



CMAST

Cheshire and Merseyside Acute
and Specialist Trusts



**Cheshire and
Merseyside**

Health and Care Partnership

CMAST Briefing

February 2023

ICB Update

NHS Cheshire and Merseyside's latest Board meeting was held at Whiston Town Hall in Knowsley on Thursday, February 23rd.

In his Chief Executive's Report, Graham Urwin reflected on a wide range of current issues for the NHS, including ongoing Industrial Action. He noted his thanks to service managers at every level for their continued hard work to maintain safe levels of care and good relationships with staff and expressed hope that a resolution would be achieved amid ongoing talks between the government and trade unions.

Director of Nursing and Care Chris Douglas MBE provided an update on work to maintain quality and safety amid NHS industrial action and system pressures and highlighted how Cheshire and Merseyside has been chosen as one of just three ICS's nationally to work with the Institute of Health Equity on a programme to help address children's health inequalities.

Director of Planning and Performance Anthony Middleton described some of the ongoing challenges in urgent and emergency care, but noted continuing progress on reducing elective care waiting lists - highlighting that Cheshire and Merseyside remains on track to reach its end of March target despite the impact of NHS industrial action, to date, on workforce levels.

Chief People Officer Chris Samosa updated on recommendations from the Liverpool Clinical Services Review and Chris Douglas reported that a sub-committee has been set up to explore a future care model for women and baby services in response to this.

CMAST Board Discussions

The Leadership Board met on 3 March and discussed a number of key system issues:

A discussion on preparations for and considerations associated with upcoming junior doctors industrial action took place. The discussion provided an opportunity for system leaders to be updated on discussions amongst Trust Medical Directors and promoted the need for clarity with the public, partners and workforce, consistency of approach and response and the paramount importance of patient safety. System communications will be led by the ICB Medical Director and cascaded to Trust Medical Directors.

An update was received on progress toward achievement on the elimination of patients waiting greater than 78 weeks for treatment by the end of March 2023. Solid progress was being made,

however, industrial action was noted to be a destabilising factor and risk to delivery. The Board was also briefed on implementation of the Mutual Aid Hub whose priorities included minimising variation in access and inequalities across Cheshire and Merseyside and will, going forward, include the coordination of shared, equitable access to the independent sector.

The group also discussed progress in responding to the Liverpool Clinical Services Review. The principles previously discussed by CMAST were reiterated: the need to respond to the review's recommendations; the need for this to be done in sight of partners; and for wider system implications to be considered. The conclusions of a national visit were also shared which had provided assurance on progress and the collaborative approach to system delivery within C&M. Finally, the group noted that the first meeting of the ICB led aspect of the review and related to Women's Health had taken place and that as well as CMAST members being present in their own right at this committee CMAST was represented through the appointment of the Wirral Trust Medical Director following an ICB request.

The Leadership Board were informed that CMAST had been successful in its bid to the Provider Collaborative Innovators Scheme. The offer includes access to national policy development, peer support and a bespoke support offer which is to be confirmed.

CMAST Leadership Board will also meet at the end of the month in order to avoid Easter bank holidays in April.

Elective Recovery and Transformation Programme

Waiting times update

At the start of March there were 1127 78 week wait patients awaiting treatment and expected to be cleared by the March end, in line with national requirements. In the past 26 weeks system delivery and activity had meant there were 34,945 patients who received treatment in this cohort.

Industrial action remains a significant risk, to delivery of these national targets, and will have an impact on elective service delivery throughout March and potentially beyond. Mitigations are being put in place wherever possible, and the team will continue to monitor impact. To date 372 long wait cancellations have arisen due to Industrial Action, the overall impact on the total numbers of cancellations is significant.

Outpatients

The outpatient improvement team held a system-wide Medical Outpatient workshop to bring together medical specialities to configure and agree support plans aligned with best practice, interventions and reflecting recently released GIRFT guidance. Three members of the national OP programme attended to present on different elements of service improvement, and over 50 people from Cheshire & Merseyside attended.

Provider specific support is being offered, with clinical engagement workshops planned for prioritised specialities to support implementation of PIFU. Attention also continues on 'Action on Outpatients', a national initiative, with focus currently on reduction of patients who do not attend (DNA) with DNA reduction strategies being developed, supported by data packs incorporating key learning and success.



Theatre utilisation

The theatre improvement programme team have developed a new “theatre academy” programme for 2023 to increase trust support and build a sustainable model, transferring skills and building a network for future improvements. The programme will train a number of representatives from each trust to run an effective theatre programme, focusing on scheduling, pre-operative assessment, and flow through theatres.

The programme will upskill local staff and steer a system-wide theatre productivity programme, with monthly elective recovery steering group and workshops, with each trust focusing on local issues and solutions. The programme will be implemented using consultancy approaches and techniques to enable sustainable changes and solid local buy-in. The programme will cover the following:

- How to request and analyse data
- How to engage with clinicians
- Using data to focus a programme on the biggest opportunities
- How to request support from Executives
- Demand and capacity models for booking teams and POA
- Improving late starts
- Reducing cancellations and creating a zero-cancellation culture

The programme will also link with the fortnightly steering and action groups to support immediate changes required to improve performance.

The North Mersey Elective Surgical Hub

The first phase of the North Mersey elective surgical hub, the surgical robot and procedure room adaptations for LUHFT, were approved, by NHSE for capital release, last month. Work continues on the development of a business case for the second phase of the North Mersey Elective Hub programme. We are exploring options for ophthalmology, gynae and dermatology as these are the key specialties with capacity gaps.

Clinical Pathways

Orthopaedics

The Orthopaedic Alliance is operational and is the vehicle for driving improvement and actions developed during the first phase review.

One of the recommendations from the first stage review was to develop an orthopaedics dashboard to provide a system level view of the performance metrics and support discussion on planning and improvement. A bespoke dashboard has been designed and is currently in testing phase. It will support the elective orthopaedic surgical pathway objectives and provide accessible insightful data that is easy to read and ready to use to improve performance and patient experience. The dashboard has been well received by operational and clinical colleagues.

On 8th February the Getting It Right First Time (GIRFT) team undertook a system gateway review, led by Professor Tim Briggs, the national GIRFT Clinical Lead. The visit focused on cold site surgery, waiting list progress and mutual aid, theatre utilisation, and reducing variation. Presentations were

given by clinical leads from across the system to share the innovation and improvement work that has been delivered for orthopaedics across the system. Professor Briggs was complimentary around the progress with elective surgical hubs, and keen to visit the Clatterbridge hub in person.

ENT

The first phase of the ENT review has been completed and a detailed current state intelligence pack and case for change has been developed, drawing on the engagement meetings and detailed research and data analysis. A face-to-face workshop was held on 28 February attended by 25 people from 8 acute and 2 community providers, representing ENT medical teams, operational staff and nursing leads, along with other system colleagues. The objectives of the workshop were to reach consensus on the current challenges facing ENT services across C&M, to agree what good looks like for ENT services and establish priority areas to explore going forward, and to define how we will practically work together as a system – establish areas for improvement work.

The workshop had good engagement and was well received. The following outputs were agreed:

1. A clear consensus around the need for change – that the current service arrangements will not meet the needs of the service for the long term.
2. A system-wide approach has benefits – with collaboration, workforce, and pathways, and standardisation where it makes clinical sense to align.
3. Key areas need system focus on referral management – especially for 2 week wait pathways
4. Aspiration to form a clinical network for sustainable collaboration

These outputs are being developed into a roadmap with short, medium and longer term transformation plans and key milestones.

Dermatology

A face-to-face workshop was held on 15th February attended by 50 people from 11 acute and 5 community providers, representing dermatology medical teams, operational staff and nursing leads, along with other system colleagues such as Place leads and the Cancer Alliance.

The key challenges and case for change was confirmed and key priorities for discussion through the next phase were agreed as:

1. Referral and prioritisation to support systems and processes for 2ww and other referrals
2. Right person / right place to develop a model where care is provided in the right place by the most appropriate person. Ensuring that only those who need specialist care see specialist clinicians.
3. Commissioning and funding to explore how we can support system wide models that standardise care and seamlessly integrates community and acute services.
4. Collaborative networking to establish a dermatology network that can take forward the improvement work, providing a collaboration platform for sustainable change.
5. Cross system digital infrastructure to focus on what systems and processes are needed to support effective integrated working.

6. Primary Care to tackle barriers and facilitate better partnership working with primary care dermatology services and how these can be mobilised alongside community integrated models.

Another workshop is planned in April to review these areas in more detail and agree action plans and a roadmap for delivery.

Diagnostics Programme

C&M CDCs

C&M CDCs are now forecast to deliver 340,000 tests per year. The majority of activity will be CT, MRI & Ultrasound. We are currently above plan. We are providing the highest levels of CDC activity in the Northwest and have maintained the 4th highest level out of 42 ICS regions. We now have 9 CDCs authorised. 6 are open with Southport having just opened. Runcorn Shopping Centre, Halton & Liverpool Paddington schemes are due to open in next 3 months.



December Performance Headlines

- C&M ICS ranked position slipped one place from 11th to 12th out of 42 ICSs for diagnostic waiting time performance. This remains an improvement from the ranking of 20th in Nov 2021.
- Levels of activity dipped from 105,981 tests completed in November to 91,088 in December, largely as a result of winter pressures and industrial action.
- The total number of patients waiting for a test has reduced from 71,782 in November to 69,566 in December.
- Activity in all 7 key test areas was down in December compared to November but over the entire year both Colonoscopy and CT activity remains significantly higher (in excess of 110%) when compared to pre pandemic levels and activity levels in MRI, Ultrasound and Gastroscopy have equalled or exceeded pre-pandemic activity levels.
- On average across all tests, 76% of patients received their test within 6 weeks, this level has remained static since last month.

Performance Improvement Plans – Focus on Diagnostics

NHSEI have asked all ICSs to submit plans to increase activity with particular focus on the month on March resulting in an improvement in the percentage of patients seen within 6 weeks. C&M has ensured that all patients waiting for a surveillance test are included in the figures and we have submitted a plan with the aim that no patient waits longer than 52 weeks by the end of March 2023, we are on track to meet this milestone and will be asking for Chief Operating Officers to commit to no patient waiting longer than 40 weeks by end of June 2023.

NHSEI Priorities & Operational Planning Guidance

A system level summary has been shared with Chief Operating Officers to outline how we will meet the key asks for diagnostics which include:

- Increase the number of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs

and the diagnostic wait time ambition.

- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs.
- Deliver 10% productivity improvement in pathology and imaging by 2024/25 through digital investments and meeting optimal test throughput rates.
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24.

Diagnostic Highlights February

- An ambitious 5 year strategy has been compiled to set out clear intentions for transformation and delivery for all areas of diagnostics. The strategy will be available on the NHS Cheshire & Merseyside website with the C&M Diagnostics Delivery Board overseeing delivery of underpinning workplans.
- We have data flows from acute/specialist trusts covering activity levels and waiting times/numbers. We do not have data flows for tests provided in primary care, community, mental health or independent sector settings, this prevents us from understanding all issues and opportunities and connecting different parts of the health system together. To fill this void, a survey for all sections of the system has been launched so that we can implement standardised symptom based pathways and ensure that access within each place fits with this plan.
- Initial Meetings have taken place with trusts regarding development of an Endoscopy Collaborative Staff Bank. Information is now required from each trust to enable the go live date of 1 May to remain on track.

Urgent and Emergency Care – Gold Command

The urgent and emergency care system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside. In addition, there have been several strikes over the course of the last three months, with industrial action impacting NWS and a number of C&M Trusts. Junior doctors joined 72 hours of strike action at 7am Monday, March 13th. Significant service disruption is expected with all NHS Trusts across Cheshire and Merseyside affected. NHS Trusts spent much of last week preparing for this week's action through MADE events, long length of stay reviews and via collaborative work with Place partners to help create capacity.

As winter pressures continued to build over the course of December, a number of Trusts across C&M declared the highest level of escalation, OPEL 4, with in total 15 separate declarations of OPEL 4 during December/early January. There was then a sustained period of more stable performance, however since the end of February pressures have been building. C&M as a system continues to report an operational pressure level of OPEL 3, with all but one of our NHS Trusts - Alder Hey Children's Hospital NHS Foundation Trust - reporting at least OPEL 3 at some point in February and March.

- More than half of all hospital beds across Cheshire and Merseyside (58%) are currently occupied by patients who have been in hospital for at least a week
- Patients who have remained in hospital for at least a fortnight account for 38% of all beds, with more than a quarter of all beds (27%) currently occupied by patients who have been in hospital for at least three weeks
- More than 1 in 5 of all beds (22%) are currently occupied by patients classed as being medically fit for discharge
- Southport and Ormskirk Hospital NHS Trust continues to buck this trend via its use of discharge

to assess, however, with just 4.4% of beds currently occupied by patients with “no criteria to reside”

Finance, efficiency and value workstream

The combined CMAST Trust finance position has worsened in Month 10 to a deficit of £81.4m. CMAST providers are reporting a deficit, 5 of which are currently worse than plan.

Month 10	Plan (£m)	Actual (£m)	Variance (£m)	FYE Plan (£m)	FYE Forecast (£m)	Variance (£m)
CMAST (deficit)	57.9	81.4	23.5	59.3	64.7	5.4
CMHCD (surplus)	7.4	9.9	2.5	9.3	21.7	12.4
Total provider (deficit)	50.5	71.5	21.0	50.0	43.0	7.0
Total system (deficit)	34.0	63.6	29.6	30.3	30.3	0.0

Forecast, Governance & Risk

The forecast outturn was submitted on 23rd February with organisations ‘locking down’ their positions. CMAST providers have generally improved their positions to support the overall C&M control total. Those organisations that were able to improve will receive a capital incentive in 23/24 as part of the overall risk and incentive envelope.

A further key financial risk to flag is the financial impact of junior doctor’s industrial action scheduled 13 – 15 March as significant additional payments will be made to consultant level clinicians to cover the gaps at industrial action rate levels.

Specialised Commissioning

CMAST maintains its presence at the C&M Specialised Commissioning steering group, as reported the delegation of commissioning to Place has been delayed until April 24. The three transformation priorities for specialised services remain to be agreed and will require some time at future Partnership Board.

Financial Planning

First cut financial plans submitted on 23 February show a large, projected 23/4, deficit across CMAST providers – further work is in progress to reduce this in advance of the final March submission including peer to peer reviews and ICB discussions.

Efficiency at Scale

The next programme board meets on 13th March. The progress to date is summarised below with the 23/24 plans being finalised to agreed transformation funding.

Finance	Medicines Optimisation
<ul style="list-style-type: none"> SBS insight diagnostic review undertaken, report & recommendations due on 9th March – covering Finance and Procurement. Opportunity identified for single system from 2024 onwards. Other projects being scoped to deliver savings in 23-24 such as legal services, Audit, 3rd party VAT/Finance reviews. Legal services pilot proposal is covered on the March agenda. Discussions have taken place to explore the use of agencies such as Liaison to undertake a review of VAT/Other finance opportunities. 	<ul style="list-style-type: none"> 6-10 region wide projects already well developed and in delivery. £10-12m savings expected in 22/23, majority will accrue to ICB as primary care drug savings, but many key projects are jointly led between ICB and Provider Pharmacists and Provider support is vital. Progressing towards a joint APC for C&M. Similar programme anticipated in 23-24.
Procurement	Workforce
<ul style="list-style-type: none"> Introduced new project highlight reports and savings tracker. ICS Lead (B9 Post) approved and interviews expected in April. £120k savings expected in 22/23 (FYE = £650k) Closer working and engagement with NHS Supply Chain plus partnership agreement signed by all C&M Providers. Structured workplan agreed at system wide workshop in early March for 23-24 covering key themes and £5m savings expected. 	<ul style="list-style-type: none"> Initial focus on a specific project such as improving the use of rostering systems. Significant opportunities identified. Plan to identify SRO and project lead by April.

Workforce

The inaugural CMAST Workforce Programme Board meeting took place on 7th March 2023. The group agreed the terms of reference and recognised leads will be required to attend from the established Chief People Officers and Chief Nursing Officers groups. Expressions of interest for leads have been submitted to the network groups. The group agreed the task and finish groups to be established.

The following workstreams / task and finish groups will be established where they are not already in place:

- HCA collaborative bank – scoping
- Elective recovery workforce planning
- AHP faculty
- Trainee midwifery associate
- Developing the ward nurse role

The groups will report to CMAST Workforce Programme Board bi-monthly.

