

Meeting of the Board of NHS Cheshire and Merseyside

Consolidated pack of papers requiring no decisions.

Published on 24 May 2024.

Given the announcement of a UK General Election on 04 July 2024, the start of the pre-election period on 25 May 2024 and the dissolution of Parliament on 30 May 2024, the formal meeting of the Board of NHS Cheshire and Merseyside scheduled for the 30 May 2024 has been cancelled.

The next full meeting of the Board will be on [26 July 2024](#). The Board is also currently scheduled to meet on [20 June 2024](#) to consider NHS Cheshire and Merseyside's Annual Report and Accounts 2023-24



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Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Report of the Chief Executive

Agenda Item No: ICB/05/24/05

Responsible Director: Graham Urwin, Chief Executive



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Report of the Chief Executive (May 2024)

1. Introduction

- 1.1 This report covers some of the work which takes place by the Integrated Care Board which is not reported elsewhere in detail on this meeting agenda.
- 1.2 Our role and responsibilities as a statutory organisation and system leader are considerable. Through this paper we have an opportunity to recognise the enormity of work that the organisation is accountable for or is a key partner in the delivery of.

2. Ask of the Board and Recommendations

- 2.1 **The Board is asked to:**
 - **consider** the updates to Board and seek any further clarification or details.

3. Infected Blood Inquiry

- 3.1 The final report of the Infected Blood Inquiry was published on Monday 20 May 2024.
- 3.2 Led by Sir Brian Langstaff KC, this independent, statutory public inquiry was established to examine the circumstances in which men, women and children treated by national health services in the United Kingdom were given infected blood and infected blood products, in particular since 1970.
- 3.3 The Inquiry's detailed recommendations will now be considered by a clinically led NHS England task and finish group.
- 3.4 A dedicated webpage has been developed to support people who may have been affected by infected blood: <https://nhs.uk/infected-blood-support>
- 3.5 More information about the safety of blood from donations in England is available here: <https://www.blood.co.uk/the-donation-process/further-information/your-safety/>

4. Thirlwall Inquiry

- 4.1 Following the Preliminary Hearing held at Chester Racecourse on 16 May 2024, it was confirmed that the Chair of the Thirlwall Inquiry, Lady Justice Thirlwall, will start to hear evidence from 10 September 2024 at Liverpool Town Hall. Hearings are expected to run Monday to Thursday each week up until the end of December 2024. Lady Justice Thirlwall will make a decision on whether the hearings will be live streamed in due course.



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4.2 The Thirlwall Inquiry Legal Team has published a Review of Implementation of Recommendations from Previous Inquiries into Healthcare Issues, which will inform Part C of the Inquiry’s investigation phase. This can be found on the [Thirlwall Inquiry website](#).

4.3 We continue to assist the Inquiry without Core Participant status, and will respond accordingly to any future requests for evidence in a timely manner.

5. ICB Recovery Programme 2024 - 2025

5.1 Colleagues will be aware that the financial planning round for 2024-2025 has yet to be concluded. This is largely because provider financial plans exceed the level of funding available and we remain in an iterative process with NHS England as we seek to find the right balance between further cost improvements and maintaining the core quality of services.

5.2 At the time of writing this report we were forecasting a deficit for the year in the order of c£150million (2.24% of turnover). We will be able to report back to Board verbally at its meeting in May.

5.3 One of the key drivers of this deficit is the costs associated with a poorly performing and ineffective urgent care system in all of its guises. In Cheshire and Merseyside (like many other parts of the country) we have an urgent care system that too often falls short in terms of patient and staff experience, whilst also costing too much money. We must focus upon the key objective of eliminating corridor care in 2024-25, but also reducing the number of hospital attendances and admissions, reducing length of stay and improving discharge processes.

5.4 It is therefore important that we now move the operational management of the system to a formal recovery footing. The Executive Team are currently initiating a number of recovery programmes that will focus on a small number of high priority areas and we will align our resources to these programmes.

5.5 The key priorities are:

- improving the urgent care system
- improving the use of resources
- improving people’s access to, and experience of, our mental health system.
- improving the quality and people’s experience across all forms of continuing care.
- a better, and more joined-up, primary and community care offer – to improve people’s access and outcomes.
- better access and pathways for children, young people and adults with ADHD and Autism.
- more equitable access to, and outcomes from, different types of treatment – by reducing clinical variation.

5.6 The Board are asked to note the actions of the Executive Group and establishment of a recovery programme approach.



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6. Whooping Cough Update

- 6.1 Whooping cough cases have been continuing to rise across England since December 2023. The UK Health Security Agency (UKHSA) confirmed 1,319 cases confirmed in March in England, this follows 556 cases in January and 918 in February, bringing the total number of cases in 2024 to 2,793. It's a cyclical disease that peaks every 3-5 years with the last increase occurring in 2016. However, in common with other diseases, cases fell to very low numbers during the pandemic due to restrictions and public behaviours. A peak year is therefore overdue. The impact of the pandemic also means there is reduced immunity in the population.
- 6.2 In Cheshire Merseyside, we have seen cases in all local authority areas, from 125 notified cases in January 2024, to 145 in February, 193 in March and 206 in April. In May, at the time of writing this report (21/5/24), we have already received 224 notifications.
- 6.3 Uptake of the pertussis vaccination that protects against whooping cough has fallen in recent years across the country – in both the programme for pregnant women and the infant programme. Young infants are at highest risk of severe complications and death from whooping cough, and timely vaccination in pregnancy and in infancy are both important to protect vulnerable young babies from serious disease. In England, in the 1st quarter of 2024 (January to March) there were sadly 5 deaths from pertussis in infants.
- 6.4 In Cheshire and Merseyside NHS partners are working together with local authority, public health, primary care, and maternity teams to raise awareness of the signs and symptoms of whooping cough and encourage uptake of the vaccine during pregnancy and in young babies. The vaccine is also available on the Living Well Bus as part of the routine immunisation offer for children.

7. NHS Oversight and Assessment Framework 2024-2025

- 7.1 NHS England has a duty to undertake oversight transparently so that the public, staff, Government and ultimately Parliament understand how the NHS is performing, and where accountability sits.
- 7.2 NHS England has updated the NHS Oversight and Assessment Framework and following a period of engagement with integrated care boards and providers, NHS Confederation and NHS Providers, Care Quality Commission's and Local Government Associate, will be launching a short period of public consultation on the new draft framework from week commencing 20 May 2024.
- 7.3 The engagement phase, which we were involved in, indicated support for the overall approach, which should provide greater clarity on the respective responsibilities of integrated care boards and providers, and how NHS England will oversee the service.



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- 7.4 Areas that have been mentioned for further consideration include:
- ensuring the right balance between oversight (particularly access and finance metrics) and focus on improving population health
 - being mindful of the potential burden and complexity of the approach
 - ensuring alignment with the Care Quality Commission’s approach to integrated care system assessment
 - considering how improvement in challenging circumstances can be recognised.
- 7.5 Within the framework there are details regarding how NHS England are proposing to assess Integrated Care Boards (ICBs) which will include consideration of:
- **Annual capability assessment:** an annual capability rating on a 4-point scale, based on how well an ICB has performed against the 6 core capabilities and discharged key activities with input from ICB’s own self-assessment, key stakeholders, NHS England regional and national teams. The capability assessment will be informed by the ICB’s self-assessment of performance against the key functional areas and by comprehensive feedback from key system partners including health and wellbeing boards, Healthwatch, local authorities, and the Care Quality Commission (CQC). It will be supported by an evidence-based understanding of achievement against what good looks like and will operate within a national framework to ensure consistency. It will incorporate a 360 review, including review by an ICB chair or CEO from another region.
 - **Quarterly delivery score:** quarterly delivery segment (1-4 scale) based on how well the ICB has uniquely contributed to and delivered against system priorities and targets. The ICB delivery segment will be based on performance against a balanced scorecard of metrics across 4 domains (improving access and outcomes, reducing health inequalities, enhancing productivity and value for money, and supporting wider social and economic development) which reflects their specific role in achieving those aims.
- 7.6 The combination of an annual capability assessment and quarterly delivery scores will be combined to give an overall rating which gives NHS England, ICBs themselves and their system partners the information needed to understand how ICBs are performing, and to what extent they can deliver against their priorities and responsibilities.
- 7.7 Following evaluation of the consultation responses, the Board of NHS England will be asked to approve the final framework before it is launched in July 2024. In support of the framework, NHS England will also publish an Insightful Board series which will set out a larger range of metrics that well governed Boards should be considering through their governance arrangements. One will focus on provider trusts, one on ICBs and one on NHS England.
- 7.8 The ICB has discussed the draft updated framework with Cheshire and Merseyside Chief Executives and have encourages all providers to engage with the consultation.



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8. Continuous Improvement (NHS IMPACT)

- 8.1 On Tuesday 30 April 2024, more than 170 leaders from the Cheshire and Merseyside health and care system came together for a first-of-its kind NHS IMPACT event, called *'Leading for Improvement'*.
- 8.2 ICB Chair Raj Jain joined Deputy Medical Director Fiona Lemmens and myself in opening the event – setting the scene for key improvement priorities in Cheshire and Merseyside, with a call to action for system leaders to take staff and communities with them on a crucial prevention and continuous improvement journey in 2024-25.
- 8.3 Delegates heard from a range of key note speakers – including National Clinical Lead for Improvement Amar Shah, Director of NHS IMPACT and Pathway Transformation John Ashcroft, the Health Foundation's Jen Morgan, and local improvement leader Siobhan Roberts - of Liverpool University Hospitals NHS Foundation Trust.
- 8.4 Following a lively panel discussion hosted by the morning's key note speakers, delegates took part in a series of masterclasses and breakout sessions – putting the theory into local context and practice.
- 8.5 In the final plenary of the day, delegates came back together to discuss and made pledges for action - that will form the next steps in creating a culture of improvement for Cheshire and Merseyside's integrated care system.
- 8.6 You can read more [about the event here](#)¹, including a short video about the event.

9. Attendance at House of Lords Preterm Birth Committee

- 9.1 The House of Lords Preterm Birth Committee was appointed in January 2024. It is chaired by Lord Patel and will report by 30 November 2024. Preterm birth (when a baby is born before 37 weeks of pregnancy) is the single biggest cause of neonatal mortality and morbidity in the UK. Just under 8% of live births are preterm each year. The Government has set an ambition to reduce the preterm birth rate to 6% of live births by 2025.
- 9.2 The Committee's aim is to focus on the prevention, and consequences, of preterm birth in England, understanding the wide range of risk factors associated with preterm birth and to examine how preterm births can be prevented and how the adverse consequences of preterm birth for mothers, babies and families can be reduced.
- 9.3 As part of the inquiry, the Committee were keen to hear about the role of Integrated Care Boards across the country and the important work we are doing with our partners to reduce the risks of pre-term birth. NHS Cheshire and

¹ <https://youtu.be/SCoL8bMOD5Q>

Merseyside were invited to join NHS Somerset and NHS Birmingham and Solihull at the House of Lords on 13 May 2024. Catherine McClennan, Director of Women’s Health and Maternity Programme and LMNS Senior Responsible Officer at the ICB provided a verbal update on the wide-ranging preventative work our Integrated care System has been delivering.

- 9.4 The evidence session allowed us to reinforce the importance of targeted interventions such as tackling smoking and impact of deprivation and poverty in some of our communities, (having reduced smoking at the time of delivery to 7.2% from over 10% at the same point in 2023), targeted enhanced engagement work with our most at risk expectant mothers. Our ICB was also able to share the successful and impactful work of our pre-term birth Network with clinics and specialist clinicians in every maternity provider and where we can build on the vital relationships with our Local Authority commissioned healthy child programmes.
- 9.5 Based on most up to date data available, in December 2023, the national average for preterm birth was 6.6% and the average for our Cheshire and Merseyside providers during this same period is at or below 6%.

10. Annual Report and Accounts 2023-2024 and Annual General Meeting 2024

- 10.1 NHS bodies, including ICBs, are required to publish, as a single document, an Annual Report and Accounts (ARA) prepared in accordance with the Department of Health and Social Care Group Accounting Manual. The key requirements for 2023/24 are that ICBs:
 - provide a draft unaudited ARA to NHS England and the ICB’s external auditors by 9am on 24 April 2024
 - provide a full audited and signed annual report, as approved in accordance with the ICB scheme of delegation and signed and dated by the Accountable Officer and appointed auditors, to NHS England by 9am on 28 June 2024
- 10.2 Over recent months the ICBs Audit Committee, the Executive team and myself have received draft versions of the ARA to review, the ICB has met the required deadline to submit a draft ARA to NHS England and work is well underway to finalise the ARA for Board approval.
- 10.3 Due to the established cycle of ICB Board meetings and the timing of submitting the final version of the ARA to NHS England not aligning an additional Board meeting held in public has been arranged for the 20 June 2024. This meeting will be a one item meeting for the Board to consider the ARA and both the Internal and External Auditors reports. This meeting will be held online, with joining details to be published on the ICBs website.
- 10.4 The ICB has also now set a date and venue for its Annual General Meeting (AGM). The AGM will be held on the 26 September 2024 at The Wrights Lounge, The Mornflake Stadium, Gresty Road, Crewe, CW2 6EB. Further details about the AGM will be published on the ICBs website in due course.



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11. #1 for Diagnostics

11.1 Cheshire and Merseyside became the only Integrated Care System (ICS) to reach the waiting list target for 90% of patients to receive a diagnostic test within 6 weeks by the end of March 2024. As a result, Cheshire and Merseyside is ranked as the number one ICS out of 42 for diagnostic waiting time performance. The target covers patients waiting for the following 15 test areas:

CT scan	Gastroscopy
MRI scan	Echocardiography
Ultrasound scan	Cystoscopy
Dexa scan	Sleep Studies
Sleep Studies	Urodynamics
Barum Enema	Audiology Assessments
Colonoscopy	Peripheral Neurophysiology
Flexible Sigmoidoscopy	

11.2 This is testament to the hard work and dedication of all our diagnostic staff and services in Cheshire and Merseyside and for the support provided by our networks (Endoscopy, Pathology, Imaging, Community Diagnostics Centres and Physiological Measurements) along with the CMAST Diagnostic Programme which oversees them.

11.3 95% of patient pathways require a diagnostic test and so by ensuring that we reduce waiting times we minimise the impact on urgent and primary care, ensure that cancer diagnosis standards are met and that all patients get the correct treatment as fast as possible.

11.4 We have made excellent progress but there is still a lot more to do. The focus for this year is to ensure that 95% of patients receive their test within 6 weeks by the end of March 2025 and that we shorten the time it takes for results to become available to our patients.

12. New Wirral Diagnostics Centre Opens

12.1 A new Wirral Diagnostics Centre has opened to help earlier diagnosis of illnesses such as prostate cancer. This is the second diagnostics centre to be built at the Clatterbridge site.

12.2 The facility, run by Wirral University Teaching Hospital, has a brand new state-of-the-art MRI scanner and CT scanner, as well as new changing facilities to provide enhanced privacy and comfort for patients who are having scans.

12.3 The up-to-date software allows the MRI equipment to produce high quality scan images at a fast speed, to improve detection of conditions such as prostate cancer as well as providing detection for other illnesses and more complex conditions.



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13. Endoscopy Without Borders

- 13.1 A number of new services launched in April 2024 which collectively aim to improve endoscopy services providing the latest and best technology and ensuring patients have greater access by creating an ‘endoscopy without borders’ service.
- 13.2 Endoscopy without Borders is a collaboration of CMAST Diagnostics and hospital Trusts including, Alder Hey Children’s NHS Foundation Trust, Countess of Chester Hospital NHS Foundation Trust, East Cheshire NHS Trust, Liverpool University Hospitals NHS Foundation Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust, Warrington and Halton Teaching Hospitals NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust.
- 13.3 To document the launch of the services and to provide a full overview of what the Transformation Programme will deliver, the CMAST Endoscopy Network worked with partner Trusts to produce a detailed [video](#).² Featuring the key clinicians and network colleagues who have been involved in the transformation programme the video outlines the central Hub, specialist services, digital services and alternatives to endoscopy that will be offered.

14. Health and Care Partnership and Tackling Health Inequalities

- 14.1 As part of our ICB’s strategic core objectives to improve population health outcomes and tackle health inequalities, we continue to pledge our ongoing commitment in the delivery of the recommendations outlined in the landmark Marmot All Together Fairer³ Report for Cheshire and Merseyside.
- 14.2 In addition to how we tackle health care inequalities through the national NHSCORE20PLUS⁴ framework, we invest in a range of vital upstream population health programmes that includes our Beyond programme for Children and Young People, Cardiovascular disease, Respiratory and Cancer prevention, reducing the harms from alcohol, our investment within the public health collaborative and our VCFSE infrastructure.
- 14.3 Given our new duties around dental health, we have also taken the opportunity to innovatively lead a new, at scale Oral Health improvement programme within all nine local areas to help reduce demand and improve healthy teeth and gums for children and young people, this will support 67,000 2–7-year-olds in our most deprived communities.
- 14.4 The recommendations described in the Independent Hewitt Review ⁵ include the importance of our Integrated Care System continuing to invest in preventative approaches to improving population health and the wider

² <https://vimeo.com/930654195?share=copy>

³ [All Together Fairer | Champs Public Health Collaborative](#)

⁴ [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

⁵ [The Hewitt Review: an independent review of integrated care systems - GOV.UK \(www.gov.uk\)](#)



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determinants of health. The ICB cannot tackle these challenges in isolation and the crucial work that is being led by our Health and Care Partnership (HCP) continues to show the importance of collaboration with our local partners.

- 14.5 Our ICB Place Directors have been engaging directly with local partnership leads, including our NHS providers, our local authority public health teams and elected members to enhance our approach to population health and tackling local inequalities.
- 14.6 The HCP have outlined their priorities as part of their new All Together Fairer Strategy, and at the next HCP in June 2024, we will be recommending investment areas to help support the delivery of those priorities in the new HCP Strategy, which the HCP will then oversee and progress. This will include coproduced proposals for region wide prevention programmes on becoming smoke free, healthy weight, housing and local investments focused on primary prevention and to communities with the greatest inequalities.

15. All Together Sustainably

- 15.1 Cheshire and Merseyside has launched its 2024-2025 Sustainability Annual Plan called 'All Together Sustainably (Appendix One).' The plan outlined what we have achieved over the last year and our ambitions for 2024-25. There are eight key aims for 2024-25, namely:
 - double the total social value delivered of that in 2023-2024
 - ensure social value is fully embedded across system procurement
 - measure social valued delivery across all organisations
 - have a complete carbon footprint for the whole system
 - 100% LED lighting across the system
 - grow relationships with the housing sector
 - further develop VCFSE relationships
 - grow the number organisations signed up to the Anchor Framework and 100 each for the Award and Charter.

16. COVID-19 Update

- 16.1 **Changes to testing.** New changes to COVID-19 testing were announced by the Government at the end of March 2024 for implementation from 1 April 2024. From April onwards, testing will be provided to individuals at highest risk from COVID-19, continuing to support diagnosis for care and access to treatments. Additionally the routine provision of free COVID-19 lateral flow device (LFD) tests for the management of outbreaks in higher risk settings has come to an end in England, however, free polymerase chain reaction (PCR) testing to determine the cause of an acute respiratory infection outbreak in higher risk settings, where deemed appropriate by a local UK Health Security Agency (UKHSA) health protection team (HPT), will remain to test for a wide range of respiratory viruses.



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- 16.2 The cohort of people eligible for COVID-19 treatments can still access free COVID-19 LFDs from their local pharmacy. These people, who are at highest risk of getting seriously ill, are encouraged to test to gain timely access to treatments. A full list of those who are eligible, and information on how to access tests, is available on the NHS website: <https://www.nhs.uk/COVIDtreatments>
- 16.3 Routine asymptomatic COVID-19 LFD testing on discharge from hospital into care or hospice settings has also ended to align with the approach for other respiratory illnesses, though NHS Trusts will have local discretion to re-introduce this or other forms of testing as clinically appropriate following risk assessment, involving local authority public health teams, UKHSA HPTs and care providers as necessary in decision making.
- 16.4 Within healthcare settings, limited testing, including symptomatic testing of staff working on inpatient wards focused on treating profoundly immunocompromised individuals, will continue in line with any of our locally derived protocols to protect those most at risk. Symptomatic testing of patient-facing hospice staff who work closely with people who are severely immunocompromised will also continue as outlined in guidance, in line with similar NHS settings.
- 16.5 **Spring 2024 vaccination campaign** . The Spring campaign commenced on the 15 April 2024 for Care Homes and housebound citizens and, on the 22 April 2024, for the wider cohorts. The eligibility remains largely unchanged from Spring 2023 targeting adults aged 75 years and over, residents in a care home for older adults, individuals aged 6 months and over who are immunosuppressed. Across Cheshire and Merseyside there are 181 vaccination sites offering spring vaccinations: 37 PCNS, 140 community pharmacies and 4 hospital trusts.
- 16.6 Cheshire and Merseyside have started the spring campaign well. As of the 14 May 2024, 131,519 vaccinations have been delivered with an uptake rate of 36.09% of the eligible population (North West uptake 34.83%). As at the 13 May 2024, 74% of care homes had received their first visit against the national average of 76.1%. The uptake rate of eligible individuals residing in a care home is 49.79% in Cheshire and Merseyside against the North West average of 51.22% and national average of 54.27%.
- 16.7 The Living Well service continued to offer health checks throughout this period as well as running phase 2 of the very successful migrant health project offering all UK routine immunisations to residents of all Cheshire and Merseyside migrant accommodation settings, with the exception of the Initial Accommodation Centre in Liverpool due to the existing contract with PC24 to deliver this service.
- 16.8 In response to the national measles incident announcement by UKHSA, the Living Well service was asked to extend the health check and Make Every Contact Count offer to include all UK routine immunisations (including MMR) to eligible individuals, with particular focus on areas of low MMR uptake. The service has delivered over 230 MMR vaccines (and over 170 other routine vaccinations) since the start of the offer on the 05 February 2024. NHSE have



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supported the decision to continue to deliver all routine immunisations via Living Well buses until August 2024.

17. Decisions taken at the Executive Committee

- 17.1 Since the last Chief Executive report to the Board in March 2024, the following items have been considered by the Executive Team for decision:
- **Hospice funding** – the Executive Team received a paper outlining a proposal from the Cheshire and Merseyside Hospice collaborative regarding improving funding for hospices, allocation of investment and sustainability. The Executive Team supported the recommendations within regarding conforming commissioning intentions for 2024-25 being limited to funding of core NHS Services, uplifts for core clinical services aligned to that of other NHS providers, the commitment to review in 2024-25 the cost to hospices in providing SPEoLC beds, and commitment to standardise contractual/funding grant agreements arrangements across all 9 Places within Cheshire and Merseyside.
 - **ICB Prevent Policy** - the Executive Team approved the ICB policy which makes clear the duties of the ICB in relation to its statutory duties to deliver the Prevent duty, which is part of the Governments national counter terrorism strategy which is called CONTEST. Prevent is one of four national work strands of this strategy and is focused on reducing the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.
- 17.2 At its meetings throughout April and May 2024, the Executive Committee has also considered papers on the following areas:
- Health Inequalities funding
 - Right Care, Right Person Toolkit
 - Development of Autism Joint Strategic Needs Assessments
 - New CQC Framework
 - System Oversight Framework
 - ICB People Updates
 - All Age Continuing Healthcare Review Programme
 - Cheshire and Merseyside ADASS Care at Home programme.
 - Board Assurance Framework
 - Vacancy and Pay Control Panel.
- 17.3 At each meeting of the Executive Team, there are standing items on quality, finance, urgent emergency care, non-criteria to reside performance, primary care access recovery, and Place development where members are briefed on any current issues and actions to undertake. At each meeting of the Executive Team any conflicts of interest stated are noted and recorded within the minutes.

18. Appendices

Appendix One: All Together Sustainably Annual Plan 2024-2025

Officer contact details for more information

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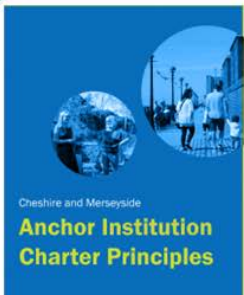


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Cheshire and Merseyside

All Together Sustainably



Annual Plan 2024 - 2025

Our history



Cheshire and Merseyside became an NHS England 'social value accelerator site' in 2018. Led by the Health and Care Partnership and Cheshire East Council, the work was founded on the principles of co-production and community empowerment, leading to the creation of our Social Value Charter and Social Value Award.

In collaboration with system partners, we created our Cheshire and Merseyside TOMS (themes, outcomes and measures). This enables the consistent and independent measurement and evaluation of social value delivery.



Over the course of fifteen months, we collaborated with system partners and local communities to co-create an Anchor Framework, which we officially launched in July 2022. In July 2023, we ran the first Anchor Assembly, led by the ICB Chair. Anchor signatories are asked to complete a measurement framework and present their progress against the anchor priorities and principles. They are also asked to feedback on the process so we can ensure it remains accessible to all organisations.

Our Principles as an Anchor System



We commit to paying the real living wage and creating equality within our local job sector



We pledge to employ and purchase locally in the first instance with an aim to support the wealth of local businesses within our geography.



We pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets.



We commit to measuring and evidencing the progress made as a result of becoming an Anchor Institution.

Our Priorities as an Anchor System

- Develop and implement a Net Zero plan, setting out our journey towards zero emissions by 2040 or sooner.
- Our Anchor work is complemented by the Social Value Charter; to provide alignment organisations involved will have achieved, or be willing to achieve, the C&M Social Value Award within 6 months of signing.
- Anchor organisations will be involved in and sign up to the C&M Prevention Pledge (currently Trusts only), driving a population approach to prevention and working alongside the national [Core20PLUS](#) supporting the efforts to reduce health inequalities.
- Develop an Anchor Progression Framework to help organisations self-assess progress/ ambitions as an anchor.

Our successes



Over 80 signatories to the Social Value Charter



81 organisations have achieved the Social Value Award



29 organisations have signed the Anchor Framework



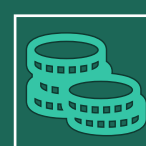
Work is closely aligned with All Together Fairer



£60m social value delivered via the ICB (awaiting validation)



£87m social value delivered by partner organisations



£21m social value committed to ongoing projects

Aims for 2024-2025



Double the total social value delivered



Ensure social value is fully embedded across system procurements



Measure social value delivery across all organisations



Have a complete carbon footprint for the whole system



100% LED lighting across the system



Grow relationships with the housing sector



Further develop VCFSE relationships



Grow the number of organisations signed up to the Anchor Framework and 100 each for the Award and Charter

Governance

- Reporting into the Population Health Board, the Sustainability Board has a wide-ranging membership comprising representatives from the ICB, provider trusts, the third sector, primary care, local authorities, Health Innovation North West Coast; NHS Property Services and NW Region Greener NHS.
- This system alliance allows for a unified strategy towards the implementation of the ICB Green Plan and its initiatives and enables us to draw on a wide pool of expertise to share best practice, lessons learned and innovation.



Sub-groups of the Sustainability Board



AIR QUALITY



BIODIVERSITY &
NATURE
RECOVERY



ENERGY



TRAVEL AND
TRANSPORT



WASTE

System Progress



AIR QUALITY

NHS Cheshire and Merseyside successfully applied to host a clinician from the Chief Sustainability Officer's Clinical Fellows Scheme commencing September 2023. The clinician is a public health registrar and has been working across the ICS to develop an air quality strategy and action plan to reduce greenhouse gas emissions and the harmful impacts of internal and external air pollution.



BIODIVERSITY & NATURE RECOVERY

Biodiversity projects have been implemented across the system and Nature Recovery Rangers in place at Liverpool University Hospitals have made a big impact across Trust sites and in the community. The installation of bat and bird boxes, beehives, staff/ community allotments at other Trust and primary care sites has impacted positively on local biodiversity and patient, staff and visitor wellbeing. The sub-group is led by Natural England's Senior Health and Environment Advisor (NW) and will increase the scale and scope of this work.



ENERGY

Collective bids have been made to the Lower Carbon Skills Fund and Public Sector Decarbonisation Scheme over the last year. C&M Trusts rallied and bid successfully for a recent funding opportunity with an extremely tight deadline. Seven Trusts were successful and received investment of £1,452,295 for LED lighting and £731,607 for solar PV.



TRAVEL & TRANSPORT

The first ICB staff travel and transport survey took place in Autumn 2023 and was completed by 8.76% of ICB staff (n=221). Going forward the survey will be repeated every 2 years and every opportunity to increase staff engagement will be taken. The Travel and Transport sub-group has prioritised promoting active travel and the use of public transport, sharing a travel and transport plan tracker for oversight of system progress; widening links with sustainable travel fora and sharing best practice.




WASTE

Reduction of nitrous oxide (N₂O) has been tackled by both minimising use and eliminating waste. Trusts have tested pipelines and manifolds for leakage, with several Trusts decommissioning the central manifolds altogether. The elimination of single-use plastics continues to be a priority across non-clinical applications. The Waste sub-group is exploring opportunities in system waste contracts with the aim of reducing carbon emissions, reducing costs and maximising rebates.

Achievements

Want to know more?
<https://www.cheshireandmerseyside.nhs.uk/about/sustainability/>



£170,470 social value delivered via One Wirral CICs cancer prehabilitation service

Biodiversity in action - bees on The Walton Centre's roof.



NHS
The Walton Centre
 NHS Foundation Trust



The Living Well Service is built on the principles of listening to seldom-heard communities and meeting their needs by bringing the right services to them.
<https://www.cheshireandmerseyside.nhs.uk/media/saqnrvm/nhs-cheshire-and-merseyside-living-well-bus.pdf>

NHS
Wirral Community Health and Care
 NHS Foundation Trust



Provide café space for Age UK Wirral at the Health & Wellbeing Centre in West Kirby and St Catherine's Health Centre in Birkenhead.

CVS Community & Voluntary Services
 cheshire east

- Real Living Wage employer.
- Culture Handbook to humanise policies.
- Removal of fixed term posts tied to precarious funding routes.
- Actively recruiting volunteers to paid positions.
- Recruitment practices overhauled to be more inclusive (including questions in advance, removal of unnecessary qualification expectations, option for hybrid interviews).



CEC looks at social value across 3 themes:

- **social** - creating healthier, safer, and more resilient communities
- **economic** - promoting local skills and employment growth, supporting inclusive diverse and responsible businesses
- **environmental** - supporting environmental sustainability

Visit <https://www.cheshireeast.gov.uk/business/procurement/social-value.aspx>



HBC's housing strategy is a resident focused approach that recognizes the fundamental link between housing and health. Working with partners HBC is looking into interventions that improve housing conditions and reduce hazard related ill health caused by issues such as damp and mould linked to cold homes.

Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Director of Nursing Report

Agenda Item No: ICB/05/24/06

Responsible Director: Chris Douglas, Executive Director of Nursing and Care



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Director of Nursing Report

1. Purpose of the Report

- 1.1 The report provides an update on matters pertinent to the portfolio of the Executive Director of Nursing and Care regarding the quality, safety and patient experience of services commissioned and provided across the geographical area of Cheshire & Merseyside.

2. Executive Summary

- 2.1 A progress update of the review of All Age Continuing Care is provided. The report also highlights the event to celebrate International Day of the Nurse and Midwife in May 2024, as well as a updates into regulatory activity relating to responsibilities for those with Special Educational Needs & Disabilities (SEND).

3. Ask of the Integrated Care Board & Recommendations

- 3.1 The Integrated Care Board is asked to note the contents of the report for information purposes.

4. Reasons for Recommendations

- 4.1 This is current work that is taking place within Cheshire and Merseyside related to the Executive Director of Nursing and Care portfolio and is for information purposes.

5. All Age Continuing Care

- 5.1 A review of All Age Continuing Care (AACC) was commenced in January 2023 with findings and recommendations reported over the year with the most recent update to Executive team in March 2024. The review analysis highlighted various strengths in approach and variation in decision making and outcomes. Variation in statutory performance and overspend in most places continued to highlight AACC as an area for attention.
- 5.2 AACC review recommendations supported by the Executive team, included the successful transfer of workforce and information system on the 1st of April 2024. The in housing of the AACC service from Midlands & Lancashire Commissioning Support Unit and Mersey Care has already resulted in improved statutory performance and facilitates the move to the implementation of the new operating model, with positive feedback received from NHS England.
- 5.3 Enabling infrastructure following the national CHC model, is being progressed; governance through adoption of legally compliant ICB wide AACC clinical



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policies and procedures, and engagement from local authority colleagues, improved information management through regular flow of data into a performance dashboard, financial interrogation, and interventions to address growth in AACC expenditure.

- 5.4 Focus of the review programme has now switched to the management of change for circa 230 AACC staff. Mapping of job descriptions and roles to the new structure is being finalised to enable completion of the consultation document. It is anticipated that consultation will commence in June and will benefit from a comprehensive staff impact assessment and Equality Impact Assessment.
- 5.5 A programme of work has been established to drive ICB recovery work within AACC, led by Alison Lee, Place Director (Knowsley).

6. International Day of the Nurse & Midwife

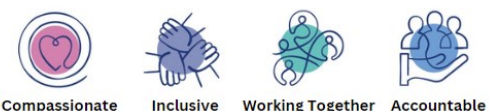
- 6.1 On the 07 May 2024, Cheshire and Merseyside Integrated Care System celebrated the efforts of Nurses and Midwives across our system at an in-person event attended by over 40 delegates.
- 6.2 As the NHS and Social Care faces unprecedented challenges, it becomes ever more important to celebrate the integral role nurses and midwives play in delivering care that is safe, effective, and positively experienced by our population.
- 6.3 The themes for this year’s International Day of the Nurse & Midwife felt pertinent, as we look to ensure we deliver economic value and sustainable care for our current and future generations.
- 6.4 The audience at the event heard from nurse and midwifery leaders about quality improvement programmes that delivered improved health outcomes across the life course, including work to reduce pre-term births and improve outcomes for babies when they do occur, to work that has reduced hospital admissions for those living in care homes through emphasising the importance of hydration to reduce urinary tract infections.
- 6.5 As the Director of Nursing & Care for the system I would again like to extend my thanks to nurses and midwives for their ongoing professionalism and dedication to improving the lives of those we serve.

7. Special Educational Needs & Disabilities (SEND)

- 7.1 Halton Place. As previously reported, between 20 – 24 November 2023, Ofsted and the Care Quality Commission (CQC) undertook a joint area send inspection of the Halton partnership. The report outcome published on 18 January 2024 identified widespread and/or systemic failings leading to significant concerns

about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the Local Area Partnership must address urgently.

- 7.2 A letter was received from David Johnston MP, Minister for Children, Families and Wellbeing on 4th March 2024, alongside an Improvement Notice, which stated that the expectation was to see 'swift and sustainable improvement.' Furthermore, it is essential that action is rapidly taken to improve SEND services in Halton and that the Local Area Partnership accepts collective responsibility and accountability for delivering the agreed improvement actions. He went on to say that this will require a relentless focus on improvement across all service providers so that children, young people, and families are able to access the support that they need.
- 7.3 The partnership must aim for the actions, impact measures and outcomes set out in the Improvement Notice to be evidenced and delivered by the end of May 2025 or sooner. The Improvement Notice will not be rescinded until sufficient progress has been evidenced, and the Minister agrees. A further inspection will be undertaken in 18 months' time.
- 7.4 The completed Priority Action Plan was completed and submitted to Ofsted and the CQC on 5th March 2024. Each Priority Action Area was designed and drafted by a small working group, who will also participate in aspects of oversight and delivery. Leadership across each Priority Action Area is provided by a Senior Responsible Owner (SRO). The SRO is accountable to the Halton SEND Delivery Group and ultimately to the Halton SEND Strategic Improvement Board for setting out the key deliverables and outcomes. A SEND Strategic Delivery Plan has been developed to address the areas of priority action and improvement.
- 7.5 Failure to comply with this Improvement Notice by the assessment dates or poor progress or if the Secretary of State is not satisfied with the Councils progress at any stage, they may choose to invoke their statutory powers of intervention (s497A Education Act 1996) to direct the Council to take any further actions deemed necessary to secure the improvements required in SEND services. The partnership has established a Strategic Improvement Board and has just recruited an Independent Chair role to hold the system partners to account.
- 7.6 **Wirral Place.** Following an inspection of SEND services in January 2021 and the subsequent issuing of a 'Written Statement of Action', Wirral has received an Improvement Notice. The Improvement Notice was issued to Wirral Metropolitan Borough Council on 15 May 2024 because of poor progress against the actions and deliverables in the Special Educational Needs and Disability Written Statement of Action (WSOA) and was issued to address the ten areas of significant concern identified in the report of the inspection published on 9 December 2021.
- 7.7 The revised improvement plans should deliver appropriate and sustainable improvement, taking account of the views of parents, children and young



people, school and education leaders and wherever possible, putting co-production at the centre of improvement activity.

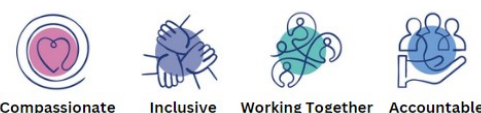
- 7.8 These revised plans must cover the areas of significant concern identified in the Ofsted and CQC inspection report of 9 December 2021, including revised activity to:
- strengthen the quality and timeliness of EHC assessments and annual reviews
 - embed meaningful co-production with parents and carers.
 - increase parent satisfaction with the area’s provision.
 - improve the use and utility of the published local offer.
 - improve communication with parents and carers across the area.
 - improve the relationship between the Local Area Partnership and the Parent Carer Partnership Wirral
 - increase joint commissioning of services in the area.
 - embed effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account.
 - address the lack of accurate, up-to-date and useful information informing the area’s plans and the impact of these actions.
 - embed the graduated response consistently across all schools and settings.
- 7.9 Assurance will be delivered via the established governance routes as plans develop and governance is revised and refreshed.

8. Link to achieving the objectives of the Annual Delivery Plan

- 8.1 The current workplan for the AACC programmes complements the CQC ICS Quality Statements and in particular:
- how we work as partners for the benefit of our population
 - population health
 - personalised care.

9. Link to meeting CQC ICS Themes and Quality Statements

Theme One (T1) - Quality and Safety	
QS1	Supporting to People to live healthier lives. We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support
QS2	Learning culture. We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.
QS3	Safe and effective staffing. We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people’s individual needs
Theme Two (T2) - Integration	
QS7	Safe systems, pathways and transitions. We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services



<p>QS8</p>	<p><u>Care provision, integration and continuity.</u> We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity</p>
<p>QS9</p>	<p><u>How staff, teams and services work together.</u> We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services</p>

10. Risks

10.1 Risks to delivery are outline within programme risk registers and escalated to the appropriate ICB committee aligned to agreed governance routes.

11. Next Steps and Responsible Person to take forward.

11.1 The next steps are to continue with the agreed strategy and priorities for the outlined programmes.

12. Officer contact details for more information

Kerry Lloyd – Deputy Director of Nursing and Care
Kerry.lloyd@cheshireandmerseyside.nhs.uk

Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Integrated Performance Report

Agenda Item No: ICB/05/24/09

Responsible Director: Anthony Middleton: Director of Performance and Planning

Integrated Performance Report

1. Purpose of the Report

- 1.1 To inform the Board of the current position of key system, provider and place level metrics against the ICB's Annual Operational Plan.

2. Executive Summary

- 2.1 The integrated performance report for May 2024, see appendix one, provides an overview of key metrics drawn from the 2023/24 Operational plans, specifically covering Urgent Care, Planned Care, Diagnostics, Cancer, Mental Health, Learning Disabilities, Primary and Community Care, Health Inequalities and Improvement, Quality & Safety, Workforce and Finance.
- 2.2 For metrics that are not performing to plan, the integrated performance report provides further analysis of the issues, actions and risks to delivery in section 5 of the integrated performance report.

3. Ask of the Board and Recommendations

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

4. Reasons for Recommendations

- 4.1 The report is sent for assurance.

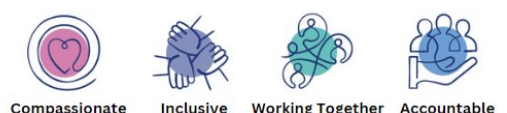
5. Background

- 5.1 The Integrated Performance report is considered at the ICB Quality and Performance Committee. The key issues, actions and delivery of metrics that are not achieving the expected performance levels are outlined in the exceptions section of the report and discussed at committee.

6. Link to delivering on the ICB Strategic Objectives and the Cheshire and Merseyside Priorities

Objective One: Tackling Health Inequalities in access, outcomes and experience

Reviewing the quality and performance of services, providers and place enables the ICB to set system plans that support improvement against health inequalities.



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Objective Two: Improving Population Health and Healthcare

Monitoring and management of quality and performance allows the ICB to identify where improvements have been made and address areas where further improvement is required.

Objective Three: Enhancing Productivity and Value for Money

The report supports the ICB to triangulate key aspects of service delivery, finance and workforce to improve productivity and ensure value for money.

Objective Four: Helping to support broader social and economic development

The report does not directly address this objective.

7. Link to achieving the objectives of the Annual Delivery Plan

7.1 The integrated performance report monitors the organisational position of the ICB, against the annual delivery plan agreed with NHSE and national targets.

8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: Quality and Safety

The integrated performance report provides organisational visibility against three key quality and safety domains: safe and effective staffing, equity in access and equity of experience and outcomes.

Theme Two: Integration

The report addresses elements of partnership working across health and social care, particularly in relation to care pathways and transitions, and care provision, integration and continuity.

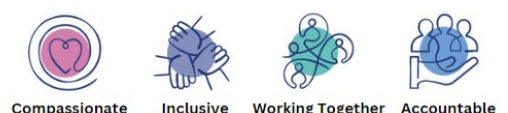
Theme Three: Leadership

The report supports the ICB leadership in decision making in relation to quality and performance issues.

9. Risks

9.1 The report provides a broad selection of key metrics and identifies areas where delivery is at risk. Exception reporting identifies the issues, mitigating actions and delivery against those metrics. The key risks identified are ambulance response times, ambulance handover times, long waits in ED resulting in poor patient outcomes and poor patient experience, which all correspond to Board Assurance Framework Risk P5.

9.2 Additionally, waits for cancer and elective treatment, particularly due to industrial action and winter pressures within the urgent care system could result in reduced capacity and activity leading to poor outcomes, which maps to Board Assurance Framework Risk P3.



10. Finance

- 10.1 The report provides an overview of financial performance across the ICB, Providers and Place for information.

11. Communication and Engagement

- 11.1 The report has been completed with input from ICB Programme Leads, Place, Workforce and Finance leads and is made public through presentation to the Board.

12. Equality, Diversity and Inclusion

- 12.1 The report provides an overview of performance for information enabling the organisation to identify variation in service provision and outcomes.

13. Climate Change / Sustainability

- 13.1 This report addresses operational performance and does not currently include the ambitions of the ICB regarding the delivery of its Green Plan / Net Zero obligations.

14. Next Steps and Responsible Person to take forward

- 14.1 Actions and feedback will be taken by Anthony Middleton, Director of Performance and Planning. Actions will be shared with, and followed up by, relevant teams. Feedback will support future reporting to the Q&P committee.

15. Officer contact details for more information

- 15.1 Andy Thomas: Associate Director of Planning:
andy.thomas@cheshireandmerseyside.nhs.uk

16. Appendices

Appendix One: Integrated Quality and Performance report

Integrated Performance Report

30th May 2024



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Integrated Quality & Performance Report – Guidance:



Cheshire and Merseyside

Provider Acronyms:

ACUTE TRUSTS

COCH COUNTESS OF CHESTER HOSPITAL NHS FT

ECT EAST CHESHIRE NHS TRUST

MCHT MID CHESHIRE HOSPITALS NHS FT

LUFT LIVERPOOL UNIVERSITY HOSPITALS NHS FT

MWL MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST

WHH WARRINGTON AND HALTON TEACHING HOSPITALS NHS FT

WUTH WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FT

SPECIALIST TRUSTS

AHCH ALDER HEY CHILDREN'S HOSPITAL NHS FT

LHCH LIVERPOOL HEART AND CHEST HOSPITAL NHS FT

LWH LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

TCCC THE CLATTERBRIDGE CANCER CENTRE NHS FT

TWC THE WALTON CENTRE NHS FT

COMMUNITY AND MENTAL HEALTH TRUSTS

BCHC BRIDGEWATER COMMUNITY HEALTHCARE NHS FT

WCHC WIRRAL COMMUNITY HEALTH AND CARE NHS FT

SHLA ST HELENS LOCAL AUTHORITY

MCFT MERSEY CARE NHS FT

CWP CHESHIRE AND WIRRAL PARTNERSHIP NHS FT

KEY SYSTEM PARTNERS

NWAS NORTH WEST AMBULANCE SERVICE NHS TRUST

CMCA CHESHIRE AND MERSEYSIDE CANCER ALLIANCE

OTHER

OOA OUT OF AREA AND OTHER PROVIDERS

Key:

Data formatting

	Performance worse than target
	Performance at or better than target
*	Small number suppression
-	Not applicable
n/a	No activity to report this month
**	Data Quality Issue

C&M National Ranking against the 42 ICBs

≤11 th	C&M in top quartile nationally
12 th to 31 st	C&M in interquartile range nationally
≥32 nd	C&M in bottom quartile nationally
-	Ranking not appropriate/applied nationally

C&M National Ranking against the 22 Cancer Alliances

≤5 th	C&M in top quartile nationally
6 th to 17 th	C&M in interquartile range nationally
≥18 th	C&M in bottom quartile nationally
-	Ranking not appropriate/applied nationally

Notes on interpreting the data

Latest Period: The most recently published, validated data has been used in the report, unless more recent provisional data is available that has historically been reliable. In addition some metrics are only published quarterly, half yearly or annually - this is indicated in the performance tables.

Historic Data: To support identification of trends, up to 13 months of data is shown in the tables, the number of months visible varies by metric due to differing publication timescales.

Local Trajectory: The C&M operational plan has been formally agreed as the ICBs local performance trajectory for 2023/2024 and may differ to the national target

RAG rating: Where local trajectories have been formalised the RAG rating shown represents performance against the agreed local trajectories, rather than national standards. It should also be noted that national and local performance standards do change over time, this can mean different months with the same level of performance may be RAG rated differently.

National Ranking: Ranking is only available for data published and ranked nationally, therefore some metrics do not have a ranking, including those where local data has been used.

Target: Locally agreed targets are in **Bold Turquoise**. National Targets are in **Bold Navy**.

1. ICB Aggregate Position



Cheshire and Merseyside

Category	Metric	Latest period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Local Trajectory	National Target	Region value	National value	Latest Rank
Urgent care	4-hour A&E waiting time	Apr-24	73.5%	73.7%	74.5%	73.6%	73.2%	71.0%	69.7%	68.9%	69.4%	68.9%	68.1%	71.9%	72.1%	78.0%	78% by Year end	71.7%	74.4%	32/42
	Ambulance category 2 mean response time	Apr-24	00:24:39	00:25:30	00:32:55	00:31:56	00:35:13	00:39:13	00:39:41	00:43:45	01:04:31	00:49:45	00:43:30	00:29:31	00:24:49	-	00:30:00	00:21:48	00:30:22	-
	A&E 12 hour waits from arrival	Apr-24	13.9%	13.6%	13.9%	14.0%	14.6%	16.5%	17.0%	16.6%	16.1%	18.5%	16.7%	15.7%	15.8%	-	-	13.8%	10.1%	38/42
	Adult G&A bed occupancy	Apr-24	95.8%	95.3%	95.40%	94.7%	95.0%	96.0%	96.5%	96.9%	95.3%	96.6%	95.9%	96.0%	95.3%	93.7%	*	95.0%	95.1%	25/42
	Percentage of beds occupied by patients no longer meeting the criteria to reside	Apr-24	18.3%	18.0%	17.3%	17.7%	19.2%	20.8%	20.1%	20.6%	20.8%	21.0%	19.8%	20.1%	21.6%	*	*	15.7%	14.0%	40/42
Planned care	Incomplete (RTT) pathways (patients yet to start treatment) of 65 weeks or more	Mar-24	4,867	4,762	4,528	4,332	4,888	5,078	5,393	4,842	5,227	4,732	3,736	2,195		880	-	5,532	48,968	-
	Total incomplete Referral to Treatment (RTT) pathways	Mar-24	360,819	361,747	362,417	367,634	375,312	372,005	376,230	369,440	372,974	369,750	371,542	365,756		323,190	-	1,059,045	7,538,000	-
	Patients waiting more than 6 weeks for a diagnostic test	Mar-24	22.1%	20.9%	21.2%	21.8%	23.3%	23.0%	20.0%	16.0%	17.2%	16.2%	10.7%	10.0%		14.9%	10.0%	18.1%	21.8%	1/42
Cancer	2 month (62-day) wait from Urgent Suspected Cancer, Breast Symptomatic or Urgent Screening Referrals, or Consultant Upgrade, to First Definitive Treatment for Cancer	Mar-24	68.1%	65.9%	66.9%	70.7%	70.3%	71.3%	70.1%	70.9%	71.8%	67.2%	69.0%	75.4%		70.0%	85.0%	72.7%	68.7%	6/42
	1 Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer	Mar-24	94.7%	93.3%	95.3%	93.9%	94.7%	94.1%	93.4%	94.0%	95.0%	91.9%	93.2%	92.4%		96.0%	96.0%	92.8%	91.0%	14/42
	Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	Mar-24	67.0%	67.7%	69.9%	70.3%	69.5%	68.6%	70.0%	68.9%	70.2%	67.2%	74.8%	76.0%		75.0%	75.0%	76.9%	77.3%	24/42
Mental Health	Access rate to community mental health services for adults with severe mental illness	Feb-24	94.0%	100.0%	106.0%	95.0%	98.0%	101.0%	103.0%	105.0%	107%	110%	117%			100.0%	100.0%	105.7%	99.7%	6/42
	Referrals on the Early Intervention in Psychosis (EIP) pathway seen in 2 weeks	Feb-24	66.0%	71.0%	70.0%	67.0%	65.0%	68.0%	70.0%	72%	75%	75%	76%			60.0%	60.0%	74.0%	70.9%	21/42
	Access rate for Talking Therapies services	Feb-24	60.0%	62.0%	59.0%	61.0%	63.0%	60.0%	72.0%	67.0%	47.0%	66.0%	66.0%			100.0%	100.0%	65.7%	68.5%	25/42
	Dementia Diagnosis Rate	Mar-24	65.2%	65.2%	65.6%	65.8%	66.0%	66.2%	66.5%	66.9%	66.4%	66.3%	66.8%	67.0%		66.7%	66.7%	69.5%	64.8%	15/42
Learning Disabilities	Adult inpatients with a learning disability and/or autism (rounded to nearest 5)	Mar-24	100	105	110	110	110	110	110	110	110	100	100	95		≤ 60	-	285	1,820	34/42
	Number of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register	Jan 24 YTD	2.8%	6.6%	11.3%	16.0%	21.3%	26.9%	34.8%	40.1%	45.4%	61.1%				54.8%	75% by Year end	61.0%	58.8%	11/42
Community	Percentage of 2-hour Urgent Community Response referrals where care was provided within 2 hours	Mar-24	86.5%	83.2%	83.4%	87.0%	86.0%	84.0%	85.0%	80%	83%	80.0%	82.9%	80.0%		70.0%	70.0%	86.3%	83.5%	30/42
Primary Care	Units of dental activity delivered as a proportion of all units of dental activity contracted	Mar-24	56.9%	75.4%	76.1%	81.7%	87.3%	71.2%	80.9%	94.9%	68.2%	82.8%	85.8%	92.8%		100.0%	100.0%	98.7%	93.0%	19/42
	Number of General Practice appointments delivered against baseline (corresponding month same period last year)	Mar-24	98.7%	98.4%	111.8%	105.5%	105.9%	106.9%	102.7%	98.6%	94.3%	106.8%	109.2%	92.8%		-	-	94.7%	94.8%	-
	The number of broad spectrum antibiotics as a percentage of the total number of antibiotics prescribed in primary care.	Jan-24	7.34%	7.32%	7.32%	7.34%	7.31%	7.29%	7.27%	7.24%	7.36%	7.33%				10.0%	10.0%	7.43%	7.85%	11/42
	Total volume of antibiotic prescribing in primary care	Jan-24	1.088	1.086	1.084	1.079	1.082	1.081	1.081	1.077	1.040	1.036				0.871	0.871	1.045	0.945	33/42
Note/s	* no national target for 2024/25																			

1. ICB Aggregate Position

Category	Metric	Latest period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Local Trajectory	National Target	Region value	National value	Latest Rank
Integrated care - BCF metrics	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (average of place rates)	Q3 23/24	244.8			237.0			225.3						-	-	222.6	178.3	-	
	Percentage of people who are discharged from acute hospital to their usual place of residence	Dec-23	92.7%	92.8%	92.5%	92.8%	92.7%	92.5%	92.4%	92.5%	92.4%	92.8%	92.8%			-	-	92.8%	92.9%	-
	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 (average of place rates)	Q3 23/24	527.3			510.9			463.7						-	-	400.4	361.8	-	
Health Inequalities & Improvement	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028**.	Dec-23	58.9%	59.2%	59.0%	59.2%	59.2%	59.0%	59.4%	59.4%	59.4%					70.0%	75% by 2028	56.5%	58.1%	18/42
	% of patients aged 18+, with GP recorded hypertension, with BP below appropriate treatment threshold	Q3-23	66.0%			65.84%			65.89%						77.0%	80.0%	67.11%	67.2%	30/42	
	Children and young people accessing mental health services as % of LTP trajectory (planned number)	Feb-24	83.2%	84.0%	86.0%	87.0%	87.4%	89.0%	90.0%	88.0%	89.0%	89.0%	91.0%			100.0%	100.0%	108.3%	94.00%	20/42
	Smoking prevalence - Percentage of those reporting as 'current smoker' on GP systems.	Apr-24								14.3%	14.2%	14.2%	14.1%	13.9%	13.9%	12.0%	12.0%	-	12.7%^	-
Quality & Safety	Still birth per 1,000 (rolling 12 months)	Feb-24	2.80	3.30	3.30	3.33	3.14	3.16	3.02	3.51	3.12	3.14	2.69			-	-	-	-	-
	Healthcare Acquired Infections: Clostridium Difficile - Provider aggregation	12 months to Feb 24	634	625	614	596	581	572	583	576	575	578	582			439	439	n/a	n/a	21/42~
	Healthcare Acquired Infections: E.Coli (Healthcare associated)	12 months to Feb 24	734	736	760	779	793	779	769	768	778	797	788			518	518	n/a	n/a	36/42~
	Summary Hospital-level Mortality Rate (SHMI) - Deaths associated with hospitalisation #	Nov-23	1,026	1,027	1,027	1,030	1,028	1,039	1,034	1,034						0.887 to 1.127 *		-	1,000	-
	Never Events	Apr-24	2	2	2	0	0	5	3	3	3	1	1	3	4	0	0	-	-	-
	21+ day Length of Stay	Apr-24	1,365	1,425	1,244	1,260	1,295	1,227	1,273	1,187	1,368	1,386	1,396	1,413	1,303			-	-	-
Workforce / HR (ICS total)	Staff in post	Feb-24	72,150	72,089	72,205	71,950	71,531	71,902	72,324	72,903	72,993	73,069	73,344			71,916	-	198,623	-	-
	Bank	Feb-24	4,798	4,596	4,633	5,036	5,372	5,386	5,425	5,662	5,246	5,739	5,881			3,344	-	16,424	-	-
	Agency	Feb-24	1,182	1,434	1,381	1,252	1,363	1,274	1,260	1,286	1,245	1,257	1,187			993.7	-	4,206	-	-
	Sickness	Feb-24	5.8%	5.8%	5.8%	5.6%	5.6%	5.6%	5.6%	5.6%	5.5%	5.5%	5.6%			6.2%	-	5.9%	5.04%	37/42
	Turnover	Feb-24	13.1%	12.2%	12.4%	12.3%	12.1%	12.0%	11.7%	11.5%	11.4%	11.2%	11.1%			13.0%	-	12.3%	-	-
Note/s	<p>* National average upper and lower control limits (UCL and LCL) for SHMI across all non-specialist trusts. This gives an indication of whether the observed number of deaths in hospital, or within 30 days of discharge from hospital, for C&M was as expected when compared to the national baseline. This "rate" is different to the SHMI "banding" used for trusts on slide 8, therefore a comparison cannot be drawn between the two.</p> <p>^ National figure is the latest ONS figure from 2022. local data is directly from GP systems. this has been reviewed against historic ONS data for LA's and the variation ranges from -0.9% to +5.9%</p> <p># Banding changed Aug 23 to reflect SOF bandings for providers. Green = no providers higher than expected, Amber = 1-2 providers higher than expected, Red = more than 2 providers higher than expected</p> <p>~Banding based on SOF % against target not number of cases</p> <p>** -From December 2023 this metric is now available at ICB level, previously this was only reported at Cancer Alliance level. historical data has been updated</p>																			

2. ICB Aggregate Financial Position

ICB Overall Financial Position:

Category	Metric	Latest period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Plan (£m)	Dir. Of Travel	FOT (£m) Plan	FOT (£m) Current	FOT (£m) Variance
Finance	Financial position £m (ICS) ACTUAL	Mar-24	-	48.2	-75.3	-103	-123.65	-128.2	-143.9	-80.8	-72.2	-79.8	-61.5	-98.7	-	0	↑	0.0	-50	-50.0
	Financial position £ms (ICS) VARIANCE	Mar-24	-	-7.8	-20.5	-38.1	-49.9	-56.7	-70.0	-42.2	-40.8	-57.8	-50.5	-98.7	-		↑			
	Efficiencies £ms (ICS) ACTUAL	Mar-24	-	43.2	68.7	97.9	132.7	158.0	192.9	227.0	246.4	302.7	334.4	388.6	-	388.7	↑	388.7	387.0	-1.7
	Efficiencies £ms (ICS) VARIANCE	Mar-24	-	-7.3	-8.2	-7.7	-4.6	-11.0	-12.2	-14.0	-30.7	56.3	-16.8	-0.1	-		↓			
	Capital £ms (ICS) ACTUAL	Mar-24	-	15.3	24	38.8	42.8	53.9	77.3	110.8	133.7	115.3	153.6	267.3	-	268.4	↑	250.5	257.9	5.9
	Capital £ms (ICS) VARIANCE	Mar-24	-	2.6	6.3	6.0	16.8	41.2	17.8	2.8	7.1	49.7	51.8	1.1	-		↑			

ICB Mental Health (MH) and Better Care Fund (BCF) Overall Financial Position:

Category	Metric	Latest period	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Vs Target expenditure (Current)	Vs Target expenditure (Previous)	Dir. Of Travel
Finance	Mental Health Investment Standard met/not met (MHIS)	Mar-24	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	↔
	BCF achievement (Places achieving expenditure target)	Mar-24	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9		9/9	n/a	↔

3. Provider / Trust Aggregate Position

Category	Metric	Latest period	Providers																	ICB *	
			Cheshire & Wirral Acute Trusts					Merseyside Acute Trusts		Specialist Trusts				Community & MH Trusts					Net OOA/ Other		
			COCH	ECT	MCHT	WUTH	WHH	LUFT	MWL	AHCH	LHCH	LWH	TCCC	TWC	BCHC	WCHC	SHLA	MCFT			CWP
Urgent care	4-hour A&E waiting time	Apr-24	59.8%	53.0%	59.3%	61.9%	66.6%	68.7%	69.4%	87.3%	-	91.1%	-	-	98.4%	97.7%	-	94.5%	-	-	72.1%
	A&E 12 hour waits from arrival	Apr-24	23.4%	11.0%	13.6%	15.9%	20.3%	16.2%	22.3%	#	-	0.0%	-	-	-	-	-	-	-	-	15.8%
	Adult G&A bed occupancy	Apr-24	97.9%	95.6%	91.6%	94.9%	96.8%	93.4%	98.1%	-	88.0%	55.0%	88.6%	79.1%	-	-	-	-	-	-	95.3%
	Percentage of beds occupied by patients no longer meeting the criteria to reside	Apr-24	19.0%	14.8%	18.0%	14.6%	23.3%	26.2%	22.8%	-	-	-	-	-	-	-	-	-	-	-	21.6%
Planned care	Incomplete (RTT) pathways (patients yet to start treatment) of 65 weeks or more	Mar-24	139	13	328	315	628	29	435	1	17	131	0	2	0	0	-	0	-	157	2,195
	Total incomplete Referral to Treatment (RTT) pathways	Mar-24*	30,082	13,183	38,563	43,883	36,315	75,098	79,768	22,789	5,291	18,317	1,223	15,974	3,603	53	-	42	-	18,428	365,756
	Patients waiting more than 6 weeks for a diagnostic test	Mar-24	12.6%	16.4%	10.4%	2.3%	10.4%	4.3%	12.3%	14.1%	18.1%	7.9%	2.3%	0.6%	26.5%	0.0%	-	-	-	-	10.0%
Cancer	2 month (62-day) wait from Urgent Suspected Cancer, Breast Symptomatic or Urgent Screening Referrals, or Consultant Upgrade, to First Definitive Treatment for Cancer	Mar-24	75.4%	81.6%	73.4%	77.4%	83.3%	67.8%	82.1%	100.0%	31.9%	28.3%	90.6%	100.0%	97.7%	-	-	-	-	-	75.4%
	1 Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer	Mar-24	93.8%	100.0%	84.5%	91.2%	98.6%	87.5%	88.2%	100.0%	41.4%	74.3%	99.1%	100.0%	100.0%	-	-	-	-	-	92.4%
	Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	Mar-24	81.9%	78.1%	74.1%	76.8%	78.0%	74.4%	75.3%	96.0%	38.5%	62.2%	86.7%	100.0%	92.6%	-	-	-	-	-	76.0%
Mental Health	Referrals on the Early Intervention in Psychosis (EIP) pathway seen in 2 weeks	Feb-24	Mental Health service providers only													-	79.0%	70.0%	-	76.0%	
Community	Percentage of 2-hour Urgent Community Response referrals where care was provided within 2 hours	Mar-24	74.0%	82.0%	-	Community Service Providers only							85.0%	86.0%	-	80.0%	50%	-	82.9%		
Note/s	* The latest period for ICB performance may be different to that of the trusts' due to variances in processing data at different levels. Please see slides 4 and 5 for the ICB's latest position on the above metrics ** Indicates that provider did not meet to DQ criteria and is excluded from the analysis # Value suppressed due to small numbers																				

3. Provider / Trust Aggregate Position

Category	Metric	Latest period	Providers																	ICB *	
			Cheshire & Wirral Acute Trusts					Merseyside Acute Trusts		Specialist Trusts					Community & MH Trusts						Net OOA/ Other/ICB
			COCH	ECT	MCHT	WUTH	WHH	LUFT	MWL	AHCH	LHCH	LWH	TCCC	TWC	BCHC	WCHC	SHLA	MCFT	CWP		
Quality & Safety	Still birth per 1,000 (rolling 12 months)	Feb-24	2.96	3.74	3.66	3.90	2.50	-	1.84	-	-	2.43	-	-						2.69	
	Healthcare Acquired Infections: Clostridium Difficile - Provider aggregation	12 months to Feb 24	(68 vs 56)	(10 vs 6)	(43 vs 31)	(111 vs 71)	(52 vs 36)	(158 vs 133)	(111 vs 85)	(4 vs 0)	(3 vs 2)	-	(11 vs 13)	(11 vs 6)						582	
	Healthcare Acquired Infections: E.Coli (Healthcare associated)	12 months to Feb 24	(50 vs 35)	(45 vs 27)	(56 vs 24)	(90 vs 53)	(80 vs 54)	(253 vs 165)	(162 vs 121)	(9 vs 8)	(4 vs 6)	(7 vs 5)	(24 vs 10)	(8 vs 10)						788	
	Summary Hospital-level Mortality Rate (SHMI) - Deaths associated with hospitalisation #	Nov-23	0.9672	1.2338	0.9563	1.0711	0.9253	1.0537	1.0621											1.034	
	Never Events (rolling 12 month total)	12 Months to Apr 24	1	2	1	2	7	3	1	1	0	3	0	0	0	0	n/a	0	0	7***	28
	21+ day Length of Stay (ave per day)	Apr-24	97.0	69.7	115.9	158.4	137.6	505.9	258.0	2.8	24.0	0.0	21.4	27.1						1,303	
Workforce / HR (Trust Figures)	Staff in post	Feb-24	4,469	2,378	4,892	5,906	4,220	14,016	9,510	4,122	1,815	1,601	1,815	1,475	1,410	1,505	-	10,443	3,767	-	73,344
	Bank	Feb-24	379	225	603	415	408	1,165	980	205	82	64	38	90	13	54	-	934	228	-	5,881
	Agency	Feb-24	40	80	112	77	70	178	276	18	14	4	10	3	31	6	-	173	97	-	1,187
	Sickness (via Ops Plan Monitoring Dashboard)	Feb-24	5.6%	5.6%	4.9%	5.9%	5.6%	6.3%	3.8%	5.8%	4.6%	6.3%	4.8%	5.5%	5.6%	6.1%	-	7.8%	6.7%	-	5.6%
	Turnover	Feb-24	11.8%	11.5%	10.3%	10.3%	9.9%	10.6%	10.0%	10.0%	12.6%	13.2%	13.3%	13.6%	10.2%	19.1%	-	11.2%	12.8%	-	11.1%
Finance	Overall Financial position Variance (£m)	Mar-24	-4.94	-5.96	-7.15	-5.12	-14.20	-1.99	-5.03	-1.97	1.53	-7.14	1.79	3.24	0.00	1.00	-	4.74	-1.22	-56.23	-98.65
	Efficiencies (Variance)	Mar-24	-0.11	0.12	-0.01	0.00	-1.93	0.00	0.00	0.00	0.02	-0.97	0.18	0.00	0.09	0.01	-	0.00	0.00	2.40	-0.21
	Capital (Variance)																				
Note/s	<p>* The latest period for ICB performance may be different to that of the trusts' due to variances in processing data at different levels. Please see slides 4 and 5 for the ICB's latest position on the above metrics</p> <p>** The SHMI banding gives an indication for each non-specialist trust on whether the observed number of deaths in hospital, or within 30 days of discharge from hospital, was as expected when compared to the national baseline, as the UCL and LCL vary from trusts to trust. This "banding" is different to the "rate" used for the ICB on slide 5, therefore a comparison cannot be drawn between the two.</p> <p>*** Independent Providers / Other providers (1 at Alternative Futures - Weaver Lodge, 1 at Spire Hospital Liverpool, 1 at Spire Murrayfield, 1 at Fairfield Independent Hospital and 2 at Isight Clinic – Southport, 1 at Spa Medica Wirral</p> <p># Banding changed Aug 23 to reflect SOF rating by NHSE. 'As expected' rating is RAG rated Green, 'Higher than expected' is RAG rated Red.</p>																				

4. Place Aggregate Position

Category	Metric	Latest period	Sub ICB Place									ICB *	Local Trajectory	National Target	
			Cheshire & Wirral				Merseyside								
			Cheshire		Wirral	Warrington	Liverpool	St Helens	Knowsley	Halton	Sefton				
			East **	West **							South Sefton				S/port & Formby
Urgent Care	4-hour A&E waiting time	Apr-24	56.9%	59.6%	53.0%	53.5%	74.3%	48.7%	73.4%	64.8%	65.1%	72.1%	78.0%	76% by Year end	
	Ambulance category 2 mean response time	Apr-24	00:26:56		00:23:25	00:25:12	00:23:38	00:23:42	00:22:32	00:27:17	00:24:07	00:24:49		00:30:00	
	A&E 12 hour waits from arrival	Apr-24	12.5%	19.3%	14.9%	19.4%	12.2%	15.7%	12.9%	20.6%	16.6%	15.8%	-	-	
Planned Care	Incomplete (RTT) pathways (patients yet to start treatment) of 65 weeks or more	Mar-24	700		298	444	154	176	122	229	51	21	2,195	880	-
	Total incomplete Referral to Treatment (RTT) pathways	Mar-24	103,311		48,396	31,333	63,845	30,844	25,507	22,397	22,121	18,002	365,756	323,190	-
	Patients waiting more than 6 weeks for a diagnostic test	Mar-24	14.2%		3.4%	8.9%	5.8%	9.6%	6.9%	15.0%	4.5%	19.0%	10.0%	14.9%	10%
Cancer	2 month (62-day) wait from Urgent Suspected Cancer, Breast Symptomatic or Urgent Screening Referrals, or Consultant Upgrade, to First Definitive Treatment for Cancer	Mar-24	76.9%	74.8%	78.6%	87.6%	64.4%	79.3%	78.2%	85.5%	68.7%		75.4%	70.0%	85.0%
	1 Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer	Mar-24	91.5%	91.1%	93.7%	95.0%	92.3%	91.3%	92.4%	96.2%	89.4%		92.4%	96.0%	96.0%
	Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	Mar-24	75.6%	79.2%	76.2%	81.3%	72.7%	77.6%	77.8%	74.7%	73.7%		76.0%	73.3%	75.0%
Mental Health	Referrals on the Early Intervention in Psychosis (EIP) pathway seen In 2 weeks	Feb-24	72.0%		64.0%	100.0%	68.0%	100.0%	83.0%	83.0%	100.0%	71.0%	76.0%	60.0%	60.0%
	Access rate for Talking Therapies services	Feb-24	71.0%		81.0%	55.0%	52.0%	108.0%	61.0%	49.0%	60.2%		66.0%	100.0%	100.0%
	Dementia Diagnosis Rate	Mar-24	67.1%		66.6%	72.3%	64.9%	70.9%	60.4%	67.4%	66.2%		67.0%	66.7%	66.7%
Learning Disabilities	Adult inpatients with a learning disability and/or autism (rounded to nearest 5)	Feb-24	30		5	5	25	10	10	5	10		95	-	-
	Number of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register	Jan 24 YTD	65.0%		77.1%	52.6%	58.9%	46.4%	63.9%	53.3%	55.5%		61.1%	54.8%	75% by Year end
Primary Care	Number of General Practice appointments delivered against baseline (corresponding month same period last year)	Mar-24	95.7%	90.4%	92.3%	90.8%	92.5%	92.4%	93.3%	87.9%	98.1%		92.8%	-	-
	The number of broad spectrum antibiotics as a percentage of the total number of antibiotics prescribed in primary care.	Jan-24	7.04%		8.95%	6.13%	7.63%	5.80%	6.82%	6.38%	8.18%		7.33%	10.0%	10.0%
	Total volume of antibiotic prescribing in primary care	Jan-24	0.935		1.115	0.936	1.044	1.148	1.198	1.085	1.096		1.036	0.871	0.871
<p>* The latest period for ICB performance may be different to that of the trusts' due to variances in processing data at different levels. Please see slides 4 and 5 for the ICB's latest position on the above metrics</p> <p>** Where available Cheshire East Place and Cheshire West Place data is split based on historic activity at COCH, ECT and MCHT.</p>															

4. Place Aggregate Position

Category	Metric	Latest period	Sub ICB Place									ICB *	Local Trajectory	National Target	
			Cheshire & Wirral				Merseyside								
			Cheshire		Wirral	Warrington	Liverpool	St Helens	Knowsley	Halton	Sefton				
			East **	West **							South Sefton				S/port & Formby
Integrated care - BCF metrics ***	Unplanned hospitalisation for chronic ambulatory care sensitive conditions ***	Q3 23/24	156.3	192.7	167.0	134.6	367.9	260.7	330.1	222.9	195.5	225.3	-	-	
	Percentage of people who are discharged from acute hospital to their usual place of residence ***	Feb-24	88.3%	88.7%	94.3%	94.5%	95.3%	94.0%	94.5%	94.7%	93.0%	92.8%	-	-	
	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 ***	Q3 23/24	451.0	459.1	366.5	269.6	739.6	493.4	539.9	421.2	433.1	463.7	-	-	
Health Inequalities & Improvement	% of patients aged 18+, with GP recorded hypertension, with BP below appropriate treatment threshold	Q3 23/24	67.9%		64.4%	63.8%	67.0%	65.3%	61.0%	67.3%	64.3%	65.9%	77.0%	80.0%	
	Improve access rate to Children and Young People's Mental Health Services (CYPMH) (12 Month Rolling) ****	Feb-24	84.0%		87.1%	93.8%	101.9%	118.6%	101.0%	64.1%	81.5%	91.0%	-	-	
Quality & Safety	Smoking prevalence - Percentage of those reporting as 'current smoker' on GP systems.	Apr-24	11.0%	12.1%	14.3%	9.2%	16.9%	13.8%	17.3%	17.7%	13.6%	13.9%	12%	12%	
	Healthcare Acquired Infections: Clostridium Difficile - Place aggregation	12 months to Feb 24	(213 Vs 156)		(166 Vs 131)	(66 Vs 45)	(183 Vs 172)	(78 Vs 47)	(48 Vs 47)	(39 Vs 33)	(102 vs 100)	582	439	439	
	Healthcare Acquired Infections: E.Coli (Healthcare associated)	12 months to Feb 24	(623 Vs 498)		(280 Vs 178)	(188 Vs 130)	(449 Vs 346)	(153 Vs 137)	(145 Vs 110)	(121 Vs 89)	(258 Vs 212)	788	518	518	
Finance	Overall Financial position Variance (£m)	Mar-24	-13.7	-19.3	-15	-1.8	-14.8	-4.6	-4.0	0.0	-8.00	54.4	0.0	0.0	
	Efficiencies (Variance)	Mar-24	5.7	0.2	1	1.2	-1.3	-0.3	0.5	2.8	0.00	0.0	0.0	0.0	
	Mental Health Investment Standard met/not met (MHIS)	Mar-24	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	BCF achievement (Places achieving expenditure target)	Mar-24	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	9/9	9/9	
Note/s	<p>* The latest period for ICB performance may be different to that of the trusts' due to variances in processing data at different levels. Please see slides 4 and 5 for the ICB's latest position on the above metrics</p> <p>** Where available Cheshire East Place and Cheshire West Place data is split based on historic activity at COCH, ECT and MCHT.</p> <p>*** Local trajectories set by Place as part of their BCF submissions to NHSE, therefore RAG rating will vary for Places with lower/higher trajectories</p> <p>**** In order to report performance at Place the indicator "% of CYP accessing services following a referral" has been used - this is different to the NHS Oversight Framework indicator used in the ICB table</p>														

5. Exception Report – Urgent Care

A&E 4 hour waits from arrival

Latest ICB Performance (Apr-24)

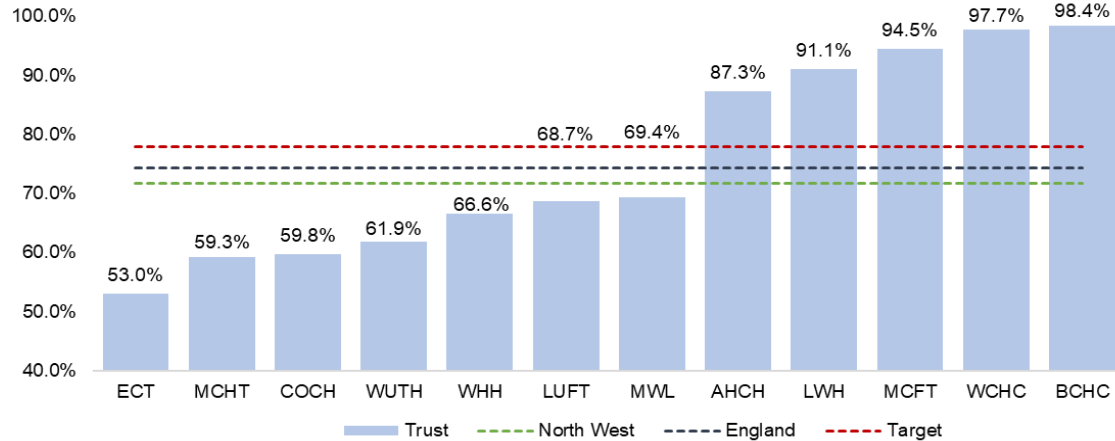
72.1%

National Ranking

32/42

Provider Breakdown (Apr-24)

Improved



Issue

- Cheshire and Merseyside performance fell short of the 2023/24 76% year-end ambition.

Action

- On site improvement support via AQUA is ongoing at Countess of Chester, and MWL (Whiston).
- The AQUA support at WUTH has concluded and has been handed over to internal improvement teams to continue, overseen by the Wirral unscheduled care board.
- Acute trusts have increased their focus on ambulance handover times to avoid holding patients on vehicles outside hospital and to ensure timely handover.
- The Cheshire & Merseyside Ambulance improvement group has been set up to review and support ambulance improvement work and to track weekly data.

Delivery

- C&M is adopting a recovery approach to UEC in 2024/25 and is committed to achieving 78% by the end of 2024/25

A&E 12 hour waits from arrival

Latest ICB Performance Apr-24)

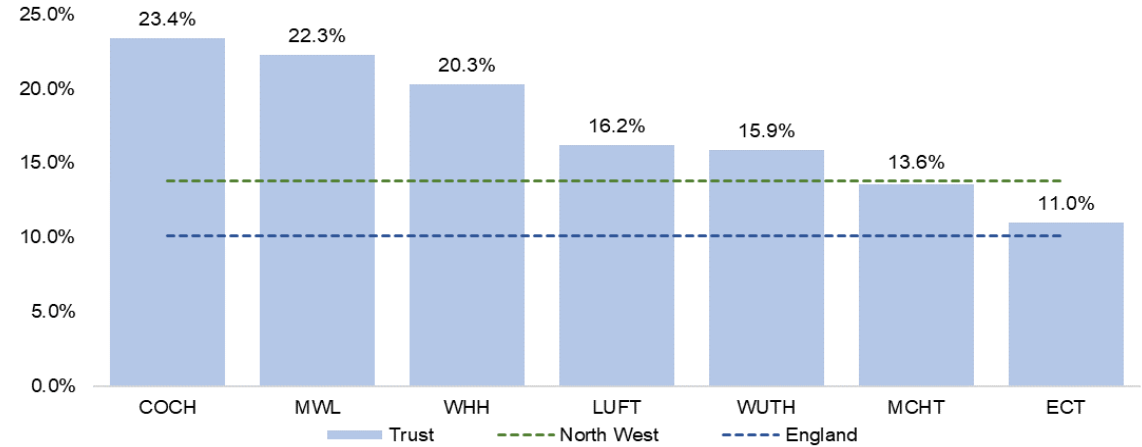
15.8%

National Ranking

38/42

Provider Breakdown (Apr-24)

Deteriorated



Issue

- 15.8% of Cheshire & Merseyside A&E patients were delayed over 12 hours compared to the England average of 10.1%.

Action

- C&M are working with colleagues across North West to scope an SPoA / Care coordination approach to enable patients to access the right services rather than defaulting to ED. Principles for this approach across C&M have been proposed.
- A reduction in 12-hour time in department is dependent upon overall flow from ED to specialty wards. This will be within the scope of the Acute Length of stay and acute discharge workstreams within the UEC recovery programme
- WUTH, LUHFT and WHH continue to test continuous flow models to increase flow from ED on to AMU/wards.
- Trusts actions are focused on direct access pathways to enable NWAS conveyance to SDEC and other UEC services, along with direct referral from NWAS into UCR.

Delivery

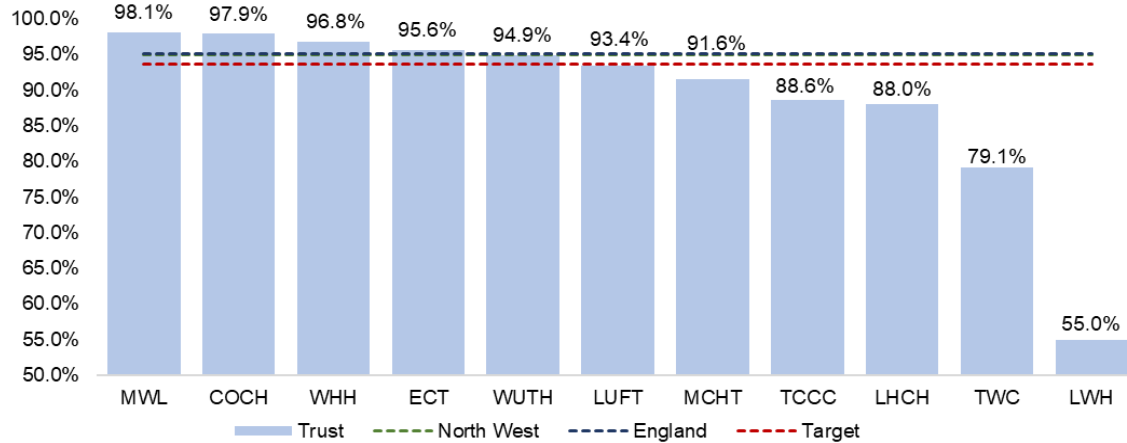
- Within the recovery approach to UEC in 2024/25, the ICB is committed to a reduction in 12 hour waits as a key metric.

5. Exception Report – Urgent Care

Adult G&A bed occupancy

Latest ICB Performance (Apr-24) **95.3%** National Ranking **25/42**

Provider Breakdown (Apr-24) **Improved**



Issue

- General and acute (G&A) bed occupancy is consistently high across acute trusts in C&M.
- Long length of stay numbers are a key driver of high occupancy. The number patients with a length of stay of 21 days or over has demonstrated an improvement in the last 4 weeks.

Action

- The ICB is focused on actions to prepare for the Bank Holidays in May, noting that these impact on UEC flow.
- The Cheshire and Merseyside UEC Recovery Programme will focus on in hospital flow within the acute Length of stay workstream.

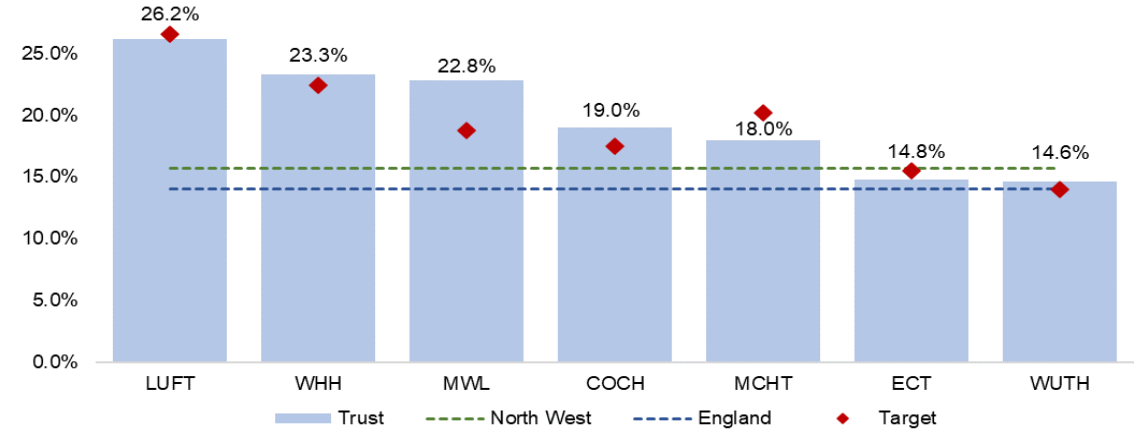
Delivery

- Within the recovery approach to UEC in 2024/25, the ICB is committed to a reduction in bed occupancy as a key metric.

No Criteria To Reside (NCTR)

Latest ICB Performance (Apr-24) **21.6%** National Ranking **40/42**

Provider Breakdown (Apr-24) **Deteriorated**



Issue

- NCTR is at 21.6%, higher than England (14.0%) and North West (15.7%).

Action

- The Cheshire and Merseyside UEC Recovery Programme for 2024/25 is currently being scoped and will be aligned to 5 acute catchment areas across Wirral, Liverpool, Mersey & West Lancs, Warrington & Halton and Cheshire.
- Within this programme of work, there will be an acute Length of stay workstream which will support improvement approaches aimed at reducing LOS. This is likely to include a refresh of weekly Long Length of stay reviews at every trust.
- ECIST are supporting LUHFT with a Trust wide approach to reducing LOS/NCTR and preventing deconditioning and reducing length of stay

Delivery

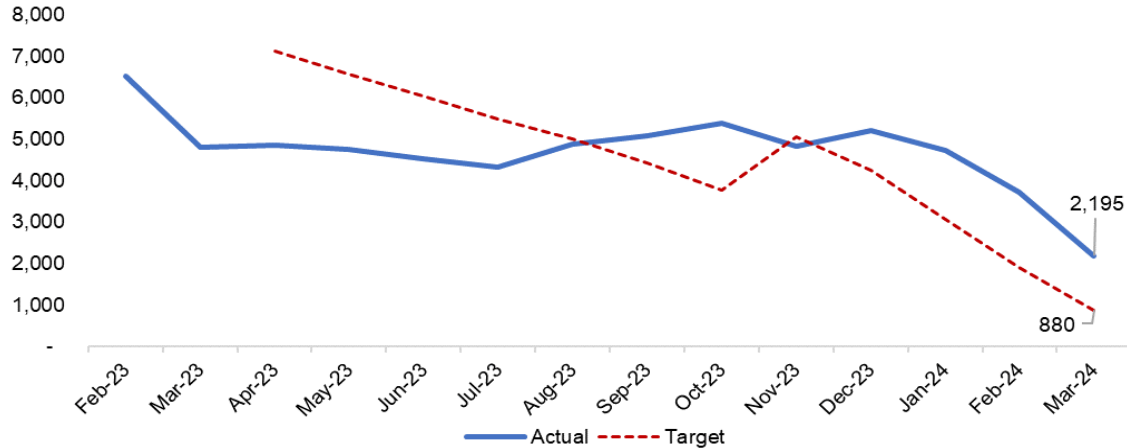
- Within the recovery approach to UEC in 2024/25, the ICB is committed to a reduction in long LOS and NCTR as a key metric.

5. Exception Report – Planned Care

ICB incomplete RTT pathways of 65 weeks or more

Latest ICB Performance (Mar-24) **2,195** National Ranking **n/a**

ICB Trend (Mar-24) **Improved**



Issue

- As of 12th May, 2,488 patients were waiting over 65 weeks.

Action

- As of the 12th May we had 137 patients still waiting over 78 weeks. We are working to clear these by the end of June.
- There is a continued focus on clearance of all 65 week waits by September. We have 32,975 patients that would breach 65 weeks in September if not treated.
- Our six-week average clearance rate is 3,139 which is above the required clearance rate of approx. 1,650 per week.
- Continued controls around insourcing and outsourcing spend.

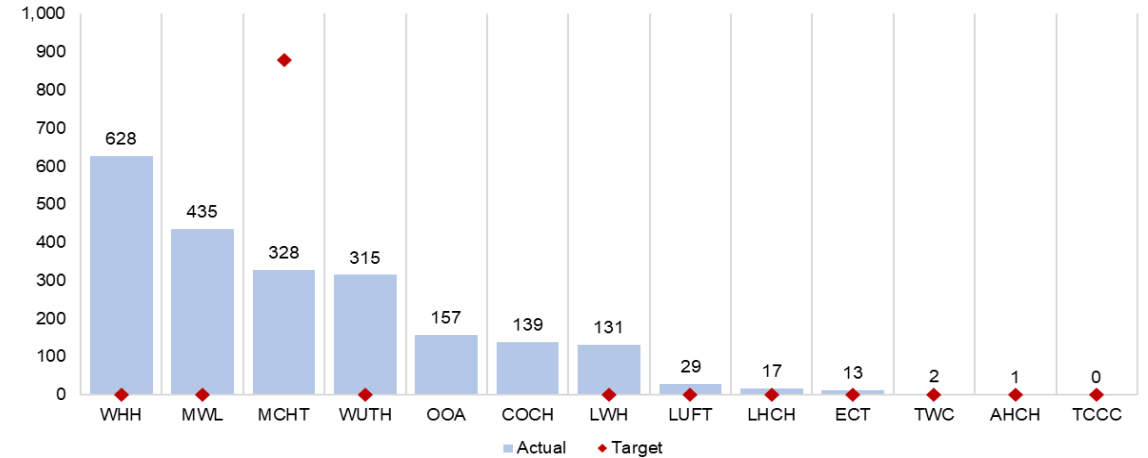
Delivery

- Managing key challenges for Gynae, Ear Nose and Throat (ENT), Dermatology, Trauma & Orthopaedics and Colorectal.

Trust incomplete RTT pathways of 65 weeks or more

Latest ICB Performance (Mar-24) **2,195** National Ranking **n/a**

Provider Breakdown (Mar-24) **Improved**



Issue

- Challenges for several trusts to clear 65 week wait patients by end of September, given patient choice and complexity issues

Action

- Continued focus on levelling out waiting times, using mutual aid, and use of our shared facilities such as elective surgical hubs
- Balancing use of insourcing and outsourcing to support waiting list challenges, with the need to reduce unnecessary spend on external support.

Delivery

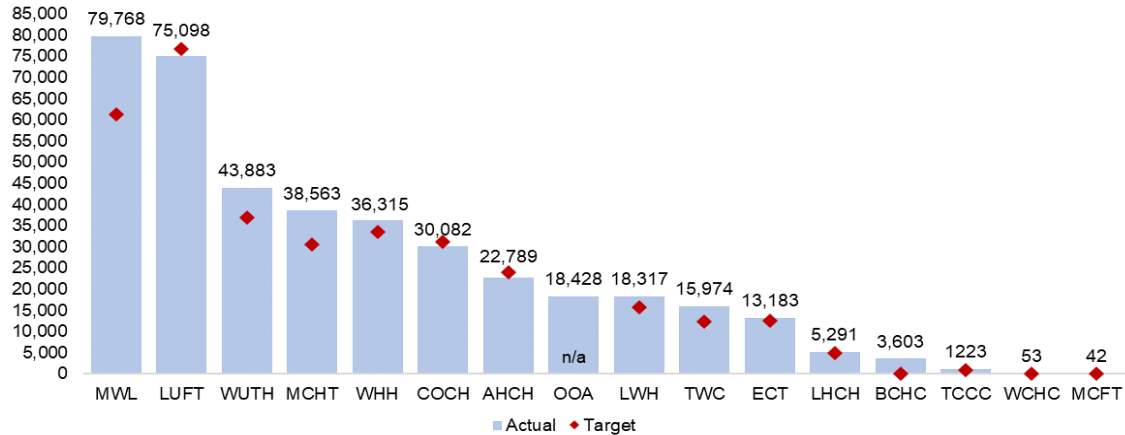
- Major focus on 78-week clearance to eradicate these long waits.
- Due to the impact of industrial action the national timeline for the eradication of 65-week waits has moved to September 2024.

5. Exception Report – Planned Care

Total incomplete Referral to Treatment (RTT) pathways

Latest ICB Performance (Mar-24) **365,756** National Ranking **n/a**

Provider Breakdown (Mar-24) **Improved**



Issue

- The number of incomplete pathways in C&M 6.1% higher than in March 2023.
- Year on year 12-month growth in total referrals is 2.9% (3.8% for England).

Action

- Trusts are delivering higher levels of Value Weighted Activity (VWA) compared to 19/20 baseline, despite industrial action (IA). National targets have been adjusted to reflect the impact of IA down from 105% to 101% for C&M. Most recent performance is 106.5% for VWA including impact of Advice & Guidance (Jan 2024), the highest of the three NW England ICBs.
- The elective recovery programme has been focusing on reducing and ultimately eliminating 65 week waits. Challenges remain around complexity and patient choice.

Delivery

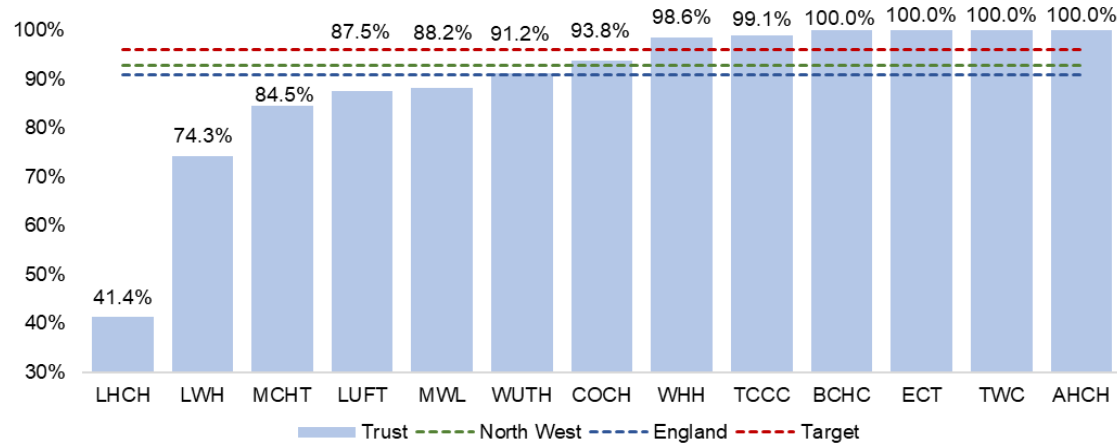
- The ICB target to reduce incomplete pathways to 323,190 by March 2024 will not be delivered, primary focus continues to remain on reducing those who have waited the longest.

5. Exception Report – Cancer Care

Patients commencing first definitive treatment within 31 days of a decision treat

Latest ICB Performance (Mar-24) **92.4%** National Ranking **14/42**

Provider Breakdown (Mar-24) **Deteriorated**



Issue

- C&M is not yet achieving the 96% 31-day combined standard required by end of March 2024, however, is on track to deliver this and has regularly achieved >90% over the last 12 months, being in the top 3 nationally.

Action

- Gynaecology, Lung, LGI and Urology account for the greatest number of breaches with surgery being the principal driver of underperformance. The main area is skin and primarily on subsequent treatments. These are likely to be second stage skin excisions following an initial FDT and therefore not linked to the 62d clock. A piece of work to address skin capacity is underway in line with planning guidance.
- A performance management forum has been agreed at CMCA Steering group to commence in the 24/25 FY with 28, 62, and 31-day standards as the sole focus. Pathway analyser tools will be utilised in line with planning guidance to understand any blockers to surgical treatments in C&M.

Delivery

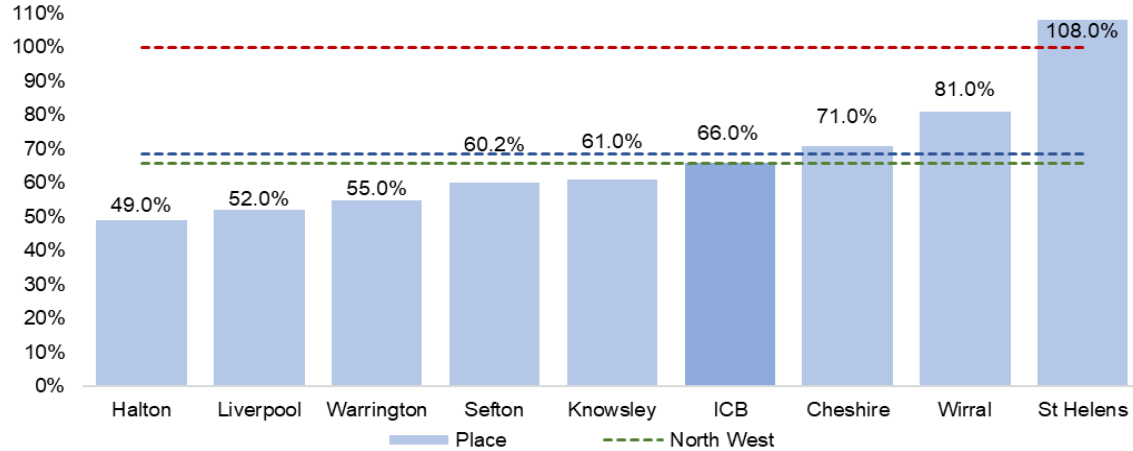
- C&M expects to meet the 96% performance standard by the end of Q1 24/25.

5. Exception Report – Adult Mental Health & Learning Disabilities

Access rate for Talking Therapies (TT) Services (formerly IAPT)

Latest ICB Performance (Feb-24) **66.0%** National Ranking **25/42**

Place Breakdown (Feb-24) **No change**



Issue

- Talking Therapies (TT) is not achieving the access ambition set out in the Long-Term Plan.

Action

- Comms: Increase awareness of TT services, supported by a Q4 National Campaign, simplify self-referral and pathways for people with long term conditions, prioritising cancer pathways.
- Service Models: Share learning between services, develop optimum service model and improve efficiency with a single service specification across C&M TT Services.
- Place: Review contracts and financial commitments. Cost analysis taking place, outcomes to be discussed between Place commissioning leads and providers (CWP, MCFT and non-NHS services, e.g. Big Life Group (C/East), MH Matters (Warrington and Sefton)).
- Exploring the use of AI technology.

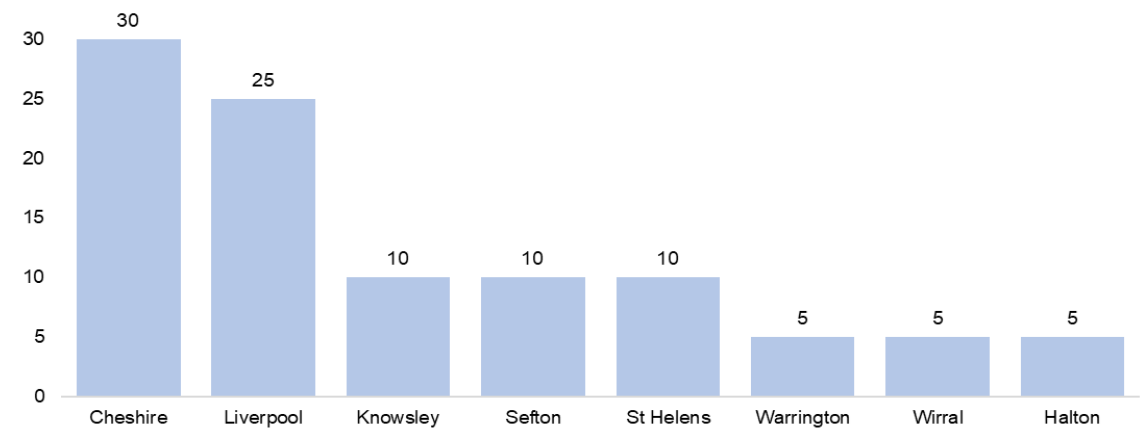
Delivery

- C&M has a recovery access target of 72,724 based on a reprofiled national trajectory.
- ICB level performance in February has continued at the same level as January, 66% of the LTP trajectory, following a seasonal low of 47% in Dec 23. St Helen's place has exceeded their LTP trajectory by 8% in Feb 24. Delivery in the other 8 places remains below planned levels with access of between 49% and 81% of trajectory

Adult inpatients with a learning disability and/or autism

Latest ICB Performance (Mar-24) **95 *** National Ranking **34/42**

Place Breakdown (Mar-24) **No change**



Issue

- There are currently 96 adult inpatients, of which 51 are Specialised Commissioning (Spec Comm) inpatients commissioned by NHSE, and 45 ICB commissioned. The target identified for C&M (ICB and Spec Comm) is 88 or fewer by the end of Q1 2024.

Action

- The Transforming Care Partnership (TCP) has scrutinised those clinically ready for discharge and there have been 3 discharges in Q1 to date, with a further 16 ICB and 9 Specialised Commissioning expected to take place before the end of Q1. Of those 96 Adults, there are currently 20 individuals currently on Section 17 Leave.
- Data quality checks to be completed on Assuring Transformation to ensure accuracy.
- Weekly C&M system calls ongoing to address Delayed Discharges.
- Housing Lead continues to work to find voids which can accommodate delayed discharges, and is meeting with North West Housing Lead and analysts to map those individuals clinically ready for discharge with housing difficulties, with the C&M Housing Strategy in development.

Delivery

- C&M ICB and NHSE aim to reduce the number of inpatients, where appropriate, by the end of Q4 2024/25, where the target is 60.

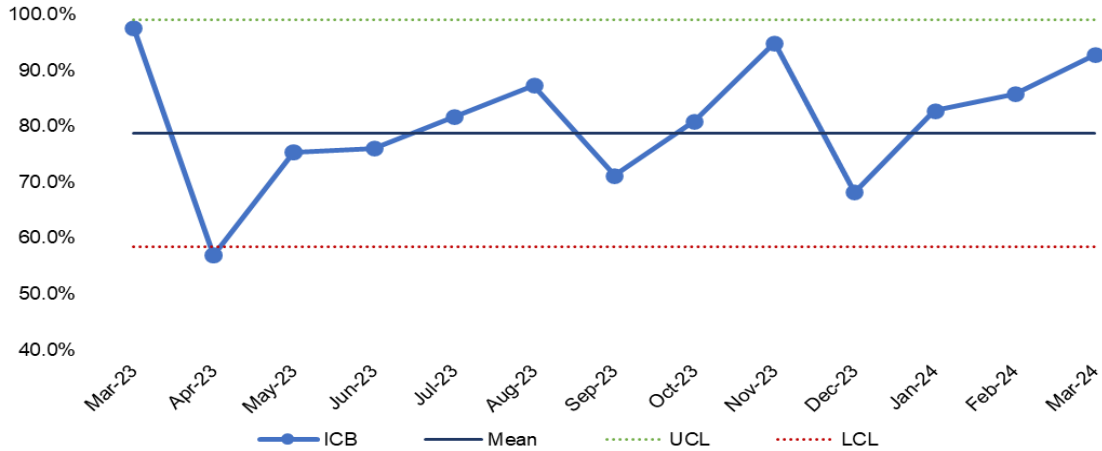
* Data rounded up/down to nearest 5: therefore Place subtotals may not add up to the ICB total

5. Exception Report – Primary Care

Units of dental activity delivered as a proportion of all units of dental activity contracted

Latest ICB Performance (Mar-24) **92.8%** National Ranking **19/42**

ICB Trend (Mar-24) **Improved**



Issue

- C&M does not currently meet the 100% target

Action

- Continue to focus delivery on areas of highest need where there is poor oral health.
- Support contractors to continue to deliver and support those who can do more activity

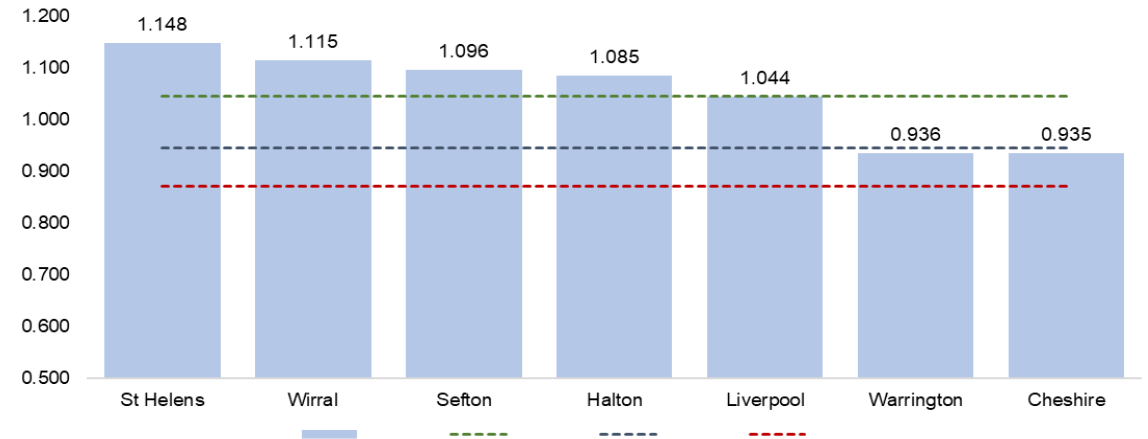
Delivery

- 2024/26 dental improvement plan supported by SPCC on 22/2/24 and approved by Board on 28/3/24.
- Fluctuations in delivery of target are expected throughout the year and based on previous year's performance.
- Contract management of providers follows national contract management policy and is overseen by Dental Operational Group.
- National Dental Recovery Plan launched on 7/2/24 offering sign up to New Patient Premium payment scheme. Currently assessing those C&M practices that have signed up.
- Locally our Quality Scheme has gone LIVE and circa 50 practices have expressed interest in signing up to offer additional routine assess appointments.
- Urgent dental care pathways and provision remain in place across C&M.

Total volume of antibiotic prescribing in primary care

Latest ICB Performance (Jan-24) **1.036** National Ranking **33/42**

Place Breakdown (Jan-24) **Deteriorated**



Issue

- C&M does not currently meet the target set for the overall volume of prescribing of antibiotics in primary care.

Action

- All places are continuing to work with primary care on the cascading of education, public communication work, reviewing prescribing data and decisions in relation to antibiotic prescribing.
- A C&M antibiotic prescribing data dashboard is being utilised and shared with prescriber consistently across C&M to support targeted work and monitor outcomes.
- A C&M Antimicrobial Stewardship Working Group enables the sharing of good practice across primary and secondary care, including wider learning and agreeing actions.
- Currently the group is progressing a deferred antibiotic prescribing standard operating procedure (SOP) for use and implementation across C&M.
- Good progress made by the comms team with the agreed winter messages around childhood health in a campaign to reduce unnecessary use of antibiotics.

Delivery

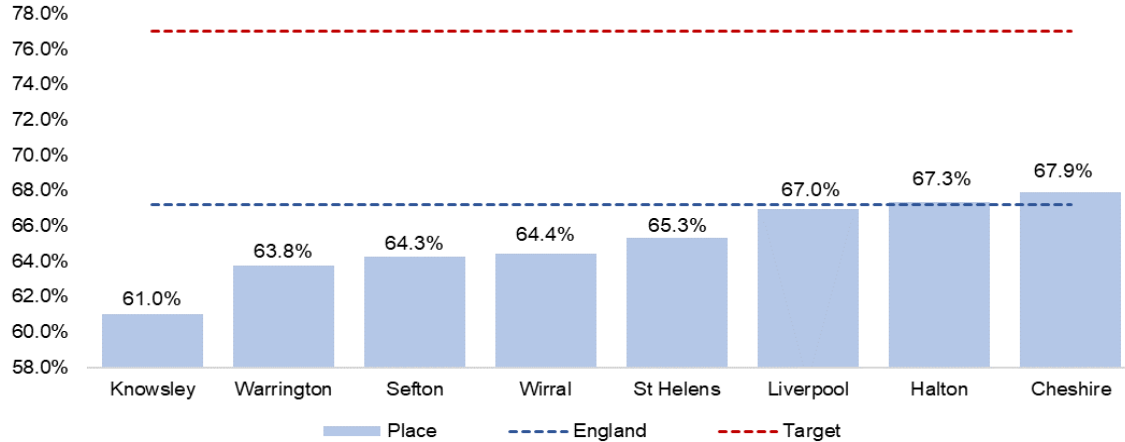
- C&M expect to see an improvement in Q4 of 2023/24 for the overall volume of prescribing of antibiotics in primary care, assuming the current levels of infection remain static.

5. Exception Report – Health Inequalities & Improvement

% of patients (18+), with GP recorded hypertension, BP below appropriate treatment threshold

Latest ICB Performance (Q3-23) **65.9%** National Ranking **30/42**

Place Breakdown (Q3-23) **Improved**



Issue

- Considerable variation in C&M, reductions in capacity & funding have affected performance.

Action

- Resource provided to local Places in support of voluntary sector BP monitoring awareness raising and education.
- Work with British Heart Foundation (BHF), to develop a BP 'patient facing materials' resource/toolkit for C&M (we are a pilot for a wider national programme).
- All Places have established locality CVD Groups to lead on the delivery of their locality plans
- CVD Prevention Plan agreed at Strategy and transformation Committee on 16/5/24
- Expression of interest for CVD prevention in optometry services being developed as part of National pilot that has been launched.

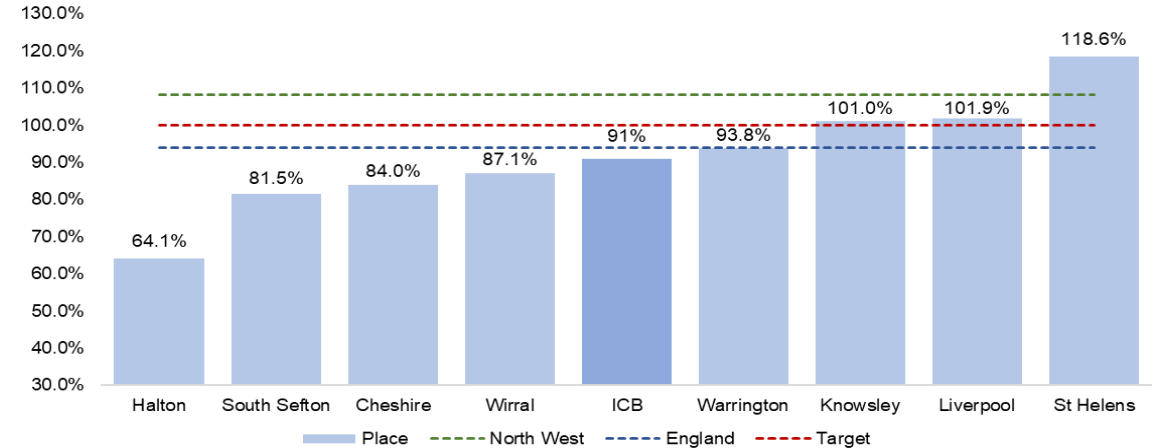
Delivery

- Challenges regarding multiple pilots coming to fruition but barriers in wider roll out due to financial position of ICB/Place and providers.
- The CVD-P programme lead role is no longer within the cardiac network structure and funding has moved to the ICB, however the ICB faces challenges with recruitment, realignment of resources is required.

Improve access rate to CYP Mental Health Services (12 Month Rolling)

Latest ICB Performance (Feb-24) **91.0%*** National Ranking **20/42**

Place Breakdown (Feb-24)** **Improved**



Issue

- The CYP Access target is 37,590 to be achieved by 31st March 24 (LTP Period), the national NHS Mental Health Service Data Set (MHSDS) indicates that the C&M CYP Access target is not currently being met.

Action

- Historically CYP Access has been led at Place level. Work is underway to bring together CYP Place Leads to consider access to mental health support for CYP across Place and ICB System with collective oversight.
- A data quality plan is in place to ensure data capture of all CYP mental health providers to reflect a more accurate picture.
- C&M CYP Access Development Workstream developing plans to recover the trajectory.

Delivery

- Overall, access levels for C&M have increased to 91% of the LTP trajectory. However, Knowsley, Liverpool and St Helens are all achieving their place level targets. The other 6 places are delivering between 64% and 94% of trajectory.

* ICB data uses number treated vs target

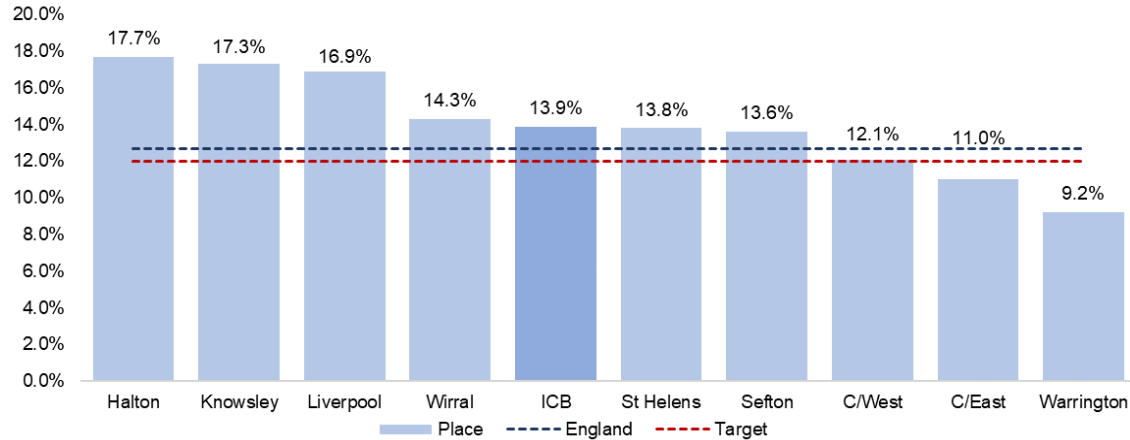
** Place data uses number treated vs no. referred

5. Exception Report – Health Inequalities & Improvement

Percentage of those reporting as 'current smoker' on GP systems

Latest ICB Performance (Apr-24) **13.9%** National Ranking **n/a**

Place Breakdown (Apr-24) **No change**



Issue

- Radically reducing smoking remains the single greatest opportunity to reduce health inequalities and improve healthy life expectancy. Smoking will kill up to 2 in 3 smokers, half in middle age. Updated estimates suggest that smoking costs the C&M system an estimated £2bn.

Action

- An All Together Smokefree framework has been shaped following LGA Sector Led improvement workshops across C&M led by ICB, LA and CHAMPS.
- An ICS smokefree strategic leaders event was held on 23rd April, the session was jointly led by ICB and HCP, shaped by CHAMPS, National DHSC, OHID, ASH, FRESH and our local NHS providers.
- Achieved agreement on system wide Tobacco control plan approach and developing a 3-5 year programme. A Health inequalities and population health at scale paper is due to go to June HCP proposing investment in this area.

Delivery

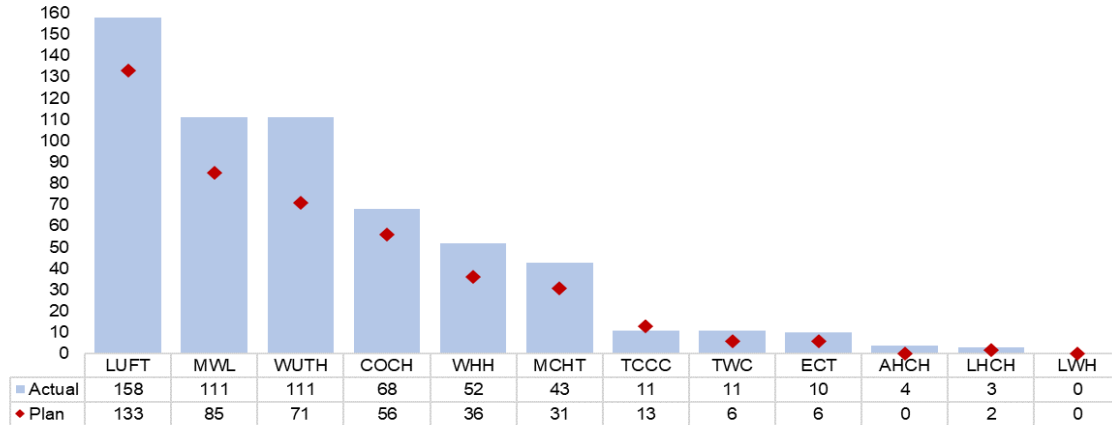
- The SLI process, supported by the Commissioner Forum has established three top priorities for 24/25 around Advocacy; Communications and Campaigns; and Coordinating Capacity.

5. Exception Report – Quality

Healthcare Acquired Infections: Clostridium Difficile - Provider aggregation

Latest ICB Performance (12 months to Feb-24) **582** National Ranking **21/42**

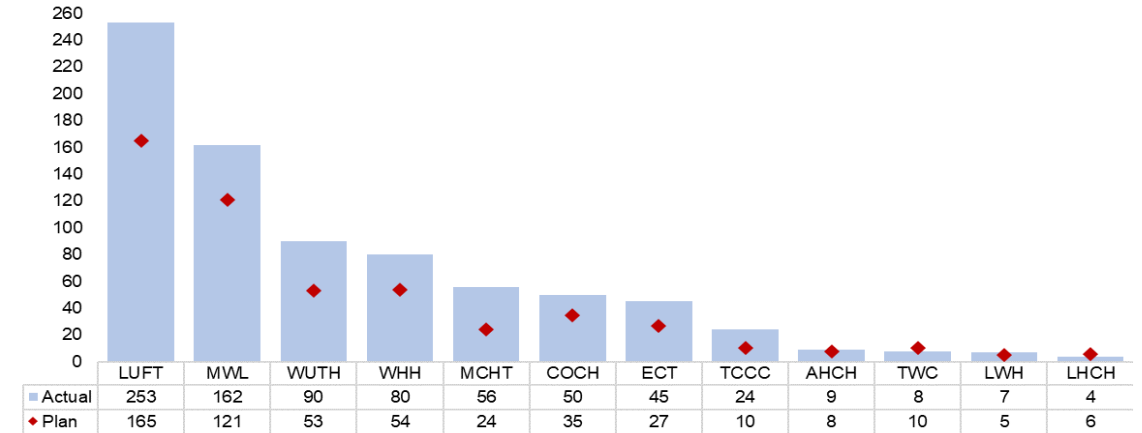
Provider Breakdown (rolling 12 months to Feb-24)



Healthcare Acquired Infections: Clostridium E.Coli (Hospital onset)

Latest ICB Performance (12 months to Feb-24) **788** National Ranking **36/42**

Provider Breakdown (rolling 12 months to Feb-24)



Issue

- Majority of C&M trusts are above agreed trajectories for these HCAI but it should be noted that where expected numbers are low, e.g. 1 (one) or 0 (zero), one or two infections will impact the percentages reported adversely

Action

- All place-based teams are receiving assurance from those Trusts identified as outliers on actions being taken to improve
- Performance in relation to HCAI is a feature of provider oversight where appropriate
- Post infection reviews are undertaken on each case to identify themes and trends and opportunities for learning
- A review of IPC related governance has been undertaken, the findings are under review

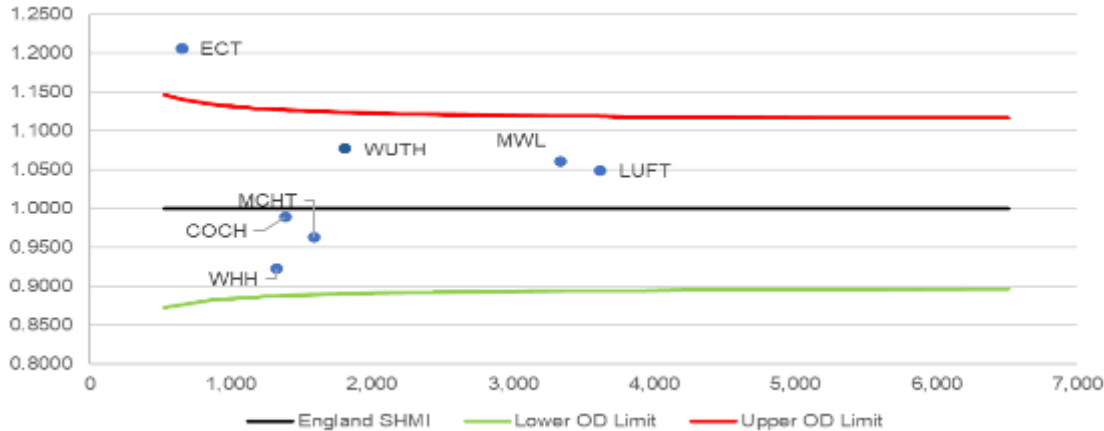
Delivery

- Performance are monitored monthly via place-based reporting into Quality & Performance Committee and improvement plans assessed for efficacy and impact by place-based teams
- Awaiting publication of the 2024/25 HCAI thresholds.

5. Exception Report – Quality

Summary Hospital-level Mortality Indicator (SHMI)

Latest ICB Performance (Nov-23)	1.034	National Ranking	n/a
Provider Breakdown (Nov-23)*			No change



Issue

- C&M trusts are within expected tolerances except ECT, with a current value of 1.034 against the upper control limit for ECT of 1.1445.

Action (ECT only)

- The trust has moved to quality improvement phase of quality governance/escalation.
- The ICB continues to work closely with the Trust to review positive progress and ensure the optimal support is in place to bring about best patient outcomes.
- Further work is underway to ensure palliative care coding is improved.
- Early indication of improved rates of hospital acquired infection will not be reflected in SHMI, but monthly reporting scrutinized by trust and ICB MDs.

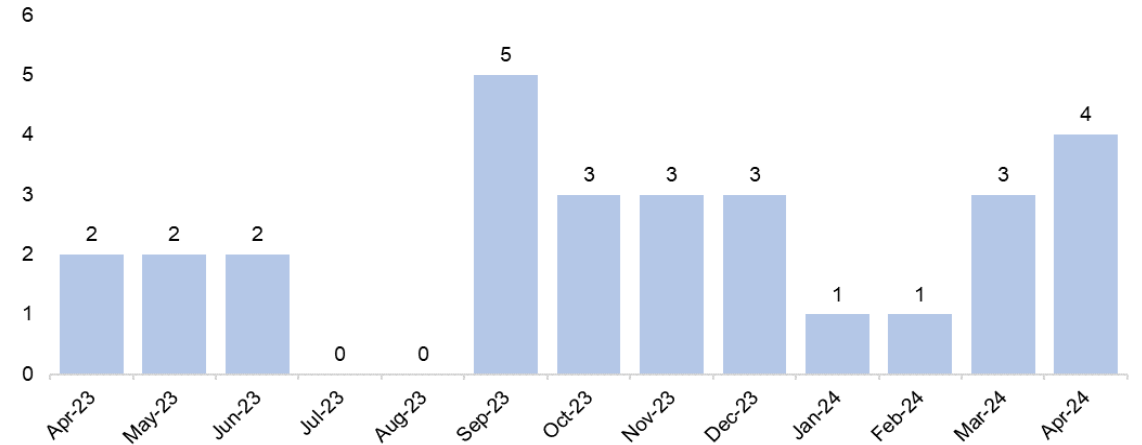
Delivery

- Measurable improvement in CRAB data by Q4 2023/24.

* OD, overdispersion, adds additional variance to the standard upper and lower control limits

Never Events

Latest ICB Performance (Apr-24)	4	National Ranking	n/a
ICB Trend (Apr-24)			Deteriorated



Issue

- C&M have had 29 Never Events over the last 12 month rolling period, which is consistent with the number in the previous year.

Action/s

- A quality improvement event led by the ICB Medical Director forum will take place in Q4 2023/24.

Delivery

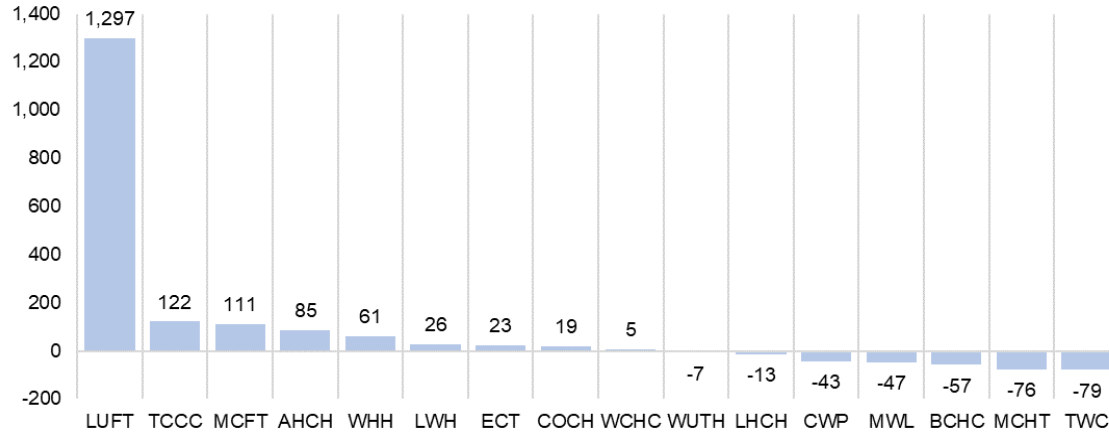
- Improvement made in Q4 (5 in total)

5. Exception Report – HR/Workforce

Substantive Staff in post (WTE) via Provider Workforce Returns

Latest ICB Performance (Feb-24) **+274.8** (from previous month) National Ranking **n/a**

Provider Breakdown Feb-24) – variance from 23/24 Plan



Issue

- There has been a month on month increase in WTE staff in post across C&M.

Action

- A C&M system workforce dashboard has been developed and is now shared with Trusts on a monthly basis. Greater scrutiny of workforce and productivity data at organisational and system level is now taking place via ICB and Trust Chief People Officers.

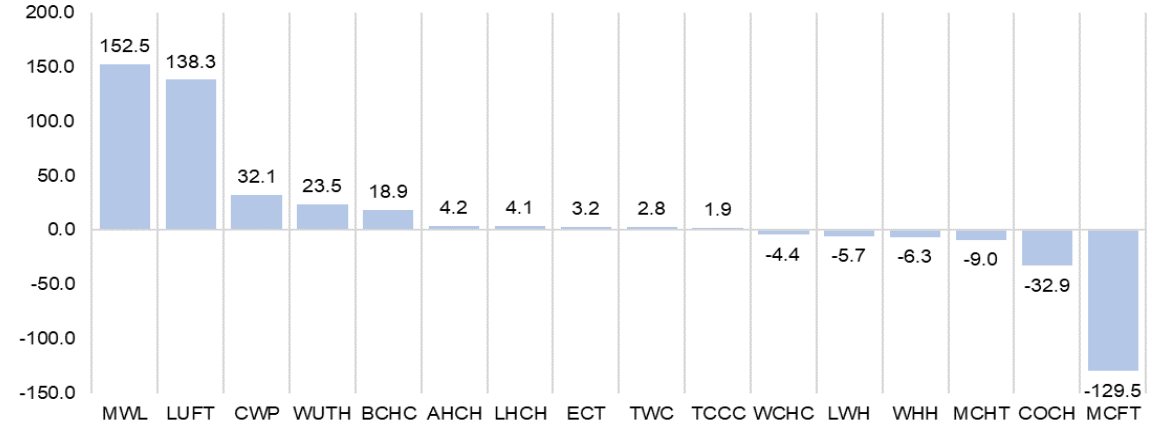
Delivery

- The workforce plans will be refreshed as part of the operational planning process
- Proactive monitoring of workforce data now takes place with Chief People Officers.

Agency Usage (WTE) via Provider Workforce Returns

Latest ICB Performance (Feb-24) **-105.4** (from previous month) National Ranking **n/a**

Provider Breakdown (Feb-24) – variance from 23/24 Plan



Issue

- High levels of agency spend,

Action

- The Trusts have in place robust authorisation processes for the use of agency staff.
- Greater scrutiny of workforce and productivity data at organisational and system level is now taking place via ICB and Trust Chief People Officers.

Delivery

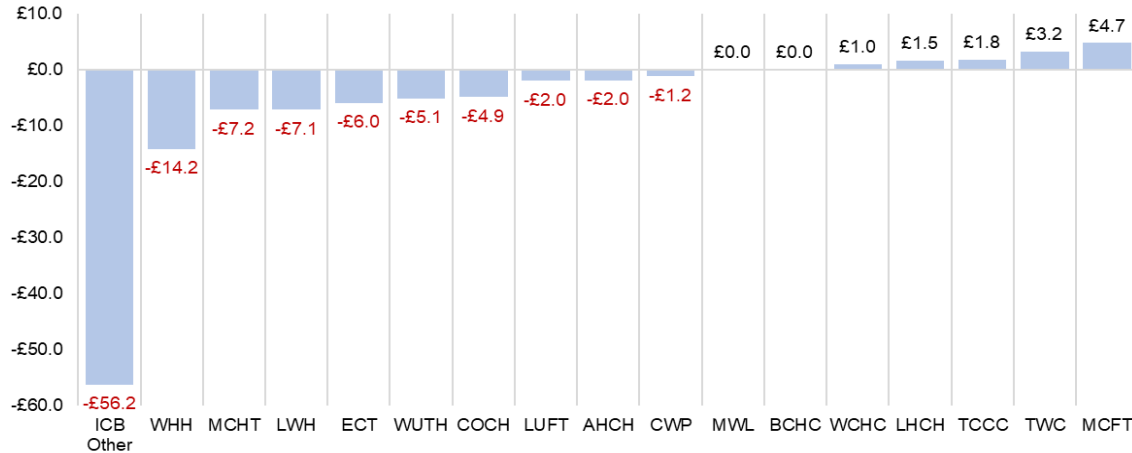
- The workforce plans will be refreshed as part of the operational planning process
- Proactive monitoring of agency use will take place with Chief People Officers.

5. Exception Report – Finance

Overall Financial position Variance (£m)

Latest ICB Performance (Mar-24) **-98.7** National Ranking **n/a**

Provider Breakdown (Mar-24)



Issue

- The ICS reports a deficit of £98.7m for the 2023/24 financial year. This has been discussed and agreed with NHSE.
- The ICB adverse variance YTD (£56.2m) is primarily driven by pressures in CHC, MH packages of care and prescribing. In addition, adjustments were included at year end to reflect the expected activity over-performance for Acute providers above ERF allocations.
- The Provider adverse variance of YTD is £42.4m is due to both the impact of industrial action above national funding (£15m) and other operational pressures (£27.4m), mostly related to undelivered CIP, emergency care pressures and excess inflation.

Action

- The ICB is currently developing a recovery plan for key workstreams across the system including the introduction of a Recovery Committee to provide oversight and assurance.

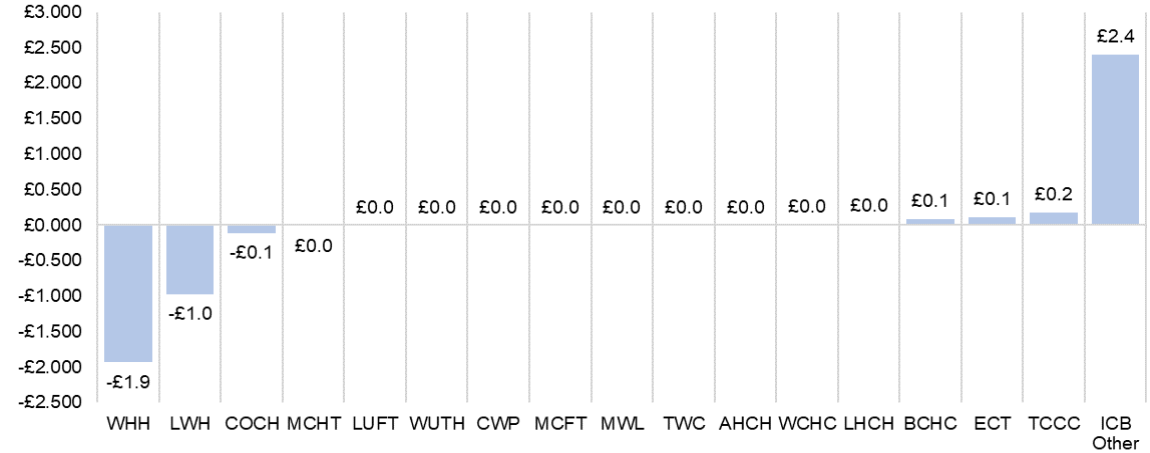
Delivery

- The 2024/25 financial plan is currently being agreed. The system again expects to face significant financial challenges as in 2023/24.

Efficiencies Variance (£m)

Latest ICB Performance (Mar-24) **-0.1** National Ranking **n/a**

Provider Breakdown (Mar-24)



Issue

- ICS efficiencies - £388.6m achieved for the 2023/24 financial year, £0.1m away from planned levels.
- £59m shortfall in recurrent efficiency delivery, offset by non-recurrent measures.

Action

- Concerns over level of recurrent v non recurrent efficiency delivery. Although non-recurrent measures have offset recurrent slippage, there is a subsequent impact on 2024/25 planning.
- Expenditure Controls Group set up to ensure providers off plan are implementing grip and control measures.
- Places challenged to accommodate the ICB running cost allocation reduction from 2024/25 onwards

Delivery

- Review continuously as part of the monthly reporting process throughout 2024/25 financial year.

Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Highlight report of the Chair of the ICB Audit Committee

Agenda Item No: ICB/05/24/12

Report approved by: Neil Large, Non-Executive Member, Audit Committee Chair



Compassionate



Inclusive



Working Together



Accountable

Highlight report of the Chair of the ICB Audit Committee

Committee Chair	Neil Large
Terms of Reference	https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/corporate-governance-handbook/
Date of meeting	09 April 2024 and 21 May 2024

Key escalation and discussion points from the Committee meeting

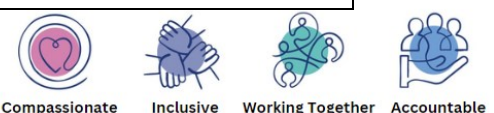
Alert

n/a:

Advise

The Audit Committee at its April 2024 meeting:

- received a further update on the progress in pulling together the ICBs Annual Report and Accounts and the timelines required for review by the Audit Committee and ICB Board. Committee members were provided with an update on the timelines for submission of the draft and final versions of the Annual Report and Accounts as well as revised dates for the Audit Committee. Audit Committee members provided feedback on the draft Annual Report to be considered and incorporated into the updated version of the Annual Report.
- received a report from the ICBs Risk Committee which updated the Committee on the risk appetite session that was undertaken with the support of Mersey Internal Audit Agency. The report outlined proposed changes to the ICBs risk appetite statement and risk appetite levels, and the intention to undertake a risk appetite session with the ICB Board.
- received a verbal update on the progress of the Head of Internal Audit Opinion for 2023/24, with the Committee being informed that all mandated core audits have been completed in time and that considerable improvements have been observed in this year from 2022/2023
- received the draft Internal Audit Plan for 2024-2025. Committee discussed the proposed plan and further inclusions to be considered. Committee asked for the plan to be reviewed and brought back to the June 2024 Committee meeting for approval.
- received and approved the ICB Anti-Fraud workplan for 2024-2025. The report outlined how the plan was built upon the four core elements of fraud intelligence, mandated requirements, previous anti-fraud coverage and follow up.
- received a report from the ICBs External Auditors entitled 'Informing the Audit Risk Assessment'. The report was brought to committee so as to see management responses against a series of questions that would help auditors to obtain an understanding of management processes and the ICB's oversight of the following areas: General Enquiries of Management, Fraud, Laws and Regulations, Related Parties, Going Concern, and Accounting Estimates. The Committee noted the report.
- received an update on the progress around the External Audit Annual Plan Report for 2023/24, noted progress made to date, risks identified and timeline for completion of the Report ahead of being presented to the ICB



The Audit Committee at its May 2024 meeting:

- received the Anti-Fraud Services Annual Report 2023-24 (Appendix One) which provided opportunity for the Committee to consider the work completed by the ICBs Anti-Fraud specialist during the period 1 April 2024- 31 March 2024. Committee received assurance that the ICBs 2023 annual self-assessment against the Government Functional Standard 013 for Counter Fraud, was submitted in quarter 1, with the ICB receiving an overall ‘green’ rating across the 12 assessed components. The ICB continues, for 2023/24, to be assessed to be compliant with the Government Functional Standard 013 for Counter Fraud with a ‘green’ rating attributed to 11 components and an ‘amber’ rating attributed to one component.
- the committee received and approved an updated version of the ICBs [Anti-Fraud, Bribery and Corruption Policy](#).
- received the quarter Four Information Governance Report for the ICB. Committee members were updated on the progress towards completion of the ICBs Data Security and Protection Toolkit (DSPT). Committee were informed that 410 ICB staff have completed a Training and Awareness Needs Analysis (T&ANA), that IG training sessions have been undertaken across the ICB including for new staff being TUPED into the ICB, and that IG Training compliance is still some way below the 95% compliance rate. Committee were also informed of any data breaches that had occurred during this quarter and actions to close, as well as any other IG and Data Protection risks. Committee were provided with an outline of the priorities for May – June 2024 prior to the cessation of the IG services contract with MLCSU.
- received and approved the ICBs Consent Policy.

Assure

The Audit Committee at its May 2024 meeting:

- received a further update on the progress in completing the ICBs Annual Report and Accounts. Committee were informed that the ICB had submitted its draft Annual Report and Accounts to NHS England and the auditors and had subsequently received feedback from NHS England. The latest version being reviewed by the Committee featured amendments in line with the feedback received from Committee members at its April 2024 meeting and that from NHS England. The Committee received assurance that all was on track to ensure a final draft was completed for review by the Board at its meeting on 20 June 2024 and final submission to NHS England on 28 June 2024. Committee members received a verbal updated from the ICBs Internal Auditors that the draft Head of Internal Auditors Opinion ‘substantial assurance’ rating was accurately represented within the draft annual report. Committee noted that an additional committee meeting had been arranged for 17 June 2024, which will be predominantly focussed on reviewing the External Auditors report and submitted annual report and accounts. The Committee recognised and complimented the work undertaken so far in drafting a comprehensive Annual Report and Accounts, and provided confirmation that it was satisfied that the narrative within the Governance statement from section 2.2.2.1 of the Annual Report provided the necessary detail as required by NHS England.
- received a verbal report from the ICBs External Auditors outlining the work underway towards the ICBs Annual Report and Accounts and Value For Money audit. The Committee noted the report and assurance given regarding their completion within the required timelines.
- received a report from the ICBs External Auditors on the Mental Health Investment Standard (MHIS) Compliance Statement. The report summarised the results of the

External Auditors assurance engagement on the ICBs 2022/23 MHIS, the output of which concluded that the ICBs 202/23 MHIS Compliance Statement is properly prepared, in all material aspects, in line with the criteria as set out in guidance. The report highlighted that the External Auditors had made recommendations for improvement in relation to prescribing costs, which had been discussed and agreed with the ICB. The report confirmed that the External Auditors propose to issue an unmodified opinion on the ICBs Compliance Statement.

Appendices

Appendix One: Anti-Fraud Services Annual Report 2023-24 [\(CLICK HERE\)](#)

Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Highlight report of the Chair of the ICB System Primary Care Committee

Agenda Item No: ICB/05/24/12

Committee Chair: Erica Morris, Non-Executive Member, Committee Chair

Highlight report of the Chair of the ICB System Primary Care Committee

Committee Chair	Erica Morriss
Terms of Reference	https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/corporate-governance-handbook/
Date of meeting	18 April 2024

Key escalation and discussion points from the Committee meeting

Alert

The Committee:

- agreed to support Wirral Place’s preference for a 10-year Alternative Provider Medical Services (APMS) contract term for in readiness to explore procurement options via a Prior Information Notice (PIN) notice, with the new contract commencing from 1 April 2025. Final approval of such a term length lies with NHS England and following the Committee’s support, they were approached in line with the Delegation Agreement.
- following requests from attendees of the Committee a discussion was held in relation to the position regarding referrals and onward services for patients with ADHD – a further paper on this is returning to the Committee in June 2024
- an update on Primary Care Quality and Performance was given , following on from concerns raised via the Internal Audit Report discussed at the last meeting – it was noted that an initial meeting of a small Primary Care Quality group was meeting in April and that this would then become a regular meeting, reporting to the relevant Committee and chaired by the Associate Medical Director for Primary Care. The Draft Terms of Reference and next steps would form part of a paper update to the next Committee. Further work is required to develop a common set of key performance indicators for primary medical services but this is under development.
- received verbal updates on all four contractor groups and their representatives in relation to system pressures, which is a standing agenda item. It was noted that there had been concern expressed in relation to the primary medical services national contract imposition, challenges remained in relation to dental workforce and capacity, and some stock supplies in community pharmacy.

Advise

The Committee:

- received an update on progress of the ICB’s Access Improvement Plan, following approval by the Board in November 2023 and updates to this Committee including the specific actions requested by the Board following the November meeting. In addition the Committee received an update and discussion regarding the direction and approach for Year 2 of the Access Improvement programme including connections to the Planning Guidance and local priorities, which has just been released. It was noted that the ICB is still awaiting final guidance as to what needs to be submitted to the ICB Board in October/November
- agreed the final response and actions for the ICB Internal Audit report on Primary Care Contracting, Quality and Performance
- agreed the Annual Self Declaration Form for delegated primary care which will be submitted to NHS England before the end of April.

Assure
<p>The Committee:</p> <ul style="list-style-type: none"> received the minutes of the PSRC (Pharmaceutical Services Regulatory Committee). received an update and assurance on Additional Roles (ARRS) actions from St Helens and Sefton Place in relation to their planned spend in line with the other Places. It was recognised that a sharing of best practice and common challenges for this role should be happening systematically between Places. received an update on usual business for all four contractor groups – progress on the Access Improvement Plan including next steps was noted as part of this. noted that further work in relation to the Primary Care Strategic Framework had not progressed due to capacity but there were offers to support from contractor colleagues should a resource be identified. received an update on Estates but noted they would like to see a specific plan for the ICB with a ‘heat map’ and a future paper and subsequent discussion around integration and the future. It was felt there is a lack of progress in lease renewals and decision making at ICB level. received a Finance Update, which contained the combined financial summary position outlined in the financial report as at 31 March 2024 including a summary of Additional Roles (ARRS) out-turn spend and central allocation drawdown.

Achievement of the ICB Annual Delivery Plan

The Committee considered the following areas that directly contribute to achieving the objectives against the service programmes and focus areas within the ICB Annual Delivery plan

Service Programme / Focus Area	Key actions/discussion undertaken
Finance Update	SPCC reviewed all the budgets and have a task & finish finance group that will look for consistency / efficiencies across the Places in C&M.
Recovering Access to Primary Care	Progress/plans in relation to the access recovery

Meeting of the Board of NHS Cheshire and Merseyside 30 May 2024

Highlight report of the Chair of the Strategy & Transformation Committee

Agenda Item No: ICB/05/24/13

Committee Chair: Dr Ruth Hussey, Non- Executive Member, Committee Chair

Highlight report of the Chair of the Transformation Committee

Committee Chair	Ruth Hussey
Terms of Reference	https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/corporate-governance-handbook/
Date of Meeting	16 May 2024

Key escalation and discussion points from the Committee meeting

Alert

The Committee received:

- an update on the status of the Programmes funded from 2023-24 Transformation budgets, including a review of spend, a summary of programmes key achievements in year and their progress against key outcomes, the forecast spend and milestones for 2024/25. The report also outlined achievements in 2023/24 for the Population Health programme, including a plan on a page for 2024/25. Committee noted the report. **The Committee will be escalating an emerging risk around the lack of assigned workforce to deliver the Population Health Programme, as well as transformation programmes, due to the freeze on recruitment.**
- an update on the Specialised Commissioning Oversight Group was presented. This group was established as a sub-group of the Strategy and Transformation Committee as part of the operational governance of the ICB responsibilities in relation to specialised services delegated to the ICB (individually or as part of the three North West ICBs). The report to Committee included an update from meetings held in March and April 2024 and presentation of the North West Specialised Services Committee Work Plan for 2024/25. Committee was also presented with the Terms of Reference for the Specialised Commissioning Oversight Group and these were subsequently approved by Committee. Committee noted the proposed work programme and the need to embed specialised commissioning considerations into the Recovery Programme work. **The Committee will be escalating a risk round ensuring focus on the delegated duties associated with specialised commissioning due to the need to prioritise resources on immediate priorities, including the Recovery Programme.**

Advise

The Committee:

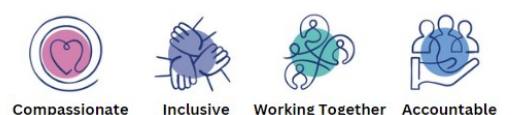
- considered the Committee’s Terms of Reference, approved at the ICB Board meeting in March 2024, were discussed. Ruth Hussey has now taken the role of Chair of the Committee moving forward. Committee recognised the need to ensure it has an active and complete membership for future meetings, as detailed within the Terms of Reference, and to ensure the right areas of focus are included in the workplan and discussed at meetings through the development of the work programme and a mapping exercise to identify where all activity is reporting to. Committee will also ensure the meeting frequency will be aligned to the development work to ensure best value out of everybody's time.

Assure
<p>The Committee:</p> <ul style="list-style-type: none"> was presented with the regular Risk Report, which also summarised the BAF and Corporate risks. Committee noted that for specialised services and the NW Specialised Services Committee, some risks do not relate to C&M where robust services are working well, but only to the other two ICBs. These are being homogenised across the NW and a meeting with NHS England will be held on how to best capture the three ICBs risks going forward. Committee also noted a planned board development session which will look to revise and update the BAF, particularly in terms of the risk appetite and the risk statement. was presented with a paper providing an update on the development of the NHS Delivery Plan as part of the refreshed 2024/29 Joint Forward Plan (JFP), with references also to the progress on the development of All Together Fairer: our Health and Care Partnership Plan and it's the alignment with the All Together Fairer report, "Health equity and the social determinants of health in Cheshire and Merseyside". Committee discussed the paper and noted the good progress made, as well as endorsing the structure and content of the NHS Delivery Plan in advance of being presented to the May ICB Board Meeting. Committee identified the need to ensure this is communicated to staff and the public and informs them about what will actually be changed and delivered in the five years and this to be reflected in the plan. received a presentation outlining the governance and reporting for clinical networks and how they support C&M on local priorities and report into C&M. Committee noted the range of work that's going on, funded nationally or through the informal networks across C&M, and also the dedicated clinical and managerial staff involved and the difficulties encountered by them with reduced resources, but valuing their engagement and clinical leadership. Committee recognised there is a need to find a way of ensuring that their efforts are fully embedded in the Joint Forward Plan.

Committee risk management

The following risks were considered by the Committee and the following actions/decisions were undertaken.

Corporate Risk Register risks	
Risk Title	Key actions/discussion undertaken
Unable to achieve NHS directives on emissions as mandated and targeted in the Green Plan which will impact on the ICB's reputation and opportunity to deliver financial savings	Committee received a report on work being undertaken to mitigate the risk and was noted



Board Assurance Framework Risks	
Risk Title	Key actions/discussion undertaken
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	Committee received a report on work being undertaken to mitigate the risks and was noted
the ICB is unable to progress meeting its statutory duties to address health inequalities	
The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	

Achievement of the ICB Annual Delivery Plan

The Committee considered the following areas that directly contribute to achieving the objectives against the service programmes and focus areas within the ICB Annual Delivery plan

Service Programme / Focus Area	Key actions/discussion undertaken
Joint Forward Plan Update	As outlined earlier in report
Specialised Commissioning	As outlined earlier in report
Strategic Transformation Programme	As outlined earlier in report



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Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Highlight report of the Chair of the Finance, Investment & Our Resources Committee

Agenda Item No: ICB/05/24/15

Report approved by: Erica Morris, ICB Non-Executive Member



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Highlight report of the Chair of the Finance, Investment & Our Resources Committee

Committee Chair	Erica Morriss
Terms of Reference	https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/corporate-governance-handbook/
Meeting date	14 May 2024

Key escalation and discussion points from the Committee meeting

Alert

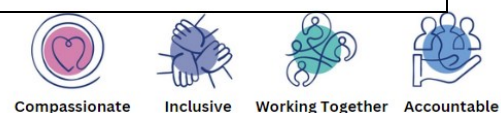
The Committee considered the following:

- **24/25 Finance Plan**
Update on position following planning submission on 2/5/24. Next steps are to implement recovery programme, prepare for further meeting with NHSE on 22/5/24.
- **Risk P7**
The Integrated Care System is unable to achieve its statutory financial duties, currently rated as critical (25). This was discussed and agreed to be maintained.
- **Place risks F8 and F9**
Both risks identify cost pressures and efficiency challenges at Place Level, currently rated as critical (20). Discussed and agreed to be maintained.
- **Workforce**
Dashboard highlighted 3 areas of concern: Sickness - rates remaining above target of 2.5%, Appraisals are low at 59.62%, Turnover is high in March, but that is reflective of MARS leavers.

Advise

The Committee considered the following:

- **Noted** the assurance on the decisions made and reviewed at the Procurement Decision Review Group.
- **Approved** the 24/25 procurement plan.
- **Approved – Talking Therapies**
All Talking Therapy contracts will be coming to an end in March 2025, FIRC was requested to agree, in principle, to vary existing contracts to align to a single Cheshire and Merseyside ICB specification. A further paper will follow to address issues arising in Cheshire East place from this action.
- **FIRC Work Plan**
Consideration and discussion around focus of work for 24/25 given challenged financial position and ICB Recovery plan. Further discussion to take place at Board.



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- 23/24 Financial Position**
 ICS reported a deficit of £98.7m for the 23/24 financial year. This position has been agreed and co-ordinated with NHS England. Capital spend was £1.1m below allocation and MHIS targets were achieved.

Assure

The Committee considered the following:

- Risk Report**
 See detail below
- People Committee minutes and HR Dashboard**
 see areas for concern highlighted above
- Month 12 Finance Report**
 see Advise section above
- 2024/25 Plan**
 See Alert section above

Committee risk management

The following risks were considered by the Committee and the following actions/decisions were undertaken.

Corporate Risk Register risks	
Risk Title	Key actions/discussion undertaken
F2 - Health inequalities continue to drive increased demand for services with financial pressures resulting in failure to achieve financial duties, currently rated as extreme (16)	This risks to be disaggregated and disbursed across a number of committees aligned to their specific responsibilities for health inequalities.
F5 – Scale of procurement requirements exceeds available capacity resulting in legal challenge and increased costs. (9)	Agreed
F7 – The ICB does not allocate the operational capital budget in a way that address capital investment risks across secondary and primary care (10)	Provider representatives highlighted additional risk associated with scarcity of resources
F8 – Common risk across places in relation to cost pressures	Recognise link with P7



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Corporate Risk Register risks	
resulting in potential overspends and may impact on the ICBs ability to achieve its statutory financial duties (20)	
F9 – Common risk across places in relation to potential inability to deliver efficiency improvements an may impact on the ICBs ability to achieve its statutory financial duties (20)	Agreed

Board Assurance Framework Risks	
Risk Title	Key actions/discussion undertaken
P7: The Integrated Care System is unable to achieve its statutory financial duties. (critical 25)	Agreed to maintain this risk at 25. 23/24 financial position was a deficit, and 24/25 financial plan, although not yet fully completed, is very challenging to deliver.
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. (16)	Agreed to remain at 16.

Achievement of the ICB Annual Delivery Plan

The Committee considered the following areas that directly contribute to achieving the objectives against the service programmes and focus areas within the ICB Annual Delivery plan

Service Programme / Focus Area	Key actions/discussion undertaken
Development and delivery of a Cheshire and Merseyside system-wide financial strategy during the first half of 2023-24	Month 12 financial report and 24/25 financial plan slides
Delivery of the Finance Efficiency & Value Programme	Month 12 Finance report
Development and delivery of the Capital Plans.	Month 12 Finance report



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Service Programme / Focus Area	Key actions/discussion undertaken
Development of System Estates Plans to deliver a programme to review and rationalise our corporate estates.	N/a to be considered at a future meeting.



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Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Highlight report of the Chair of the Quality & Performance Committee

Agenda Item No: ICB/05/24/16

Committee Chair: Tony Foy, Non-Executive Member, Committee Chair



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Highlight report of the Chair of the Quality & Performance Committee

Committee Chair	Tony Foy
Terms of Reference	https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/corporate-governance-handbook/
Date of meeting(s)	11 April 2024 and 09 May 2024

Key escalation and discussion points from the Committee meeting

Alert

The Committee at its meeting in April 2024 considered:

Maternity Delays in Care.
 There was a 96% increase in delays in Induction of Labour across the whole pathway in February 2024 (67 from 38 in January), but still significantly better performance than the position in September. The LMNS is working with Providers to better understand the reasons for delays in care and impact on clinical outcomes through an analysis of clinical incidents.

Cheshire & Wirral Partnership Foundation Trust
 The Committee received a Place Report from Cheshire West regarding escalating quality concerns for the Trust. Quality Committee and ICB Executive team are sighted on this intelligence and a decision has been made to establish an Emerging Concerns Group to enhance levels of ICB oversight. This took place on 4th April 2024.

The Committee at its meeting in May 2024 considered:

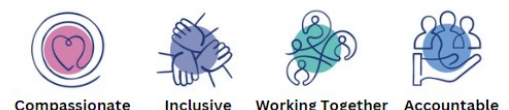
LeDeR (learning from lives and deaths of people with a learning disability and autistic people) Delivery of the programme for Cheshire and Merseyside is currently facing significant challenges in respect of reduced capacity and performance against the KPI for completion of reviews is below the expected threshold. Recovery actions have been identified and performance is subject to weekly review. Of the 2023 reviews which need to be completed by the end of June, 88 remain unallocated.

Advise

The Committee at its meeting in April 2024 considered:

Safeguarding Statutory reviews
 NHS England have requested that each ICB allocate the Domestic Homicide Reviews quality assurance role within the ICB as NHS England Regional teams will no longer be undertaking the role. NHS England feel that it's fundamental that ICB executives are sighted on any final DHR and any health-related recommendations across their ICB areas.

Looked After Children Initial Health Assessments
 As previously reported, the performance for completion and return of IHAs within the statutory timescale remains significantly below the 100 % threshold in quarter 3. Despite several actions being taken consistently by Place teams to improve timescale compliance, factors that are impacting timescale compliance remain; including operational issues within providers, late notifications that the child had entered care, delays in consent and appointment issues.



Place safeguarding teams continue to work with our NHS trusts and local authority colleagues to improve multi agency working to improve compliance. The Committee will continue to monitor performance closely.

Halton SEND Inspection response

The Committee ratified the action plan for the Priority Areas set out in the Improvement Notice. Leaders at Halton Local Authority and the NHS Cheshire and Merseyside ICB should; cooperate at pace to improve the shared strategic oversight, governance, support and challenge, improve the efficiency and quality of their information gathering and sharing, improve the joint commissioning of services, urgently improve the early identification of needs and access to specialist health pathways and improve the timeliness of new EHC plans.

The Priority Action Plan was completed and submitted to Ofsted and the CQC on 5th March 2024. Co-production lies at the heart of the Priority Action Plan,

Each of the priority workstreams has an SRO appointed and Halton BC Director of Childrens Services and the C&M ICB Place Director have agreed to establish a Programme Management Office.

The Council must aim for the actions, impact measures and outcomes set out in the Improvement Notice to be evidenced and delivered by the end of May 2025 or sooner.

The Committee at its meeting in May 2024 considered:

LeDeR

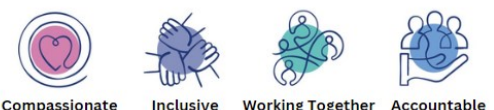
LeDeR programme is required to have a BAME Strategy, and this is a priority area for action due to low reporting and subsequent missed opportunities for learning from deaths from ethnic communities. The C&M LeDeR programme has an identified BAME lead who is supporting the strategy development.

Host Commissioner Guidance (Learning Disability and Autism)

The updated guidance was presented to the committee. The ICB’s responsibilities are to be the point of contact for placing commissioners and CQC for issues relating to quality and safety of units where mental health care is delivered to people with a learning disability and autistic people. The scope includes assessment and treatment units, long-term rehabilitation units, and other specialist inpatient providers including independent hospitals, care homes and support living. The ICB must have a single senior point of contact (proposed Executive Director Nursing and Care), establish a mechanism for sharing intelligence between commissioners and gain feedback from patients and families and interface with the relevant local authority adult social care safeguarding service and the Board. The ICB needs to publish annually (at Board) the units in its area for which it is responsible and will also need to establish and use a system to log individual issues which will be published on the ICB website. Placing commissioner visits should take place 6 weekly for children and 8 weekly for adults. Knowsley and St Helens Places are leading on work to standardise processes and ensure compliance with the guidance is effective across all Places. A further progress report will be presented to the committee. The Committee Risk Register will be updated

Initial Health Assessments

Alder Hey Childrens Hospital is not meeting the trajectory for improvement originally agreed in December 2023. A further revised trajectory has been submitted to support system improvements. There are actions in place that will improve this position, including Trust recruitment to GPs to increase medical workforce and GP clinics commenced in April. The Designated Nurse is working with social care to strengthen the pathway to improve timeliness of notification, consent, and demographic information.



Haydock House, St Helens (a recently opened Mental Health residential unit) This was previously reported to Board in February 2024 with urgent action being taken by St Helens Place following concerns raised. CQC conducted an inspection in January rating the provider as 'Inadequate.'

Further to this, urgent enforcement action was taken by CQC on 12/04/2024 to remove the registration from Aries Healthcare. As of 16/04/2024 all residents have been removed from the care home and have been placed elsewhere locally. A package of support is wrapped around each resident and feedback from Local Authorities (Warrington & Knowsley) has been received to confirm that all residents are settling well into their new placements. A meeting has taken place with all those involved where it was determined there is learning for all agencies. A Task & Finish Group will identify what went well and what we can do to make improvements to minimise any similar issues arising in the future.

Assure

The Committee at its meeting in April 2024 considered:

Safeguarding Update Report – quarterly return

The report evidenced that ICB can demonstrate that there are appropriate safeguarding governance systems in place for discharging its statutory duties and functions in line with key legislation.

Data is collected through the NHSE toolkit quarterly on thematic questions relating to statutory functions; leadership & organisational accountability, training, safer recruitment/HR, interagency working implementation, patient engagement, supervision. Full compliance was reported across the 18 standards except for:-

Designated Doctor Adults - there is no current statutory requirement for the post. Nationally there are only 2 ICBs who employ a Designated Doctor for Adult Safeguarding and NHSE are looking at this role with the Safeguarding Adults National Network.

Training – the ICB has made significant progress with safeguarding training. In January, all ICB staff roles were mapped to the safeguarding training requirements of the intercollegiate documents and added to ESR,

PSIRF (Patient Safety Incident Response Framework)

The committee approved the Framework Policy setting out the duties and responsibilities of NHSE, the ICB and the diverse range of NHS funded providers serving the population. The specific role of the LMNS is included in the Policy. The commitment to continuous engagement with people and communities to inform our priorities and to shape the future of health and care through Patient Safety Partners was also described. It is not a current requirement for Primary Care providers to adopt this framework', however, a pilot is underway in Warrington and Halton.

Anti-Microbial Resistance

In lieu of there being no confirmed national targets for antimicrobial prescribing for primary care for 2024/2025, the committee agreed the recommendations for interim assurance measures which will provide the ICB with ongoing assurance ahead of national targets being agreed.

The Committee at its meeting in May 2024 considered:

Maternity (Induction of Labour)

The committee has received regular monitoring reports about IOL delays. There has been a 10% increase in IOL over the last 10 years, increasing pressure on maternity units.

System-wide improvement is required to address the IOL delays currently being experienced



across Cheshire and Merseyside. This will help to reduce the pressures faced by maternity units. The committee agreed to support the establishment of an LMNS IOL task force which will include a Maternal and Neonatal Voices survey of women who experienced delays in their IOL pathway. The committee will receive ToR at its next meeting.

Maternity (Trust CQC ratings)

With the completion of the programme of inspections of maternity providers the following have a CQC overall rating of ‘Requires Improvement’: Countess of Chester, Liverpool Women’s, Mid Cheshire, MWL (Ormskirk). Three were rated as ‘Good’ across all six domains – MWL (Whiston), Warrington and Wirral.

LMNS will hold monthly Joint Oversight and Support meetings with Trusts with an ‘Inadequate’ or ‘Requires Improvement’ CQC maternity rating, to support the implementation of an Action Plan and ongoing delivery of their 3 Year Maternity and Neonatal Delivery Plan. This will be reviewed after 6 months. All other Trusts with a ‘Good’ or ‘Outstanding’ CQC maternity rating, will meet with the LMNS on a bi-monthly basis, to support ongoing delivery of their 3 Year Maternity and Neonatal Delivery Plan

PSIRF (Patient Safety Incident Response Framework)

An update report was presented which included PSIRF implementation, Learn from Patient Safety Events (LFPSE) System Update and Never Events.

The Central Patient Safety Team has completed a review of the national and local priority areas identified within the **PSIRF plans** of C&M Providers. The Central Patient Safety Team will undertake a systematic review of the most common themes and trends identified - pressure ulcers and falls.

Work is underway to develop a robust project plan to implement a proportionate approach to the implementation of PSIRF with Independent Providers (there are around 800 in C&M). Due to the volume of providers this will involve a staged approach, risk stratified and proportionate to contract value. Five large national Independent Providers and one local Independent Provider have already signed off their plans.

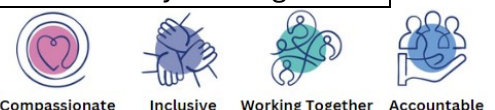
Following the implementation of PSIRF, all C&M Providers are required to obtain an **LFPSE** account to enable them to report patient safety events and learning outcomes – the majority of acute providers have done so, two are yet to complete. The Central Patient Safety Team has oversight access to view all patient safety events reported by providers via LFPSE. In addition, C&M Places can also request access to view all patient safety incidents across the C&M ICB footprint

There were 26 **Never Events** over the last 12 month-rolling period (1st April 2023 – 31st March 2024). This is a reduction in the number reported in the previous year (29). Most incidents relate to Wrong Site Surgery (11) & Retained Foreign Object post procedure (6) which are consistent with the highest reporting of Never Events for the previous year. The largest reporter of Never Events was Warrington & Halton Hospitals NHS FT (4). There were 5 Never Events reported in Q4 2023/24. AQUA will be hosting a Never Event Summit on behalf of the C&M ICB during May 2024. The summit will be a first if its kind and will provide an opportunity to bring Clinicians together to focus on learning from “Never Events.”

Performance review

The committee received highlights of a debrief of Super MaDE (system-wide discharge event) week. The week was the highest performing week of the current year, measured by the 4hr standard. It was also best category two ambulance response time and the highest weekend for discharges at any point of the year.

March data showed Cheshire having more challenges for 4 Hour Waits and 12 hour waits (CoCH). Similarly, Wirral, Warrington and Liverpool acute trusts recorded challenged performance for 12 hour waits. A full report will be made to the Board at its May meeting.



Committee risk management

The following risks were considered by the Committee and the following actions/decisions were undertaken.

Corporate Risk Register risks	
Risk Title	Key actions/discussion undertaken
(April meeting) QU09	East Cheshire Trust Mortality - The Trust remains an outlier of their SHMI data. The SHMI performance is a key line of enquiry for NHSE. There have now been two SHMI quality improvement meetings. The next meeting will be on 22nd April 2024.
(May Meeting) Involvement Framework G8	The committee endorsed the latest version of the Involvement Plan for submission to Board

Board Assurance Framework Risks	
Risk Title	Key actions/discussion undertaken
(April meeting) Board Assurance Framework Risk P5.	The key risks identified were ambulance response times (noting the NWS is the only ambulance trust in country to achieve Cat 2 response times) ambulance handover times, long waits in ED resulting in poor patient outcomes and poor patient experience
(May Meeting) Board Assurance Framework Risk Urgent and Emergency Care P5.	The Committee reviewed the learning from the Super MaDE event and noted the pressures in specific Trusts/Places for 4 hour target and 12 hour delays.

Achievement of the ICB Annual Delivery Plan

The Committee considered the following areas that directly contribute to achieving the objectives against the service programmes and focus areas within the ICB Annual Delivery plan

Service Programme / Focus Area	Key actions/discussion undertaken
Urgent and Emergency Care	Review of standard performance data and the Super MaDE week. See Performance Report to Board
Maternity Service Quality and Safety	LMNS report and receipt of CQC reports update
Safeguarding	Strong compliance against national standards reported

Meeting of the Board of NHS Cheshire and Merseyside 30 May 2024

Agenda Item No: ICB/05/24/23

Confirmed Minutes of ICB Committees

Click on the links below to access the minutes:

- Audit Committee – March 2024 ([CLICK HERE](#))
- Audit Committee – April 2024 ([CLICK HERE](#))
- Children and Young Peoples Committee – February 2024 ([CLICK HERE](#))
- Finance, Investment and Our Resources Committee – March 2024 ([CLICK HERE](#))
- Quality and Performance Committee – March 2024 ([CLICK HERE](#))
- Quality and Performance Committee – April 2024 ([CLICK HERE](#))
- Strategy and Transformation Committee – March 2024 ([CLICK HERE](#))
- System Primary Care Committee – April 2024 ([CLICK HERE](#))



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