

A summary of key issues discussed and concluded shall be produced and formally submitted to the Integrated Care Board. Reporting will be appropriately sensitive to personal circumstances and contain no personally sensitive or personally identifiable information.

The Committee will provide the Integrated Care Board with an Annual Report for each year it is in place. The report will summarise its conclusions from the work it has done during the year.

Members of the Committee who are not ICB members have the responsibility to inform their respective organisations prior to and post the meetings with respect to the business undertaken by the Committee, and seek their support for any recommendations being considered by the Committee and the Board.

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.

Management of Conflicts of Interest

All members shall comply with the ICB's Managing Conflicts of Interest Policy / their relevant organisation COI policy at all times. In accordance with best practice on managing conflicts of interest, members should:

- inform the chair of any interests they hold which relate to the business of the Committee.
- inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest
- inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Uphold the Nolan Principles of Public Life
- Attend meetings, having read all papers beforehand
- Arrange an appropriate deputy to attend on their behalf, if necessary.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity and inclusion implications of any recommendations and 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 Integrated Care Board for approval.