

**CMAST**Cheshire and Merseyside Acute
and Specialist Trusts**Cheshire and
Merseyside**

Health and Care Partnership

CMAST Briefing

January 2023

ICB Update

NHS Cheshire and Merseyside's first Board meeting of 2023 was held at the Floral Pavilion in New Brighton, Wirral on Thursday, January 26th.

At the meeting Graham Urwin reflected on a difficult Christmas period for the local NHS, exacerbated by the double impact of COVID-19 and flu. He reported that, in early January 2023, a number of acute hospitals across Cheshire and Merseyside were at OPEL 4 – the highest level of escalation – meaning both the quality of many local NHS services and the access to them was compromised. Too many people were being cared for in hospital corridors. With hundreds of people who are medically-fit for discharge still remaining in hospital, intensive work to improve flow is ongoing. This work has, however, already supported an easing of pressure in recent weeks.

On NHS industrial action, Graham singled out action on February 6th, 2023, as likely to have a significant impact on the delivery of health services locally. For the first time, nurses and ambulance service staff will be taking action on the same day, with more organisations in Cheshire and Merseyside taking strike action on February 6th than in any other region of England.

Liverpool Place Director Jan Ledward presented the key findings of a Carnall Farrar report following a recent Liverpool Clinical Services Review. The Board noted the contents of the report and recognised the need to move forward with the next phase of the work to help establish where improvements could be made with the support of an independent clinical advisor. A commitment was also made to respond to all related questions from the public in a timely way and to publish both the questions and the responses via the NHS Cheshire and Merseyside website.

An interim Cheshire and Merseyside Health and Care Partnership Strategy was supported, especially the emphasis on prevention and reducing health inequalities, with a related two-year operational plan now in development following the publication of national planning guidance.

Assistant Chief Executive Clare Watson also presented an update around public engagement and involvement, noting that a developing Citizens' Panel across Cheshire and Merseyside has already recruited more than 600 people.

CMAST Update

CMAST Leadership Board met on 3 February. Per its standing commitment to, at least quarterly, engage with Trust Chairs, this was a broader meeting and was used to review and reflect on the vision and priorities of CMAST and its programme delivery through 2022/3. The meeting also included a look forward to projected milestones and activities in 2023/4.

The headline summary from each programme was as follows:

Elective Recovery Programme

2022/3 delivery headlines

- Zero-breach position for 104 week waits by July 2022
- Reduced 78 week waits by over 25,000 in the last 19 weeks
- Upper quartile performance theatre utilisation
- Over 19,000 additional treatments through efficiency improvement.
- Established and supported clinical improvement networks for 8 key challenged specialties
- We have secured over £76m capital funding for elective recovery for the system and over £1m other revenue sources – delivering additional elective capacity for C&M wide use
- Supported the design and build of Clatterbridge Elective Hub

Anticipated 2023/4 delivery milestones

- Waiting List Management
 - System-level focus on elimination of 78 week waits by March 2023 and reducing 52 week waits over the course of the year
 - Continued validation and risk stratification and harm reviews for waiting lists
 - Waiting well initiatives providing support for patients waiting
 - Multiple initiatives to aid the reduction of outpatient waiting lists
- System Resources
 - Establishing elective hubs as shared resources for system use
 - Mutual aid facilitation for challenged specialties
 - Separating elective and emergency care to ring fence elective surgery
 - Moving towards a system-level PTL where appropriate to support equity of care
 - Maximising independent sector opportunities
- Reducing variation
 - Aiming to achieve top decile performance for all trusts across clinical and administrative indicators
 - Workforce transformation initiatives for elective care
 - Implementing GIRFT and best practice pathways
 - Sharing and promoting best practice across C&M and tailoring for individual Trusts efficiency

Clinical Pathways Programme

2022/3 delivery headlines

- Established formal governance structure, including NED sponsors & links across ICB
- Established clinical leads for specialties
- Review of Orthopaedics Service, 2 workshops and report
- Agreed cold site surgery principles and roadmap with clinical consensus

- Established Orthopaedic Alliance
- Commenced review of ENT and Dermatology services, engagement with clinical and operational teams for the services
- Established ENT and Dermatology clinical networks
- Facilitation of GIRFT reviews and action plans

Anticipated 2023/4 delivery milestones

- Progress established model of work in dermatology and ENT
- Identify any future areas or system initiatives benefiting from attention and/or CMAST alignment

Diagnostics Programme

2022/3 delivery headlines:

- £112m investment secured
- 105,000 tests per month (18% growth in year)
- Improved waiting times for patients - 79% now seen in 6 weeks, improvement from 75%
- Improved performance diagnostic ICB ranking position from 20th to 11th
- Delivery of multiple CDCs
- Overarching programme for all diagnostics including establishing system oversight and reporting

Anticipated 2023/4 delivery milestones:

- Reduce waiting times across all specialities
- Increase productivity – targeting imaging and pathology
- Improved turnaround times – processing and reporting – targeting imaging and pathology
- Deploying digital investment to increase collaboration
- System wide transformation - Future Pathology needs assessment for the ICS
- Vanguard for AI deployment across diagnostics
- Deploy collaborative staff bank
- Whole system view and utilisation – beyond acutes

Workforce Programme

2022/3 delivery headlines - Established work programme to:

- Reduce competition between Trusts to attract and retain staff
- Have a consistent C&M offer for certain staff groups i.e., midwifery
- Attract and retain staff within Cheshire and Merseyside

Anticipated 2023/4 delivery milestones will support delivery of objectives by:

- Working towards a single staff contract to support movement of staff across the system supporting mutual aid and resource placement with greatest need
- Developing an evidence base to support intelligence led action on - staff recruitment, retention and market development
- Developing consistent workforce approaches / responses for staffing and employment issues
- Connecting with universities, local authorities, AHSN and wider agencies to develop whole system approach to education, recruitment and routes to employment
- Using digital and systems requirements to support development and implementation of consistent evidence based clinical practices, expectations across organisations to support movement of staff / increase productivity.

Finance Efficiency and Value Programme

2022/3 delivery headlines

- Delivery of an agreed financial plan and control totals at organisation and ICB level.
- MDT peer reviews of underlying financial issues and drives of the deficit.
- Development of a suite of financial reports incorporating I&E, exception reports, capital, cash and agency spend at organisational and aggregate levels.
- Productions of deep dive productivity and efficiency data shared at the December workshop and for Boards to review to target opportunities.
- Membership of the ICB specialised services commissioning steering group advising on provider input to delegation pace through the PDAF process.
- Established Efficiency at Scale work programme with initial focus on medicines optimisation, workforce (collaborative bank), financial systems and procurement

Anticipated 2023/4 delivery milestones include key system delivery and contribution to:

- Financial Strategy
- Funding flows
- Governance and risk
- Assurance and regulation
- Delivery of efficiency at scale work programme and expanded scope

Recognising C&M Cancer Alliance's (CMCA) accountability to NHSE, the Board also received an update on 2022/3 deliverables and future plans in line with CMAST programmes recognising the absolute interconnectivity of this programme and the alignment of priorities across member organisations and with elective recovery, pathways and diagnostics in particular.

2022/3 delivery headlines:

- Activity: 3000 additional patients seen pcm
- PSFU: 41 PSFU protocols now live releasing 100k outpatient appointments
- FIT: investment in 83k kits reducing colonoscopy by 60%
- Prehabilitation: 5% reduction in length of stay 50% reduction in complications, 8% reduction in 30 day admissions
- Cancer Faster Diagnosis standard - 21 best practice timed pathways fully established. C&M Cancer Alliance currently top performing Alliance in England
- Targeted lung health checks - 80,000 invited since starting in July 2021. 73% cancers found are stage 1 or 2. Fastest roll-out in England.
- Education and patient experience: 500 learners registered in CMCA Cancer Academy, 10 community outreach roadshows and patient representatives recruited
- NHS Galleri – largest cancer screening trial. CMCA is highest recruiter 22k C&M places
- Innovation – Europac Plus – Risk stratification at risk pancreatic patients

Anticipated 2023/4 delivery milestones:

- Continue to reduce the number of patients waiting over 62 days
- Meet the cancer faster diagnosis standard by March 2024, so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028,
- Follow through pre-existing initiatives. Embed / Extend / Accelerate / Innovate
- Additional targeted investment and support to trusts with most challenged performance
- Eliminate colonoscopy waits above 14 days for suspected cancer patients. Target 7 days from request.

- Targeted lung health checks, roll out to three more places in 2023/24. 100% coverage in 2024/5.
- Develop and test improved cancer pathways for people with dementia
- Focus on high-risk patients – Lynch syndrome, BRCA, liver surveillance
- Primary care / community cancer pathways

The Board received an update on the ICB led Joint Forward Plan. A document that the ICB is required to deliver and which provides an NHS delivery framework to realise the ambition of the ICP strategy. The Board received a proposal for the C&M collaboratives to consider a draft of the plan by the end of March aligned to when NHSE will require an initial submission. Opportunity for system and partner engagement, including Trust Boards, would be possible from April through June.

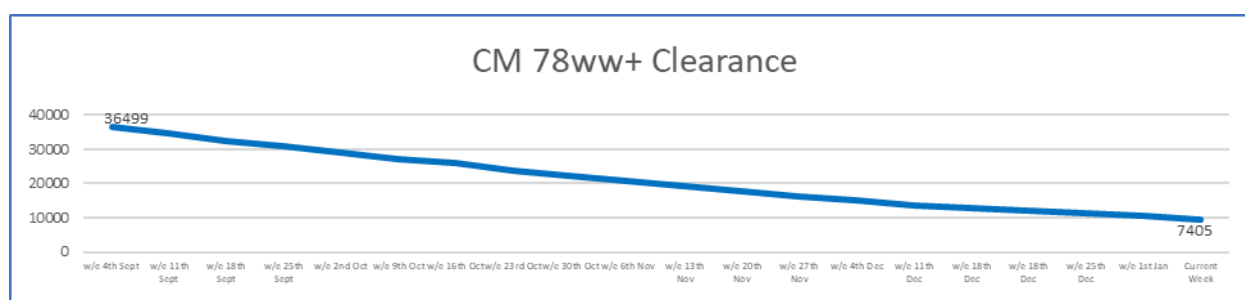
Prior to the planned business of the meeting being considered the Board used the meeting to consider recent ICB discussions in response to the conclusion of the Liverpool Clinical Services Review. The Board recognised the need to make progress on the issues and evidence found within the report but also the importance of aligning these activities with existing work programmes across the ICS, including CMAST, and the need to ensure that health inequalities and access across C&M were actively considered.

The meeting also received for information the now standard system performance and finance reports. The meeting also received its first summary quality report. It has been agreed that to ensure a quality update is additive and supplements existing trust activity that the report will cover the business of the ICB's Quality Surveillance Group.

Elective Recovery and Transformation Programme

Waiting times update

Trusts continue to focus on clearing the long waiting patients in order to deliver the key target of zero people waiting over 78 weeks by end of March 2023. Over the last 20 weeks the system have cleared nearly 30,000 patients in this long wait cohort. The total number of patients to clear by March is now at a low of 7405 and a key focus this week is to get as many of these patients booked in as possible. The elective recovery programme team are working hard to support trusts with mutual aid, independent sector support and operational management input where needed.



Outpatients

The outpatient improvement team have been successful in securing funding to undertake a key project to deliver digital text validation to the longest waiting patients across trusts in C&M. This project will help to remove people no longer needing to be seen, prioritise those whose condition has deteriorated and identify patients who are suitable for mutual aid. Benefits will include a

reduction in the waiting lists and improved patient experience.

The system has been closely involved in the most recent national initiatives under the 'Action on Outpatients' programme. Stakeholders have benefited from a series of webinars around Referral Optimisation as well as focused analysis and engagement around reduction of patients who do not attend (DNAs). This work is being complemented by system level projects to support delivery at trust level including a dashboard which will reflect waiting list data and tracking key interventions and metrics.

Theatre utilisation

The theatre utilisation programme continues, and each month an "opportunity pack" is produced to show where there are specialty-level opportunities to increase throughput focused on targeted interventions on theatre planning and operational logistics, booking and scheduling, staffing availability and planning or vacancies.

The Cheshire Elective Surgical Hub

Contractors are on site to deliver the new surgical hub facility on the Victoria Infirmary site. The clinical pathway planning is underway for ophthalmology, urology, ENT and general surgery.

For ophthalmology it has been agreed to create a dedicated hub waiting list for cataract patients at point of referral. This will be shared between all participating providers, meaning the end to end pathway will be hosted through the hub and a true hub service can be offered with equity of access for all patients in the region.

A robust governance structure to deliver the hub over next 12-15 months is now in place, with system and trust representatives from each organisation supporting key enabling work streams.

Paediatric dental hub

Funding has been secured to establish a pilot paediatric dental hub to treat the low complexity patients requiring dental surgery. We currently have over 600 patients who've been waiting over 52 weeks from 11 organisations that provide paediatric dental surgery across C&M.

Proposed hub session sites will be Bridgewater and Whiston, with a possible opportunity for a Countess of Chester hub serving Chester patients. Representatives from across the C&M geography have formed a Paediatric Elective Recovery Group to work on the clinical pathway for these patients and agree the logistical arrangements.

Clinical Pathways

ENT

- Engagement meetings have been held with trust medical, nursing, operational leads, commissioners, and other key stakeholders to gather insight into the current state assessment for ENT services across C&M. The ENT network has been re-energised and have held 2 well attended, successful sessions.
- Teams are enthusiastic to move forward with identifying areas for improvement. Due to winter non-elective pressures and industrial action, we postponed the first workshop planned for January and have instead sent the intelligence pack via remote engagement

with a plan to move forward on solution focussed improvement at the revised workshop planned for 28th February.

Dermatology

- Engagement meetings have been held with stakeholders from all known acute, intermediate and community providers, commissioners, and place leads. The insights gained are being used to complete the first draft of the current state intelligence pack.
- Clinical network meetings have taken place with growing representation from acute, community and commissioning colleagues to provide collaborative clinical, operational, and quality focused speciality discussion. The first workshop is planned to take place on 15th February bringing stakeholders together to gain consensus on the current challenges facing the speciality across C&M, agree what good looks like and establish principles we will adhere to going forward.

Orthopaedics

The orthopaedics team are working on the implementation phase of the work, building on the principles that were agreed by the Orthopaedics Alliance, which were:

- Each trust should already be working to achieve the “Getting It Right First Time” (GIRFT) standards. This will be monitored through the national GIRFT gateway review process with ownership and support from the C&M Orthopaedic Alliance. This includes 85% utilisation (as minimum), and upper quartile performance for day case rates, and length of stay.
- Each trust should have access to a dedicated elective cold site (without a co-located Type 1 Emergency Department) for elective orthopaedics with ring-fenced staff and beds (for all but the most extraordinary circumstances; 365 days a year).
- Trusts that do not have a dedicated elective cold site (without a co-located Type 1 Emergency Department) should be given access from those trusts that do through a buddying up system (multiple such relationships could exist to facilitate); no theatre session for elective orthopaedics should ever be ‘wasted’ by the system.
- Each cold site should be working to maximise throughput including the number of sessions (e.g. from 2 to 3 per day) or number of days services are running (e.g. from 5 days to 6 or 7 days).
- Guidance to support cold site utilisation such as no pooled patients (unless by consent) i.e. the patient follows the clinician, all clinic appointments should be as close as possible to the patient, clinicians agree to locations they are working from, IT support required to allow for maximum flexibility of staffing working across locations.

These key principles form the basis of the recommendations and roadmap that have been developed for the C&M orthopaedic services. There are now three key areas of focus for the orthopaedics team as shown below:

GIRFT and Best Practice pathways:

- Established C&M Orthopaedic Alliance – now developing associated workplan to reduce variation and adopt best practice
- GIRFT Gateway review planned – 08/02/2023
- Development of Orthopaedic KPI Dashboard in progress – due mid Feb (next slide)
- Inclusion of tech such My Mobility App, Surgery Hero and Prehabilitation processes to improve recovery, surgical outcomes.

Optimise collaboration across C&M

Collaborations:

- Existing cold sites now enabling other trusts to utilise unused capacity (COCH working out of Clatterbridge, Whiston working out of Ormskirk)
- Other trusts open to discussion on this (Mid Cheshire exploring with Clatterbridge, Halton open to supporting other trusts)

Resulting in:

- Standardising clinical practice – ‘one system, one pathway’
- Impact on WL (aim no wasted capacity)
- Improved patient experience – surgery sooner

Still required:

- Technical infrastructure/electronic integration improvement needed – forum being established to look at this to improve current and develop plan for the new operating model
- Workforce – continued need to address and optimise workforce issues and achieve parity on things such as availability of ortho-geriatricians

Develop Clinical Model across C&M

- Wide engagement underway – clinicians and operational teams through OA but also through individual site visits and meetings
- Establishing a network across the surgical orthopaedic hub and other providers using them to share learning, resources and best practice
- Options appraisal in development – will include design details such as technical requirements, base offer in terms of host staff and equipment/facilities
- Creation of SOP/Guidelines to support this operating model



Other specialties

In order to ensure no duplication, and that we understand and manage any interdependencies we have agreed that we will have an oversight of other transformation work within other key specialties including cardiology, gynae and paediatrics. These groups have been invited to join our leadership team meeting for updates on a regular basis to enable alignment where needed, and offer support.

Diagnostics Programme

C&M CDCs

- C&M CDCs are delivering 140,000 tests per year. We are providing the highest levels of CDC activity in the Northwest and the 4th highest level (last month was 5th) out of 42 ICS regions. We now have 9 CDCs authorised. 6 are open with Southport having opened in month. Runcorn Shopping Centre, Halton & Liverpool Paddington due to open before 1 April 2023.



November Performance Headlines

- C&M ICS has maintained its ranked position of 11th out of 42 ICSs for diagnostic waiting time performance. This is an improvement from the ranking of 20th in November 2021.
- The highest level of activity (since C&M diagnostic performance reporting began) was recorded in month with 105,981 tests completed.
- The total number of patients waiting for a test has remained static at just over 70,000 patients.
- In CT and Colonoscopy, we are delivering significantly more activity (in excess of 110%) than we were before the pandemic.
- The waiting time standard of 95% of patients receiving their test with 6 weeks was hit for MRI scans.

- For the first month ever, (since C&M diagnostic performance reporting began) the number of patients waiting 13 weeks+ has dropped below 5000. 4790 patients (6.6% of the waiting list) have waited 13 weeks or longer.
- A third (1636 patients) of the over 13 week+ waiting list is made up of patients waiting for an endoscopy at LUHFT. Key discussions have taken place with the trust to support improvement.

Performance Improvement Plans

- NHSEI have asked all ICSs to submit plans to increasing diagnostic activity with particular focus on the month of March, resulting in an improvement in the percentage of patients seen within 6 weeks. C&M has submitted a plan with the aim that no patient waits longer than 52 weeks by the end of March 2023. All Trusts are asked to scrutinise diagnostic waiting time performance to ensure that plans are in place for any patient falling into this wait banding.

NHSEI Priorities & Operational Planning Guidance

- We are working up a system level return 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 Data

- The C&M Diagnostics Programme currently does not have access to referral data. This information would allow us to review referral and access rates and to more accurately plan capacity to meet demand. A proposal was taken to the C&M Data Leads Meeting to obtain this information from acute and specialist trusts in the first instance. The proposal was supported and it is anticipated that this data will be available from Q3 in 20-23/24.
- 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 piece of work has begun to survey all sections of the system so that we can implement standardised symptom based pathways and ensure that access within each place fits with this plan. Sponsorship by Trust leadership is essential to making this opportunity a reality.

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 days of industrial action impacting NWS and a number of C&M Trusts during December and January
- 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.
- North West Ambulance Service (NWS) was consistently reporting at Resource Escalation Action Plan (REAP) Level 4, its highest escalation, and in addition declared critical incidents on a number of occasions over the same period, primarily due to the high numbers of ambulance handover delays and the consequent impact on response times.
- These pressures peaked in the period from the last week of December into the first week of January.
- The delays in ambulance handovers were largely a result of overcrowding in emergency departments due to insufficient bed capacity to admit all those patients requiring a hospital bed. During this peak period of pressure the majority of acute trusts saw significant numbers of patients being cared for on corridors and high levels of patients spending longer than 12 hours in department from arrival or awaiting discharge.
- The ICB has been working closely with local authorities, through Place Directors, and in conjunction with Trusts to focus on:
 - Increasing and then maintaining the run rate of hospital discharges every day
 - Moving patients to the first available slot, with a view to then moving then onward to the correct pathway, if correct pathway capacity is not readily available
 - Collectively increasing risk-based decisions about who can go home earlier with a lower package of care than might previously have been assessed
- Ambulance handover delays have reduced substantially from the peak period of pressure in early January. However, the system remains fragile.
- Whilst we have seen improvements in discharges and flow as a result of system wide efforts, our hospitals are still full with bed occupancy averaging 96.7% as at 25/01, despite significant surge and escalation bed capacity remaining open.
- Long stays are an issue, with 1,476 (28.5%) of beds occupied by patients who have been in hospital for at least 21 days as at 25/01.

Finance, efficiency and value workstream

Month 9	Plan(£m)	Actual(£m)	Variance(£m)	FYE Plan (£m)	FYE Forecast (£m)
CMAST (deficit)	56.3	83.6	27.1	59.3	62.2
CMHCD (surplus)	6.5	7.1	0.6	9.3	12.2
Total provider (deficit)	49.8	76.5	26.5	50.0	50.0
Total system (deficit)	34.9	71.9	36.9	30.3	30.4

The aggregate financial position of CMAST Trusts has worsened in overall terms to a Month 9 deficit of £71.9m with 5/17 providers adversely off plan to date; 9 providers are improving their planned forecast. 4 CMAST providers are showing increased cumulative risk of £22m with other providers offering improved outturns linked to potential capital incentive schemes. Should providers' deteriorate from their forecasts they will be subject to stringent conditions; additionally, the ICB will be under greater scrutiny. Capital expenditure is also under pressure as only 50% of the C&M allocation has been spent to the end of December.

Assurance & Regulation

A suite of reports have been developed by the ICB finance team and shared at the last Leadership Board. A set of key performance indicators linked to productivity and efficiency are being identified via the FD community.

Governance & Risk

Accountability for the overall system control total and individual providers' performance is being managed by the ICB CFO with a clear understanding of the implications for reforecasting.

Incentives for organisations to stretch to provide support to C&M bottom line are likely to be limited to a capital resource limit – unclear whether this is cash balanced. Incentives for driving effective performance will be driven by the new payment mechanisms.

Strategy & Planning

A Month 9 financial reforecast is under review and plans are being finalised for a 23rd February submission incorporating allocation changes and distance from target and market forces factor changes.

Capital prioritisation will follow the 2022/23 methodology.

Specialised Commissioning

Delegation will be deferred to April 2024 with an in year (PDAF) resubmission in June 2023. NSHE are seeking a single host for the NW Specialised Commissioning function and all relevant staff. 3 transformation priorities will be set for work during 2023/24 with CMAST input essential.

Efficiency at Scale

The inaugural Programme Board met on 9th January chaired by Ged Murphy – CEO East Cheshire Trust. The terms of reference and membership were agreed along with high level priorities.

Workforce

- A workforce programme scoping workshop took place on Friday 9th December from which 4 key areas were identified:
 - nursing,
 - health care assistants (HCAs),
 - maternity,
 - elective recovery workforce programme
- C&M Workforce development funding for 2022-23 has been approved for CMAST. Proposals and a Project Initiation Document have been completed and will be tabled for discussion at the C&M People Board on 8th February 23.
- A meeting has been held with Local Maternity System (LMS) to discuss opportunities for CMAST Workforce programme and the establishment of a task and finish group when key areas of work are defined.
- A round table meeting 19th January with Directors of Nursing in attendance to discuss priorities and establish key areas of work to progress and gain support for nursing and HCA workstreams.
- A Workforce Programme Board is being established with the first meeting scheduled for 7th March.

