

NHS Halton CCG & NHS Warrington Governing Bodies Extra-Ordinary Meeting

Wednesday, 11th May 2022 at 2.00pm - 4.00pm
Meeting held via Teams invitation

No	Time	Item	Owner	Theme
1	2.00pm	<p><u>Welcome and Introductions</u> The Chair to welcome all to the meeting</p>	Dr Ian Watson Warrington CCG Governing Body Chair	Corporate Business & Governance
2	2.10pm	<p><u>Statement of Quoracy for Halton CCG</u> The Governing Body will be quorate if nine voting members are present. This must include the Chair or Deputy Chair, a minimum of two Clinicians, one Lay Member, one of the following - Chief Officer, Chief Finance Officer or Chief Nurse, and four others</p> <p>Voting members include the Chair, the Accountable Officer, the Chief Finance Officer, A Secondary Care Specialist, the Chief Nurse, the Chief Commissioner, Halton Council Director of Public Health, four lay members, two GPs drawn from members practice, two GPs representing the GP Federations and a Practice Manager Member</p> <p><u>Statement of Quoracy for Warrington CCG</u> The Governing Body will be quorate if six voting members, of whom at least three to be General Practitioners, are present.</p> <p>Voting members include the chair, four representatives of member practices, three lay members, one registered nurse, one secondary care specialist doctor, the accountable officer and the chief finance officer.</p> <p><u>Chair's remarks and questions received from the public</u></p>	Dr Ian Watson Warrington CCG Governing Body Chair	Corporate Business & Governance
3		Apologies received – David Merrill, Dr Ifeoma Onyia,		
4		<p><u>Declarations of Interest</u></p> <p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired, perceived or otherwise influenced by his or her involvement in another role or relationship.</p> <p>The Standards of Business Conduct and Conflicts of Interest Policy can be found here</p> <p>All members are reminded of the requirement, as outlined in the Policy to declare any interest they may have in relation to an agenda item at the beginning of the meeting or prior to the relevant agenda item being discussed. This will allow the Chair of the meeting to decide whether there is a conflict and how the conflict will be managed. Members and attendees are also reminded of the need to declare any interests on the Declare system as soon as is</p>		

		practicable but no later than 28 days from the interest coming into effect				
No	Time	Item	Purpose	Report No	Owner	Theme
5	2.15pm	Review Minutes of NHS Halton CCG & NHS Warrington CCG Governing Bodies meeting of 13 th April 2022	Approval	GB22.05.11-05	Dr Ian Watson Warrington CCG Governing Body Chair	Corporate Business & Governance
6		Review Action Log of NHS Halton CCG & NHS Warrington CCG Governing Bodies meeting of 13 th April 2022 and Matters Arising	Review	GB22.05.11-06	Dr Ian Watson Warrington CCG Governing Body Chair	Corporate Business & Governance
REPORTS FOR DECISION						
7	2.30pm	Approval of the Financial Plan	For Decision	GB22.05.11-07 <i>To follow</i>	David Cooper Chief Finance Officer	Corporate Business & Governance
REPORTS FOR ASSURANCE						
8	2.50pm	Due Diligence, Transition and Close Down Update	For Assurance	GB22.05.11-08	Rebecca Knight Head of Assurance & Risk	Corporate Business & Governance
ANY OTHER BUSINESS						
9	3.10pm	Final Joint Governing Body meeting and associated arrangements - discussion item			Dr Ian Watson Warrington CCG Governing Body Chair	

**Halton CCG and Warrington CCG
Joint Governing Bodies Meeting
Wednesday 13th April 2022 2.00pm
Virtual Meeting via Teams**

Members in Attendance			
Name	Position	Organisation(s)	Attendance
David Merrill	Interim Chair	NHS Halton CCG	In attendance
Dr Ian Watson	Chair (meeting Chair)	NHS Warrington CCG	In attendance
Nick Atkin	Lay Member	NHS Halton CCG & NHS Warrington CCG	In attendance
Ruth Austen-Vincent	Lay Member	NHS Halton CCG & NHS Warrington CCG	Apologies
Dr Golam Chowdhury	GP Governing Body Member	NHS Warrington CCG	Apologies
David Cooper	Chief Finance Officer	NHS Halton CCG & NHS Warrington CCG	Apologies
Lisa Ellis	Interim Chief Nurse	NHS Halton CCG & NHS Warrington CCG	In attendance
Joanne Cripps	Practice Manager Representative	NHS Halton CCG	In attendance
Dr Andy Davies	Clinical Chief Officer	NHS Halton CCG & NHS Warrington CCG	In attendance
Dr Claire Forde	GP Governing Body Member	NHS Halton CCG	In attendance
Kevin Goucher	Patient Representative (non-voting)	NHS Warrington CCG	In attendance
Gareth Hall	Lay Member (Conflict of Interest Guardian)	NHS Halton CCG & NHS Warrington CCG	In attendance
Dr Julie Langton	Secondary Care Doctor	NHS Halton CCG & NHS Warrington CCG	In attendance
Dr Latha Meda	GP Federation Representative	NHS Halton CCG	Apologies
Dr Ifeoma Onyia	Interim Director of Public Health	NHS Halton CCG	Apologies
Dilys Quinlan	Lay Member	NHS Halton CCG & NHS Warrington CCG	Apologies
Kath Parker	Chair Healthwatch Advisory Board (non-voting)	NHS Halton CCG	Apologies
Dr Aparna Rao	GP Governing Body Member	NHS Warrington CCG	Apologies
Dr Lalit Sakhi	GP Governing Body Member	NHS Warrington CCG	In attendance
Dr Sangeetha Steevart	GP Governing Body Member	NHS Warrington CCG	In attendance
Dr David Wilson	GP Federation Representative	NHS Halton CCG	In attendance
Other Attendees			
Thara Raj	Director of Public Health	Warrington Borough Council	Apologies
Maria Austin	Chief of Public Affairs and Engagement	NHS Halton CCG & NHS Warrington CCG	Apologies

Pam Broadhead	Chief Primary Care Officer	NHS Halton CCG & NHS Warrington CCG	In attendance
Rebecca Knight	Head of Risk and Assurance	NHS Halton CCG & NHS Warrington CCG	Apologies
Carl Marsh	Chief Commissioner	NHS Warrington CCG	In attendance
Louise Murtagh	Corporate Governance Support Manager	NHS Halton CCG & NHS Warrington CCG	In attendance

Minutes:

1. Welcome and Introduction
2. Statement of Quoracy

Dr Ian Watson welcomed all present to the meeting. This was the first meeting of the new financial year and noted that the original start date of the ICB had been 1st April 2022. He thanked all members for agreeing to extend their tenure to allow for the safe close-down and transfer from CCGs to the ICB.

In addition to this ICB work, Governing Body members and CCG staff were still working hard on the NHS response to Covid and healthcare transformation programmes. He thanked everyone for their 'super-human' efforts.

Governing Bodies were reminded of the quoracy requirements for NHS Halton CCG and NHS Warrington CCG. Neither CCG was quorate therefore the following action was agreed for two items (Item 5 and 8) requiring approval:

ACTION: Louise Murtagh would write to absentee members, to seek their views on items 5 and 8. A response was required by 12.00 noon on Wednesday, 20th April 2022.

3. Apologies

Apologies for absence were received as listed in the attendance table.

4. Declarations of Interest

The Chair reminded attendees of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the CCG. For the purposes of this meeting, a conflict of interest was defined as "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold".

The Chair reminded attendees that they were required to make conflict of interest register entries anew each financial year. Therefore all members were asked to submit new declarations with effect from 1st April 2022.

Lisa Ellis advised that her substantive post was as the Chief Nurse for St Helens CCG. She had taken on the post of Interim Chief Nurse for both Halton CCG and Warrington CCG until their demise. The Chair and Gareth Hall (Conflict of Interest Guardian) agreed that this was not an interest that would prevent participation in any business for consideration today.

No further declarations were made by Members.

5. Minutes of the Joint Halton CCG and Warrington CCG Governing Bodies Meeting held on 9th February 2022 (GB22.04.13-04)

Members were asked to review the minutes of the following meeting held on 9th February 2022.

The minutes of the joint governing body meeting held on 9th February 2022 were agreed to be an accurate record of the meeting.

Governing Body members present **approved** the minutes of 9th February 2022 as an accurate record of the meeting. As agreed under item 2, Louise Murtagh would write to absentee Members for their approval.

6. Action Log and Matters Arising (GB22.04.13-6)

Members were advised of the following progress made against the Governing Body action log:

- 007/21 – the requested update concerning Primary Care Commissioning Committee had been provided to Dilys Quinlan. Therefore the action was closed

7. Key Issue Reports & Minutes (GB22.04.13-7)

- a. Legacy Issues Committee (23rd February 2022)
- b. Cheshire & Merseyside 23rd February & 29th March 2022

a. Legacy Issues Committee (23rd February 2022)

Pam Broadhead presented the summary report and asked to take it as read. Members were advised that the committee would continue to meet to consider business that was not held under the remit of CCG statutory committees, Governing Body or the Cheshire and Merseyside Joint Committee. Conflicts of Interest were being managed appropriately and GPs did not receive paperwork, nor attend the committee meeting, for any item they may be conflicted for.

Dr Ian Watson advised that it was assuring that the appropriate steps were being taken in managing conflicts.

b. Cheshire & Merseyside 23rd February & 29th March 2022

The link Joint Committees papers) to these papers had been provided with the agenda and Members raised no comments or concerns.

Governing Bodies **received** the reports by means of assurance.

8. Recommendation from Audit Committee (GB22.04.13-8)

Audit Committee chair, Gareth Hall, presented the report that highlighted proposed changes to the Scheme of Reservation and Delegation (SoRD) for NHS Warrington CCG for consideration.

The SoRD for NHS Warrington CCG outlined that the approval of the annual report and accounts was undertaken by the Governing Body. A report was presented to the Audit Committee on 16 March 2022 whereby it was agreed that a recommendation be made to the Governing Body that this responsibility be delegated to the Audit Committee.

In NHS Halton CCG, the approval of the annual report and accounts is undertaken by the Audit Committee and this recommendation aligned both CCGs.

Gareth Hall further added that the membership of Warrington CCG's Audit Committee and Governing Body was largely the same and by holding the two meetings there was currently repetition

NHS Warrington CCG Governing Body members present **approved** the amendment to the Scheme of Reservation and Delegation. As agreed under item 2, Louise Murtagh would write to absentee Members for their approval.

9. Assurance Framework (GB22.04.13-09)

Gareth Hall, the Audit Committee Chair presented the Assurance Framework (AF) developed for 2021-22. This reflected the strategic objectives and associated strategic risks aligned to Integrated Management Team (IMT) leads.

The report provided the latest risk scores and an update on actions required to mitigate any risks for Quarter 4. The Audit Committee (Committees in Common) had not received an update for Quarter 4 (Q4) prior to this report being presented to each Governing Body.

Gareth Hall highlighted from the report that:

- seven risks were shown as amber in Quarter 4 due to some actions being started but not completed.
- seven risks are assessed as being green in Quarter 4 as all actions have been completed.
- All actions completed and any delayed in Q4 are identified within the report.
- There were a number of entries listed for Leigh Thompson. Pam Broadhead confirmed that a desktop review of these had already been started and would be completed by the Integrated Management Team the following week

Dr Ian Watson questioned the entry related to IT and how this was showing amber. Bryan Webb confirmed that there had been significant plans to address issues that had been paused due to Covid. These were starting again and the finance had been agreed to allow this.

The Governing Bodies **received** the update by way of assurance.

10. Chief Clinical Officer Report (GB22.04.13-10)

Dr Andrew Davies presented his report asking Members to take it as read.

The executive summary advised that the report provided updates on:

- Transition to the Integrated Care Board (ICB)
- Structure of CCG Governing Bodies
- Incident Control Centre (ICC) – COVID-19
- Governing Body Development Session outcomes
- Updates on testing for COVID-19 for patients and staff, the testing and infection prevention and control arrangements for primary care staff, the delivery of the COVID-19 vaccination programme and the COVID-19, the booster programme including the percentage achievement in both CCG populations
- Updates on Staff Health and Wellbeing, the Staff Survey, Staff Development Session(s), Equality and Inclusion, Communication and Engagement, Internal Communications and Staff Engagement
- Promotion of the COVID-19 Vaccination Programme
- communications to help alleviate system pressures
- social media activity

The Governing Bodies **received** and **noted** the report.

11. Chief Nurse Report (GB22.04.13-11)

Lisa Ellis presented her report which outlined quality, safety and patient experience in services commissioned by the CCGs. Key highlights included work in the following areas:

- Integrated Care System And Place - Since the last Governing Body meeting the PLACE Terms of Reference had been shared and reviewed locally. The next PLACE Quality meetings would have a

thematic focus to enable all to explore an area as a system to identify any gaps and resolve; or highlight any good practice to share on a wider footprint

- Never Events And Serious Incidents – one wrong site injection being investigated. This related to Warrington and Halton Teaching Hospital NHS Trust (WHHT) in relation to an NHS Liverpool CCG patient
- Safeguarding – the CCG Designated Nurses continued to support the system and providers due to capacity issues in the area.
- Ockenden recommendations (30th March 2022) - The Trust and the team were identifying any gaps and the action plan required. The Trust were reporting current position and progress into the CQPG on a monthly basis.
- Bridgewater Community Healthcare Trust – remained under surveillance and that this would remain on the CCG agenda, and the ICB agenda, until the required improvements were seen. Lisa Ellis would provide a further information at the next Governing Body meeting.
- Primary Care – colleagues were reporting incidents of aggression in practice relating to request for patients to wear masks. Pam Broadhead confirmed that there an action plan and checklist had been forwarded to practices to help mitigate against this aggression. Lots of patients were unaware that the needed to wear masks so practices were sending texts to reinforce the message and the Health and Care Partnership was doing the same on its website. There was a responsibility to keep staff safe and balance this with patient treatment

Members received the report and commented on the availability of hot food at Warrington hospital and the low level of detail provided by Spire in their reporting to the CCGs.

The Governing Body **received** and **noted** the report.

12. (a & b) Financial Reporting Month 11 (H2) 2021/22 (GB22.04.13-12)

Bryan Webb presented the month 11 financial reporting for both CCGs, against agreed H2 budgets, that reflected the expected break-even reported position for periods to date. Members were asked to take the report as read.

- Halton CCG was a £0.212m favourable position to plan, following the anticipated receipt of Hospital Discharge Programme funding of £0.281m.
- Warrington CCG there was a £0.241m favourable position to plan, at month 11, following the anticipated receipt of Hospital Discharge Programme funding of £1.125m and Primary Care Additional Roles Reimbursement Scheme (ARRS) of £0.653m.

The identification of the required efficiencies has progressed significantly (100% for both CCGs) through a combination of budgetary review and performance within periods to date.

Gareth Hall advised that he was the Chair of the Cheshire and Merseyside Finance and Resources Sub-Committee. It had been identified at this meeting that the breakeven position for the year was due to non-recurrent funding and asked about the plan for 2022/23. Bryan Webb confirmed that non recurrent “System resources” had supported delivery for 2021/22. With this funding element removed, during 2022/23 financial planning, for Halton CCG there was a £12.6m planned deficit and for Warrington CCG a £3.8m planned deficit. There would be a further iteration of the plan prior to its submission on 28th April 2022.

Dr Ian Watson added that the process needed to be transparent and auditable to show that both CCGs had underlying deficits prior to the COVID response, which had not been resolved through the allocation methodology during the COVID financial regime, and that the contributing factors for this position needed to be made clear to the ICB. Bryan apprised that the CCG had detailed the factors that contributed to the underlying positions, or structural deficits, for both CCGs. The COVID allocation methodology,

determined centrally, had differing impacts for both CCGs and that the Chief Finance Officer was advocating a return to population-based allocations for 2022/23 and beyond to address this.

The Governing Bodies **noted** the report.

13. Joint NHS Halton & NHS Warrington CCG Chief Commissioner Report (GB22.04.13-13)

The report presented by Carl Marsh provided an overview of the key commissioning activities undertaken during the reporting period to deliver the strategic objectives of Halton CCG and Warrington CCG, and included key decisions made at the Warrington Together Partnership Board, One Halton Place Board and through the CCGs' governance structure.

Members discussed Public Sector Estates Review across Warrington and Halton and the Warrington Together Digital Enabling Group (DEG) Update, Workplan and Terms of Reference. Carl Marsh advised that the Estates Group (Warrington) had been stood up again following its hiatus due to Covid. A full review of all Public estate in, a stocktake, was being completed. Similarly, the DEG had been stood back-up and needed to revisit and review its strategy and ensure more GP representation on the group.

The Governing Bodies **noted**:

- the decisions and activities of the Warrington Together Partnership Board and One Halton during this reporting period
- the commissioning decisions and activity of the relevant Committees and Commissioning Groups of NHS Halton CCG and NHS Warrington CCG
- noted that there are no project level risks
- the additional Halton updates.

14. Key Issues Report (GB22.04.13-14)

The purpose of these reports was to provide an oversight of all key issues discussed by Committees, in line with their relevant terms of reference. The following committees had met since the last Governing Bodies meeting -

a. Audit Committee (16th February & 16th March 2022)

Gareth Hall asked the Governing Bodies to take the reports as read. He highlighted that both Place Directors for Halton and Warrington had been invited to attend to discuss Place Governance Arrangements

b. Halton CCG Primary Care Commissioning Committee (16th March 2022)

Pam Broadhead confirmed that the committee had completed its annual committee effectiveness review. This had confirmed that the committee had been effective but a potential for conflict of interest had been identified. The Terms of Reference would be reviewed to address this.

The committee recorded their concern that there was a significant underspend against the Additional Roles Reimbursement Scheme budget in Halton. This represented a potential missed opportunity around recruitment.

The Committee formally said farewell and passed their sincere thank you to Leigh Thompson and Paul Cooke (Healthwatch)

c. Warrington CCG Primary Care Commissioning Committee (16th February 2022)

Pam Broadhead confirmed that the committee had completed its annual committee effectiveness review. This had confirmed that the committee had been effective but a potential for conflict of interest had been identified. The Terms of Reference would be reviewed to address this.

That the Additional Roles Reimbursement Scheme budget had been fully utilised in Warrington

d. Cheshire & Merseyside Quality Sub-committee (8th March 2022)

- e. Cheshire & Merseyside Finance and Resources Sub-committee (10th February & 10th March 2022)
- f. Cheshire & Merseyside (Performance Sub-committee (15th March 2022)

These reports related to the Cheshire & Merseyside sub-committees. As chair of the Finance and Resources Sub-committee Gareth Hall advised that it was feeding information and requests into the Joint Committee but was struggling to receive replies.

David Merrill asked why on the Performance Committee neither Halton CCG nor Warrington CCG had submitted CCG Key Issues. Bryan Webb advised that he would investigate and advise Governing Bodies.

All reports were **received** by the Governing Bodies for assurance purposes.

ACTION: Bryan Webb to ask why Halton CCG and Warrington CCG had not submitted CCG Key Issues to the Performance Committee

13. Any Other Business

None to report.

Members were advised that the next Governing Body meeting was scheduled for Wednesday 13th April 2022 at 2.00pm – 4.00pm.

**Public Halton CCG & Warrington CCG Joint Governing Body Action log 1 April 2021 to 30
March 2022**

Actions Key

	on track to be completed by due date
	in progress but due date has been revised
	overdue and no update has been received
	completed

Action Number	Date and Report	Action	Responsible Officer	Date Due	Status	Update
012/21	GB22.04.13-02 Statement of Quoracy	Louise Murtagh would write to absentee members, to seek their views on items 5 and 8. A response was required by 12.00 noon on Wednesday, 20th April 2022.	Louise Murtagh	20/04/2022		Email sent on 13th April 2022 and approval received from two absent members by deadline. This resulted in a quorate decision having been made. Action completed therefore recommend close
013/21	GB22.04.13-14 Key Issues Report	Bryan Webb to ask why Halton CCG and Warrington CCG had not submitted CCG Key Issues to the Performance Committee	Bryan Webb	30/04/2022		The information was collated but staff absence prohibited the onward distribution. This will be an isolated occurrence

Title of report	Update report on due diligence, transition and close-down of both CCGs			
Date of meeting	13 th April 2022	Committee Name	Governing Body	
Presented by (Name and Job Title)	Rebecca Knight Head of Assurance & Risk	Author (Name and Job Title)	Rebecca Knight Head of Assurance & Risk	
GB/Clinical Lead (Name and Job Title)	Dr Andy Davies Clinical Chief Officer	IMT Lead (Name and Job Title)	Dr Andy Davies Clinical Chief Officer	
Report Category	For Discussion <input type="checkbox"/>	For Decision <input type="checkbox"/>	For Information <input type="checkbox"/>	For Assurance <input checked="" type="checkbox"/>
Purpose of this report				
The purpose of this report is to provide oversight and assurance to each CCG Governing Body in relation to the arrangements in place for due diligence, transition and close-down.				
Executive Summary				
<ul style="list-style-type: none"> • Update provided on the status of the Health and Care Act 2022 • Oversight of status of due diligence tasks within the checklist • Potential areas for inclusion in the Accountable Officer sign off report to the Integrated Care Board Designate Chief Executive 				
Any Conflicts of Interest identified?				
None identified. Any potential conflicts will be managed via the relevant policy.				
Recommendations:				
Each Governing Body is asked				
<ul style="list-style-type: none"> a) To receive assurance that there are robust arrangements in place to co-ordinate the due diligence, transition and close down process for each organisation. b) Note the governance arrangements outlined in the report. c) Note the potential areas for capture within the Accountable Officer sign-off report. 				
Number of residents affected by the report:				
Not Applicable <input type="checkbox"/>				
Neighbourhoods (populations circa 30,000 to 50,000 people) <input type="checkbox"/>	Places (populations circa 250,000 to 500,000 people) <input checked="" type="checkbox"/>	Systems (populations circa 1 million to 3 million people) <input type="checkbox"/>		
Is the subject matter confidential?	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Link to strategic objectives (Please tick)				

01	Achieving the strategic direction of the CCG	<input checked="" type="checkbox"/>		
02	Ensuring high quality which is safe	<input checked="" type="checkbox"/>		
03	Within available resources which demonstrate value for money	<input checked="" type="checkbox"/>		
04	Supporting, planning and investing in the workforce	<input checked="" type="checkbox"/>		
05	With clinical, local government and public involvement	<input checked="" type="checkbox"/>		
06	Ensuring systems of accountability to support good governance and management	<input checked="" type="checkbox"/>		
Implication analysis		Yes	No	N/A
Information Governance		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Financial		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient, Public and Stakeholder		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'Yes' to any of the above please provide details below				
Due diligence arrangements must be in place to ensure robust governance exists for the close-down and transition of each CCG.				
Any risks associated with this report? Are they included in the risk register and in this report?				
This report provides assurance in relation to F1.				
The NHS Constitution: (How the report supports the NHS constitution)				
This report cross references with the seven key principles outlined in the NHS Constitution				
Equality and Human Rights Analysis		Yes	No	N/A
Do the issues identified in the report affect one of the protected groups more favourably than the other groups?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any valid legal/regulatory reasons for discriminatory practice?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report History (report presented prior to coming to this meeting)				
Committee Name	Committee Date	Outcome		
N/A				
Were there any conflicts of interest identified at the meeting?				
N/A				
If 'Yes' Please detail below:				
N/A				
Please outline any engagement undertaken – staff, clinical, stakeholder and patient / public. If none has been undertaken, please outline how the CCG's Duty to Involve has been considered and was deemed to be not applicable				
Any engagement undertaken was reported to the relevant committee within the appropriate reports.				
Has further background information been added the Reading Room?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If yes, stipulate which documents below:				

N/A

Strategic Objectives and Risks

<p>1. Achieving the strategic direction of the CCG</p> <p>A1 - Failure to deliver our strategic outcomes as we have not integrated our commissioning activities with the local authority</p> <p>A2 - Failure to deliver its strategic outcomes because we have not tackled the wider determinants of health, including health inequalities</p> <p>A3 - Failure to deliver the priorities required to respond to emergencies as a Category 2 responder under the Civil Contingencies Act</p>
<p>2. Ensuring high quality which is safe</p> <p>B1 - Failure to maintain and improve the quality and safety of services due to ineffective commissioning arrangements resulting in harm to patients</p> <p>B2 - Failure to make full use of and deliver digital technologies</p>
<p>3. Within available resources which demonstrate value for money</p> <p>C1 - Failure to secure best value</p> <p>C2 - Failure to adequately provide for external factors, which impact on financial sustainability</p> <p>C3 - Failure to reduce running costs by 20% for 2020/21 onwards, as required by NHSE</p>
<p>4. Supporting, planning and investing in workforce</p> <p>D1 - Failure to develop a local People Plan, in line with the 'We are the NHS: People Plan for 2020/21 – action for us all'</p>
<p>5. With clinical, local government and public involvement</p> <p>E1 - Failure to deliver our strategic outcomes because we have not worked effectively on an ICS/STP footprint</p> <p>E2 - Failure to ensure that a health and care infrastructure is in place, which retains the local needs-based commissioning approach</p> <p>E3 - Failure to appropriately support the development of Primary Care Networks and new care models to achieve system wide transformation</p>
<p>6. Ensuring systems of accountability to support good governance and management</p> <p>F1 - Failure to ensure we evidence compliance with our statutory duties</p> <p>F2 - Failure to improve the CCG rating as a result of monitoring performance via the Single Oversight Framework</p> <p>F3 - Failure to use and develop appropriate patient and public engagement intelligence to support service improvement and plans to change service models</p>

UPDATE REPORT ON DUE DILIGENCE, TRANSITION AND CLOSE-DOWN

1.0 Background

1.1 The purpose of this report is to provide oversight and assurance to each CCG Governing Body on the arrangements in place in order to comply with the due diligence requirements for transition and close down of each CCG.

2.0 Background

2.1 The Health and Care Act 2022 has now received royal assent. This means that the planned implementation of the Cheshire and Merseyside Integrated Care Board can take effect from 01 July 2022.

2.2 Each CCG has been following the national guidance issued to support arrangements for due diligence, transition and close-down up to 30 June 2022.

2.3 The link below indicates the Integrated Care Systems and Integrated Care Boards in England. This has been published following the royal assent given for the Health and Social Care Act 2022.

2.4 [NHS England » Integrated care in your area](#)

2.5 The link also shows a table which sets out the statutory list of areas and accompanying map for each of the 42 ICBs across England.

3.0 CCG governance arrangements

3.1 The Due Diligence, Transition and Close-Down Group continues to meet, where each member provides an update on progress against the tasks within respective portfolios.

3.2 The Audit Committee of each CCG has received monthly updates in relation to due diligence arrangements and has also, where requested, received further detailed updates where concerns have been raised.

3.3 Each Audit Committee will be provided with a draft assurance document, to be signed by the Clinical Chief Officer to the Integrated Care Board Designate Chief Executive. The document will be provided to the meeting held on 18th May with the written assurance required no later than 01 June 2022.

3.4 Each IMT Lead has been provided with an assurance template from relevant workstream leads. The purpose of the template is to indicate whether all relevant tasks have been completed or whether any are yet to be resolved, including the timeframe for resolution.

4.0 Potential areas to capture within the sign-off report

4.1 Some references included within the due diligence checklist which may need specific updates, where relevant are as follows:

- Any concerns made by Secretary of State, DHSC and/or NHSE/I and actions in place to address them
- Any breaches of Code of Conduct or Code of Accountability
- Details of any investigations by HSE, any government agency, counter fraud etc that would transfer
- Enforcement notices to transfer
- Learning points from the Single Oversight Framework
- Open learning points relating to EPRR – may specifically need to mention business continuity
- Any disciplinary action taken against GB members, Directors or Officers
- Formal disciplinary action taken against any employee in the last two years
- Formal grievances taken out by employee in the last two years
- Any legal action being taken against the CCG, by an employee in the last two years
- Any known issues relating to human resources such as job descriptions, training commitments, custom and practice arrangements
- Any ongoing areas relating to contracts and procurement
- Any ongoing consultations or support being given to primary care for consultations
- Arrangements for the destruction of each CCG seal

4.2 Reviews of all due diligence areas remain under continuous review and where other areas are identified; these will be included in the sign-off template.

5.0 Due diligence dashboard status

5.1 An overview of BRAG rated tasks and the latest status included in the due diligence checklist is shown below.

Workstream	Number of tasks	Red	Amber	Green	Blue
Governance	25	0	0	12	13
Quality	22	0	0	16	6
Contracts, grants, agreements	16	0	0	9	7
Claims, litigation and insurance	6	0	0	6	0
Finance	100	0	0	70	30
Estates, equipment and environment	17	0	0	4	13
Information technology	13	0	1	6	6
Human Resources	34	0	0	22	12
Data Security Protection Toolkit & Information governance	17	0	3	7	7
Communications and engagement	2	0	0	2	0

TOTAL

252	0	4	154	94
------------	----------	----------	------------	-----------

6.0 Recommendations

6.1 Each Governing Body is asked:

- a) To receive assurance that there are robust arrangements in place to co-ordinate the due diligence, transition and close down process for each organisation.
- b) Note the governance arrangements outlined in the report.
- c) Note the potential areas for capture within the Accountable Officer sign-off report.