

CMAST Briefing

October 2023

ICB Update

More than 60 people attended NHS Cheshire and Merseyside's first Annual General Meeting at the Halliwell Jones stadium in Warrington on September 28th, 2023.

Opening the meeting, Chair Raj Jain paid tribute to the 70,000 NHS staff across Cheshire and Merseyside and pointed to the developing partnerships at both Place-level and across the sub-region.

Chief Executive Graham Urwin then led a presentation about the performance of NHS Cheshire and Merseyside in 2022-23.

With specific reference to CMAST, Graham mentioned elective recovery stating, NHS Cheshire and Merseyside was the first Integrated Care Board in the Northwest to eliminate both two-year and 18-month waits following the pandemic.

On diagnostics, Cheshire and Merseyside's growing network of Community Diagnostics Centres was cited as rapidly improving access to key diagnostic tests, with £119m worth of funding secured during 2022-23 for additional mobile X-Ray machines and MRI and CT scanners. Improvements in diagnostics are having a positive impact on cancer care, with people across Cheshire and Merseyside now more likely than ever to have cancer detected in its earliest stages.

CMAST Update

The Leadership Board met on 03rd November and received two presentations related to the available data, emerging priorities and activities being coalesced within C&M related to digital and workforce.

The need to prioritise and to target activity was discussed as was the opportunity for Trusts to consider the best way to maximise effort, secure improvements and, if possible, to achieve efficiency. The Board welcomed the presentations and identified the need for a facilitated exploratory and prioritisation discussion on these subjects at its next meeting.

Elective Recovery and Transformation Programme

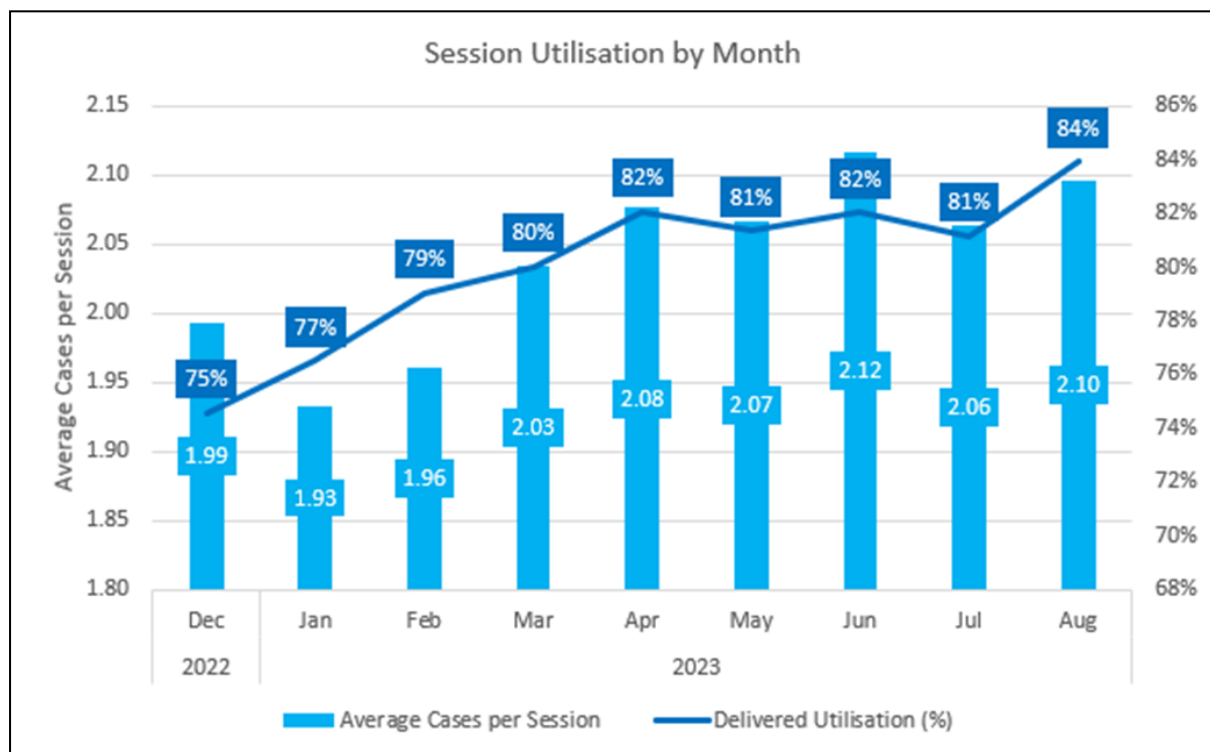
Waiting times reduction

- We now have less than 55,000 patients to clear before the end of March in order to achieve the target of no people waiting over 65 weeks. Our average clearance rate has reduced slightly due to the high levels of industrial action and the summer holidays; however, we are still clearing more than needed to reach our 65 week target at the end of March. Significant risks exist around winter, continued industrial action and covid.
- Industrial action has hit hard, with a total of 76,145 cancellations due to strike action. We have experienced the highest levels across the country, compared with Greater Manchester at 52,666 and Lancashire & South Cumbria at 25,895.
- Liverpool University Hospitals is one of two national early implementer sites for the Alternative Choice programme which enables patients to request an alternative provider. The trust sent SMS texts to 300 patients that had been waiting over 40 weeks inviting them to respond if they would like to be seen by another trust. So far only 6 patients have responded. All trusts will “go live” with this initiative on the 31st October.



Theatres

- Our theatre utilisation performance is improving again, although we are still in the 3rd quartile. Some trusts that perform well have not submitted data for this period, so we believe the “real” performance is higher.
- Our session utilisation has improved through August, and we are expecting this to continue when the September data is available.



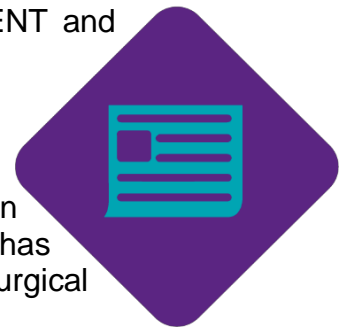
- The theatre academy training programme continues with good engagement. Another round has commenced, and we have over 30 more people being trained from a range of clinical and operational backgrounds.

Clinical Pathways

The CPP Programme continues to work with orthopaedics, dermatology, ENT and gynaecology.

Orthopaedics

- C2Ai risk stratification programme is progressing and has been pivotal in helping select patients for different clinical environments. Provisional work has tested the methodology and processes with WUHT in the Clatterbridge Surgical Hub and the process is being rolled out to the other trusts.
- Options for management of Open Fractures is being discussed by the Orthopaedic Alliance. A paper is being produced by the Alliance and will be taken to Medical Directors.



Dermatology

- Teledermatology implementation is expected to be 80% by end of year.
- An options paper has been prepared to consider future models for the service. The recommendation proposes that an independent evaluation of IT platforms is undertaken prior to procurement of system for 2024.
- Two teledermatology image capture hubs are being established through the Community Diagnostic Centres programme and these will commence in December.

Gynaecology

- Gynaecology collaboration workshop took place in September. 53 attendees from across Acute, Primary care, Place and Local Authority came together to agree priority areas for further improvement including development of women's health hubs and implementation of the Women's Health Strategy.
- A detailed implementation plan is being prepared to set out the next steps.

ENT

- The ENT GIRFT Gateway review identified key actions, and these have been confirmed, including: the engagement of services across C&M, a demand and capacity exercise to better understand the demand from primary care & subsequent pressures on waiting lists, strengthening the mutual aid approach and referral management & optimisation.

Other news

- Many of our specialty level clinical leads have reached the end of their agreed term, so we have been through a process to appoint clinical leads. Some of the clinical leads will continue in their role, and we also have a number of new leads. We will be working closely with them to induct and "on-board" them over the next month.
- The second phase of the Clatterbridge Elective Hub has now opened, and has been visited by Professor Tim Briggs, the clinical director for the national GIRFT programme. The team were highly commended by Professor Briggs on the quality of the facility, and the evident team working.
- We have established an additional programme of work focussed on utilisation of the elective hubs / cold sites to ensure we make best use of those through the winter. This work will focus on all aspects of the hubs, including the clinical and commercial models for the long term.

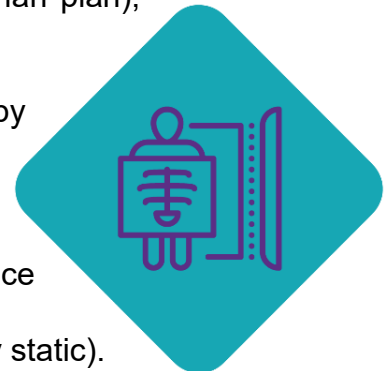


Diagnostics Programme

Key Performance Headlines

(Aug 2023 DMO1)

- 104,043 tests have been delivered in month.
- YTD over performance all tests combined (9%). CT (6% higher than plan), Ultrasound (4% higher than plan) and MRI (7% higher than plan).
- YTD under performance in colonoscopy (-18%) and echos (-7%).
- 77% of patients have waited 6 weeks or less for a test. (Decreased by 1% since July 2023)
- Ranked 16th out of 42 ICSs for waiting time performance. Increased from 18th since July 2023.
- 16,188 patients have waited 6 weeks or more (slight increase since July 2023).
- The total number of patients waiting for all tests is 75,393 (relatively static).
- STHK has the highest number and percentage of patients waiting 6 weeks+ (6630 patients 41%).



(8 October WLMDs)

- Only 62 40 weeks+ waiters remain. Patients are waiting as follows: 48 Mid Cheshire, 2 MWL, 6 COCH, 6 WHH

Endoscopy

- Eight bids supported as part of the Endoscopy Transformation Programme - £8.13m awarded to C&M.
- Additional capacity for colonoscopy commissioned to be delivered at LUFT Broadgreen, COCH, and Mid Cheshire. Warrington and Halton and Wirral to begin early November. This capacity will be directed to longest waiting patients and cancer pathway patients.
- Expression of Interest shared for transforming prescribing and distribution of Bowel Prep.

Pathology

Digital and IT

- **LIMS:** LIMS specification shared with suppliers as part of Early Market engagement (EME). Evaluation documents have been developed and shared with stakeholders to review.
- **Digital Exec Group reps** – COC Cathy Chadwick, WUTH Hayley Kendall, LUFHT Rob Forster, MWL Christine Walters, WHH Lucy Gardner
- **GP Order Comms:** working group established with roll out plan under construction.
- **Digital Pathology:** IMS upgrade to v.4.2.3 completed, with the remaining site's upgrade scheduled. SG scanners installed at MWL and LCL.
- **Digital Resource:** Expressions of Interest have been confirmed. MWL will host the central team with a meeting scheduled to confirm next steps.
- **CMPN Workforce Strategy:** Thematic analysis following engagement activities with over 300 members of CMPN (Cheshire and Merseyside Pathology Network) has been completed. A summary of key themes has been shared with wider stakeholders for comments. A first draft of the strategy has been developed.
- **CMPN TOM Delivery Plan:** The TOM Delivery Plan has been developed and has been shared for comments with Chief Execs, SROs. The Plan was taken through the CMPN Management Group and C&M DDB as part of the formal governance routes in September with endorsement.

- **CMPN Comms and Engagement:** A monthly newsletter has been produced for printing and sharing via lab noticeboards for operational staff.
- **Histopathology Review:** Significant data template completion progress made by all Trusts. Report due December 2023.


Physiological Science

- **Network Development** – workshop to develop the purpose and, vision and values held 28 Sept 2023. Next steps is to establish a working group to finalise the terms of reference, network composition and fully map out the existing networks. A second workshop is being planned for Dec 2023 to further develop the workplan.
- **Artificial Intelligence in Echocardiology Clinics** - A proof of concept for the use of AI in echocardiology clinics is in development. This proof of concept is part of joint plans with the C&M cardiac network to trial one-stop shop community heart failure clinics across 3 C&M locations. An expression of interest process to identify the 3 providers is currently underway. The deadline for providers to submit an expression of interest is Sunday 19 November 2023 (midnight).

Radiology

- **CAMDASH** – work is continuing to ensure the phase one deployment of CAMDASH (a C&M radiology BI dashboard) remains on schedule; Trusts are being asked for availability to attend showcase sessions to ensure Trust feedback is used to make further iterations of the CAMDASH design. Conversations are in progress with other diagnostic networks to look to encompass their data into the tool.
- **Interventional Radiology** – CAMRIN hosted the interventional radiology summit on 06/10/2023, we have completed the feedback report and returned this to attendees with a summary of the IR Summit, the next steps and work completed in group discussions during the summit.
- **Radiology Clinical Reference Group (RCRG)** – the group met on 25th September. Agenda items discussed were National Optimum Stroke Imaging Pathway update; Emergency presentation of brain tumours; Metastatic Spinal cord Compression; MR service requirements for suspected Cauda Equina referrals.
- **Diagnostic IT Network** – a further number of circuits have been installed for the Diagnostic IT Network, along with further delivery dates for outstanding sites, meeting with BT – committed to delivering all remaining circuits that are currently held by BT/Open reach by end of October 23, Pilot site for edge switch connections (MWL; Whiston) has been installed successfully.
- **GP Direct Access** – CAMRIN has worked with Lancashire and South Cumbria Imaging Network to understand what data needed to be acquired for the GP Direct Access project, this data has been obtained and processed to provide referral rate by individual GP, place and PCN and the number of tests needed to reach quintile 2.

Community Diagnostic Centres (CDCs)

- Activity plans confirmed with national team for H2 23/24
 - System has been accepted for pilots for CDC gynae pathway and cardio-respiratory echo work.
 - Activity is above income plan year to date, and site variation for activity levels has management plans in place.
 - Additional capital to support risks for Southport CDC (£1m in 23/24) and Halton (£1m in 24/25) have been authorised by the national team.
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Finance, efficiency and value workstream

The overall C&M Financial position has worsened in September (month 6) with an overall deficit of £128m against a £71.5m plan, £59m worse than plan. This deficit has slowed down compared to earlier months, but C&M remains the fourth highest deficit in England.

Month 6	Plan (£m)	Actual (£m)	Variance (£m)	FYE Plan (£m)	FYE Forecast (£m)	Variance (£m)
CMAST (deficit)	(110.0)	(126.5)	(16.5)	(126.7)	(126.7)	0.0
CMHCD surplus	4.0	2.9	(1.1)	6.6	6.6	0.0
Total Provider (deficit)	(106.0)	(123.6)	(17.6)	(120.1)	(120.1)	0.0
Total System (deficit)	(71.5)	(128.2)	(56.7)	(51.2)	(51.2)	0.0

It should be noted that once non-recurrent CIPs are adjusted for, the underlying deficit is £191m. At this stage C&M is forecasting a year end position in line with its overall plan (£51.2m deficit) – this is very high risk.

The main drivers for the deficit include:

- Undelivered CIP
- Industrial action cover
- Continuing health care activity and inflation
- Prescribing
- MH packages of care



Good progress made on reductions in agency expenditure which now sits at 3.18% of the total bill pay.

CIP

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Risk continues around underlying financial position given the unidentified CIP, reliance on non-recurrent savings and back year loaded CIP plans.

Financial Sustainability and Strategy – update on four pillars work

Pillar one – drivers of deficit – work progressing supported by E+Y.

Pillar two – behaviors and accountabilities - slow progress.

Pillar three - productivity and efficiency - balance sheet and CIP work complete, focus now on productivity.

Pillar four – transformation – recognition this is a bigger piece than just finance and needs to link in with clinical strategies.

A roadmap is in progress to set out plans to January 2024.

Capital and Cash

Expenditure is slow with spends behind plan in the majority of providers thus focus is needed to ensure allocation are spent in full or this will impact 2024/5.

High starting cash balances are reducing month on month with 4 providers requesting ongoing cash support (total £52.9m to date) scrutiny is placed on C&M in relation to its aggregate cash position.

Efficiency at Scale

Overarching Programme

The ICB Transformation Committee support and funding for 23/24 and 24//25 has now been formally secured for the E@S programme and Medicines Optimisation. Options to support the procurement workstream are being explored.

The programme continues to engage with stakeholder across the C&M system, regionally and nationally. Bi-weekly meetings are continuing with the national team and there is a plan to commence the provider collaborative data pack work in the next 6-8 weeks. The programme attended a meeting with all provider collaboratives Managing Directors from the North on the 18 October and has been asked to share further information on the work taking place across C&M. An action was also taken to seek the establishment of a network for corporate services efficiency leads.

Finance/Legal

The data sharing agreement for all corporate service information is now in place across C&M. 2022/23 Corporate service reports have now been released to all Trusts and will be reviewed by the E@S programme to understand potential opportunities.

The national team have issued a procurement notice relating to early-stage work on the national legal programme to make NHS legal services more efficient. This would support the work already being completed with C&M and be aided by the strong relationship the system already has with the national team.

Workforce

A workforce data review was completed with all Trusts in C&M and was reviewed at a recent HRD event. It was agreed further work is required with the HRDs to determine the key priorities for scaling up people services and identify which programmes will be included in the scope of the E@S Workforce Group moving forwards, a further workshop is planned in mid-October.

Medicines Optimisation

Discussions have taken place with colleagues outside of pharmacy to inform and support a C&M Polypharmacy strategy moving forward. A pilot is underway in Sefton for patients to be identified utilising business intelligence software and outcomes will inform future work. The programme is linking closely with the ICB Director of Population Health, and a community of practice date is arranged for November incorporating speakers from C&M.

Procurement

Introductory and engagement meetings with key stakeholders are being held by the new Chief Procurement Officer, including Directors of Estates, Chief Pharmacists and Chief People Officers.

The procurement workstream has agreed a set of priorities which includes a multi-year workplan, a procurement strategy and development of robust governance and reporting. The current scheme pipeline has identified £4.9m (FYE) of savings/cost reductions.



Workforce



CMAST Workforce Programme

The CMAST Workforce Programme Board took place on 11th October and Jan Ross, CEO The Walton Centre, chaired the meeting for the first time in her role as SRO. A summary of the Developing Band 6 Nurses in C&M project and Elective Recovery Strategic Workforce Planning work were shared with the group. An update following the Chief People Officer meeting was also presented and confirmation received that the HEE funding can be repurposed for CMAST workforce projects.

Development of Band 6 Ward & Department Nurse Roles

A draft Development Toolkit was presented at the CMAST Workforce Programme Board in October and received positive feedback. A workshop to review and sign-off a final draft of the Toolkit is scheduled to take place on Thursday 26th October. Following this workshop, a pilot of the Development Toolkit will be launched across several Trusts in C&M in November.

Allied Health Professionals Faculty

A workplan for 2023-24 has been completed and mapped against the C&M ICP Interim Strategy, meanwhile a funding bid has been submitted to the C&M People Board for an extension of the AHP Faculty Team until the end of March 2024. An outline programme of work has been submitted to NHS England to access AHP Workforce, Training and Education funding for 2023/24 and the team are awaiting feedback.

Elective Recovery Workforce

Support from Attain has been mobilised and they are focusing on the following three key areas of work until the end of December: Theatres Workforce Transformation, Surgical Hubs and Clinical Pathways Programme. A prioritisation exercise is currently underway to identify the initiatives which are likely to have the greatest impact on the long-term sustainability of the Cheshire & Merseyside workforce.

Workforce Efficiency at Scale

A workforce data review has been completed with all Trusts in C&M providing information. The data will be reviewed at the HRD event w/c 16th October with the aim of setting system workforce priorities. The group will be merged with the overarching Workforce Programme from November to avoid duplication and support collaboration going forward.

Quality Focus

There are various pieces of work in place that have a focus on quality for our patients across Cheshire and Merseyside. Highlights from this month include:

- **Patient Care and Experience** - Continued engagement with each of the CMAST Programme Boards for Patient Care and Experience.
- **Industrial action after action review** – Decision taken to focus on key action relating to ‘Monitoring patient harm- Implementing a governance process across Cheshire and Merseyside’. A steering group is being established to explore ideas and solutions.
- **Patient Engagement Portals** – Support being provided to the C&M outpatient team on Patient Engagement Portals (PEPs) as part of the National outpatient transformation

work. Visiting outpatient departments at two green sites, ECHT and LUHFT, to gain patient feedback regarding use of the digital portals.

Urgent and Emergency Care – System Control Centre

The urgent and emergency care (UEC) system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside, with the majority of trusts across C&M consistently reporting at OPEL 3 during 2023 to date. The system has been escalated overall at OPEL 3, which is defined as ‘the local health and social care system is experiencing major pressures compromising patient flow’.

C&M has shown a deterioration for patients admitted, transferred, or discharged within 4 hours, with September performance at 71.0% compared to August 73.2% this is against a 2023/24 year-end national recovery target of 76%. Current performance is slightly below 2023/24 plans, however, is performing better than the North West (70.3%).



The percentage of beds occupied by patients with a length of stay over 14 days was 34.6% at the end of September 2023, whilst length of stay over 21 days continues to account for around a quarter of occupied beds (23.9%) against the 2023/24 Operational Plan of 17%.

