

CMAST Briefing

November 2023

ICB Update

We were delighted that our provider collaborative gained national recognition after winning Provider Collaboration of the Year at November's HSJ Awards. The award was won for our Elective and Transformation Programme which is testament to the work of all Trusts within the collaborative.

Between 2022 and 2023, by working together CMAST eliminated the 104-week wait and reduced the 78-week wait for nearly 40,000 people, meaning more people received the care they needed much quicker.

Health Service Journal (HSJ) judges praised Cheshire and Merseyside Acute and Specialist Trust Alliance (CMAST) for its "strong and effective collaboration" and its potential for further growth and co-production.



CMAST Update

The Leadership Board met on 01 December and received presentations related to previous discussions on digital and workforce and recommendations for action by or involving Trusts. CEOs will now use the next month to engage with their Trust teams on the suggested priorities and identified areas for action reporting back at January Leadership Board with the aim being to secure CMAST agreement for a set of priority activities.

Further items of business related to a review of system financial plans following a requirement for refreshed approaches coming from NHSE instructions to systems on 8th November. The collaborative approach and work of the finance community was noted and commended.

The Leadership Board also received an update on the work being undertaken in relation to current and live system LIMS procurement. The stages of the process, requirements for executive and Board engagement and Trust and system decision making to be underpinned by a system approach to risk and gain share was set out.

Elective Recovery and Transformation Programme

Waiting times reduction



- We now have less than 40,000 patients to clear by the end of March 2024 to achieve our 65 week wait target, 11,445 of these patients are waiting for inpatient care, and 32,018 are waiting for their outpatient appointment.
 - This time last month we had over 55,000 to clear. Our 6 week average clearance rate remains over 3,800 per week.
 - We have now launched the system-wide “Alternative Choice” programme which sent around 30,000 text messages to patients waiting over 40 weeks. Currently we have 437 patients willing to travel for treatment, so we are now working to identify alternative provider options for them. The NHSE initiative did not create new capacity, so there are challenges in sourcing alternative provision meaning we may not be able to support all requests.

Theatres

- We met our 85% uncapped utilisation target in September, however during October we reported 82% uncapped, and 77% capped utilisation which is slightly lower than the national target. There is some variation in reported data compared with the C&M dashboard which should bring performance higher.
- We’ve continued to support trusts that haven’t seen the improvement we would have expected.
- We have launched new Theatre Academy cohort including 1st Formula One-inspired turnaround programme launched with virtual workshops, 6 trusts engaged in the pilot – successful face-to-face workshop.

Elective Hubs

- We have now launched an elective hubs utilisation programme, with representation from all trusts. The focus is on utilisation both in short term over winter, and for the longer term as part of sustainable pathways. The approach to be taken is shown below:

Baseline metrics and analysis to 'size' the opportunity by speciality, trust, system
Agree a trajectory that will meet the targets required
Establish reporting process to monitor against this which will detect deviations from plan



PRODUCTIVITY OPTIMISATION	IMPROVED UTILISATION	FINANCE	IT, PATIENT INFORMATION AND DIGITAL	WORKFORCE
Continued theatre optimisation and GIRFT improvement work (6 day operating, 3 session days, RPRP, 4 Joint Lists, Day Case optimisation)	Clear visibility of theatre schedules – all sites Proactive discussions about opportunities identified in terms of collaboration model and/or mutual aid	Explore financial models to enable all 3 models to co-exist to optimise utilisation without 'detriment' Work with collaboration at scale team to explore opportunities for cost improvements	Refine and optimise current process developed between Clatterbridge and Chester and ensure transferable to other collaborations Work with digital and EPR team to ensure collaboration Use Case is taken into account in the digital strategy/plan	Workforce development and 'passportability' is key to optimising utilisation of the surgical hubs

The priority focus will be optimisation and utilisation of hub facilities
The enabling workstreams will run concurrently to build better system working over time
The communication with patients on this is important so they understand the principles
Risk stratification and site profiling will help waiting list management and allocation (C2Ai)

Outpatients public campaign

- Our social media campaign commenced across system channels, sharing our communications toolkit, which includes a range of videos for waiting room screens, computer screensavers, press releases and briefings.
- We have some videos entitled “making your outpatient appointments work for you” which are designed to explain different elements of the programme including PIFU, and remote consultation.
- Examples [here](#) and [here](#).

Clinical Pathways

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

Orthopaedics

- C2Ai risk stratification programme is progressing and will be 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.
- Management of Open Fractures is being discussed by the Orthopaedic Alliance (OA) and an options paper will be produced for discussion with Medical Directors.
- The C&M OA met face to face on 22nd November with a packed agenda with particular attention being paid to management of activity through expected winter pressures.
- C&M OA have a secured temporary membership to the National Orthopaedic Alliance (NOA) and all trusts are free to explore the members area to make use of the resources and assess the benefits of membership. Delegates who attended the NOA annual conference this month will feedback to C&M OA some of the key takeaways from the day.



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. The paper has been shared with CPP leadership team.

- Two teledermatology image capture hubs are being established through the Community Diagnostic Centres programme, these are at Southport & Ormskirk and St Helen's & Knowsley sites, these will commence in December.
- A meeting has taken place to discuss workforce development needs.

Gynaecology

- Gynaecology collaboration workshop took place in September.
- An implementation planning session aimed at forward planning for the next 12+ months has been arranged for 30th November which will be attended by Gynaecology network leadership.

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.
- A new clinical lead has been appointed following the recent expressions of interest process and a session has been planned to formally introduce them to the programme on 4th December.

Cardiology

- An initial meeting was held on 19th October to discuss the outputs of the GIRFT review and to gain agreement on the need to progress with a catheter lab strategy for C&M
- A further meeting has been arranged for 11th December where terms of reference and principles for working together will be agreed.

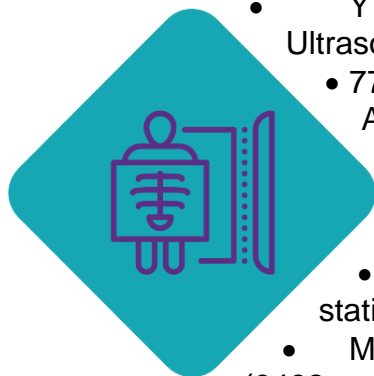
Diagnostics Programme

Key Performance Headlines

- 101,104 tests delivered in month.
 - YTD over performance all tests combined (9%) in CT (5% higher than plan), Ultrasound (4% higher than plan) and MRI (6% higher than plan).
 - 77% of patients have waited 6 weeks or less for a test (maintained since August 2023).
 - ICS ranking 16th out of 42 ICSs (Maintained since August 2023).
 - 16,479 patients have waited 6 weeks or more (slight reduction since August 2023).
 - The total number of patients waiting for all tests is 74,526 (relatively static).
 - MWL has the highest number and percentage of patients waiting 6 weeks+ (6462 patients 34%) but has reduced by 695 since August 2023.
- 594 26 week+ waiters remain compared with 1497 in July 2023.
- 59 40 week+ waiters remain compared with 247 in July 2023.

Endoscopy

- Eight bids supported as part of the Endoscopy Transformation Programme - £8.13m awarded. Letters of Agreement have been signed and returned to NHS England. NHS England will send Memorandums of Understanding (MOUs) to Dept of Health who will contact Trusts directly.



- Additional colonoscopy capacity for all Cheshire & Merseyside patients will commence in November from LUFT Broadgreen, COCH, Mid Cheshire. Warrington and Halton and Wirral.
- Diagnostic Staff Bank shifts for the Endoscopy Network have gone live.
- Key NHSEI focus on Colonoscopy. Currently no trust should have more than 15% of patients waiting 13weeks+. From April 2024 there should be zero 13 week+ waiters.

Pathology

- **Interim Clinical Lead:** Communication is to be circulated to seek expressions of interest for an Interim (6 month) Clinical Lead for the Cheshire and Merseyside Pathology Network
- **LIMS:** A Pathology Digital Executive Steering Group has been established to support the approval process through Trust Boards and ICB governance. The group has Executive membership from the five core Trusts who are WUTH, COCH, LUFHT, MWL and WHH). The procurement for a pan Cheshire and Merseyside system has commenced.
- **Digital Test Ordering System:** An options appraisal and risk assessment were completed to establish the programme plan. Slides were presented at the Diagnostic Delivery Board, and it was agreed that the initial phase should focus on eradicating paper ordering for tests provided by Alder Hey and ordered by The Walton Centre. £600,000 funding has been allocated this.
- **Workforce Strategy:** A Pathology Workforce Strategy has been written after discussion with 200+ staff, it focuses on training and attracting more staff and retaining existing staff.
- **Target Operating Model (TOM) Delivery Plan:** The 3 named Exec Leads (Matthew Swanborough, Rob Forster & Rob Cooper) along with the Pathology Network will outline to all Trusts the required actions to deliver on this revised pathology delivery model for Cheshire and Merseyside.
- **Intelligent Liver Test (iLFT) Proposal:** An iLFT Pilot Proposal has been developed and shared and endorsed by the pathology network. Funding has not yet been identified for this digital proposal to be implemented but benefits (based on other areas) include increased detection rates for liver diseases.

Physiological Science

- **Artificial Intelligence (AI) in Echocardiology Clinics:** An expression of interest process to identify the 3 providers for a 1 stop heart failure community clinic including Echo AI is currently underway. The deadline for providers to submit an expression of interest is Sunday 19 Nov 2023.
- **Paediatric Audiology Quality Standards:** In Aug 2023 NHSE released details of a Paediatric Hearing Services Improvement Programme which contained a number of system recommendations for immediate action. Systems were asked to baseline against the recommendations and to report on the position by 30 Oct 2023. The Physiological Science Programme and ICB Quality Teams worked together to undertake a desktop review of the provider submissions. Providers submitted evidence that showed that we are compliant with the standards with the exception of providers being required to be working towards/or have achieved Improving Quality in Physiological Services (IQIPS) accreditation. A paper outlining the approach and next steps is being presented by the Quality Team to the ICB Executive Board on the 16 Nov 2023.

Radiology

- **GP Direct Access:** Referral rates for core direct access tests (Non obstetric ultrasound and Chest CT and in time Chest X Ray) as set by national team have been reviewed down to practice level. This helps to identify where rates are above or below the expected rates. GP Leads are working through the information to agree how this is then reviewed and actions taken at a Primary Care Network (PCN) level.
- **Diagnostics IT Network:** The Diagnostics IT Network will allow trusts to share data and files in a more efficient way. 12 out of 28 circuits have been delivered, the Cheshire and Merseyside Radiology Imaging Network (CAMRIN) is working with Trusts to connect the edge switch connections so that go live can take place. The remaining 16 circuits are significantly delayed. Escalation with BT and Openreach continues.
- **Out of Hours Reporting Rates:** The three-year proposal has been prepared to propose standardised out of hours reporting rates. It is projected that this will deliver cost avoidance savings for all Trusts.

Community Diagnostic Centres (CDCs)

- Submission of activity plans and costs to support 24/25 activity (420,000 tests) and the first stage of Key Lines of Enquiry (KLOEs) from NHSE
- Increased tests in line with planned test openings at Southport and Halton
- Confirmation of additional capital to mitigate risks to builds and Southport in year and Halton in 24/25
- Engagement with cross-border commissioners to confirm flow and pathways for patients.
- Mutual Aid processes in place for CDCs as system activity hubs
- Delivery issues relating to workforce and digital highlighted for solution in the next period.

Finance, efficiency and value workstream

The overall C&M Financial position continues to deteriorate with an overall provider deficit of £137m against plan of £114m. 7 CMAST Trusts are currently reporting deficits. In aggregate C&M is £144m deficit, £70m worse than plan.

Month 7	Plan (£m)	Actual (£m)	Variance (£m)	FYE Plan (£m)	FYE Forecast (£m)	Variance (£m)
CMAST (deficit)	(118.8)	(140.6)	(21.8)	(126.7)	(126.7)	0.0
CMHCD surplus	4.6	3.6	(1.0)	6.6	6.6	0.0
Total Provider (deficit)	(114.2)	(137.0)	(22.8)	(120.1)	(120.1)	0.0
Total System (deficit)	(73.9)	(143.9)	(70.0)	(51.1)	(51.1)	0.0

Financial Outturn Forecast

Following the significant work across C&M to remodel the finances based on funding made available to support the impact of industrial action (£41m) and a nationally mandated pause on a number of planned investments, C&M has reforecast and submitted in line with the original plan. Funding to support the Royal new hospital build (£51m) has now been confirmed, which delivers a break-even position albeit with inherent risk at system and individual provider level.

Cost Improvement 2023/24

CIP delivery remains a challenge with anticipation that Q3/Q4 will see escalation of recurrent delivery.

CIP	YTD Recurrent CIP			23-24 Total Recurrent CIP		
Month 7	Plan (£m)	Actual (£m)	Var (£m)	Plan (£m)	Actual (£m)	Var (£m)
CMAST	116.7	83.4	(33.3)	227.3	194.8	(32.5)
CMHCD	19.3	20.6	1.3	33.5	38.5	5.0
Total Provider	136.0	104.0	(32.0)	260.8	233.3	(27.5)

Capital & Cash

As of Month 7, 81% of the capital plan has been spent with concerns about delivering against the full C&M CDEL by 31st March. A full review of capital will be undertaken in Month 8 cash balances at provider level continue to reduce though 5 CMAST providers have requested cash support via the ICB, to date £73m has been advanced. Going forward more work is needed to manage the overall cash position across balance sheets.

Efficiency at Scale

Overarching Programme

The programme has presented at several regional events over recent weeks. C&M is now being acknowledged as a system with a high potential E&S programme and robust governance structure, it is also being highlighted as a best practice system by the national Corporate Services Transformation team.



All Trust's Corporate service reports for 2022/2023 have now been shared with the programme by the national team and further analysis is taking place to support the 2024/25 planning.

The programme is developing an Infection Prevention and Control workstream to review consistency of IPC reporting and equity of IPC provision across providers in C&M. The workstream will initially aim to understand the current status of IPC within individual organisations. Once established, it will bring together the subject matter experts from across providers to explore potential opportunities for collaboration both from an efficiency and quality perspective.

Finance/Legal

Discussions continue with the national team regarding the implementation of a single financial ledger across C&M. A high-level viability review ahead of the business case has now commenced.

The Liverpool Legal Services Programme (LLSP) has been established with the aim being to implement a consolidated legal services model which will deliver legal services for Liverpool University Hospitals NHS Foundation Trust, Liverpool Heart and Chest NHS Foundation Trust and Liverpool Women's Hospital NHS Foundation Trust. The model will be supported by a team of experts from within the partner trusts, and aiming to provide efficient and cost-effective advice at the point of need, as well as knowledge sharing, training, and career development for internal legal teams.

Workforce

The E@S Workforce Group will be merged with the CMAST Workforce Programme Board from November onwards recognising the opportunity to avoid duplication and work more collaboratively across the system.

HRDs across the system have now selected 14 areas of focus, each has a lead provider in place and are in the process of developing project initiation documents. A joint digital and workforce workshop is due to take place with CMAST Leadership Board in early December to agree accelerated priority areas for the system.

Medicines Optimisation

DOAC – the Supreme Court have not upheld an appeal related to patents affecting direct oral anti coagulants (DOAC), this will release savings within the ICB but there will be a requirement

to review a generic Apixabin option over the coming months.

An Oral Nutritional Supplements pilot is underway to demonstrate potential benefits and is preparing to go live in four GP practices within Sefton.

Planning for a Polypharmacy Community of Practice event in partnership with Lancashire and South Cumbria is underway and work continues with the ICB Population Health Director to understand the system benefits of target polypharmacy to reduce falls.

C&M and the regional team continue to review the medicine optimisation opportunities within high-cost drugs plus biosimilars and appropriate work programmes are now in development.

Procurement

The current pipeline shows £5.8m of savings which is an increase of £942k from month 6. Actual savings delivered to date £981k FYE / £665k IYE and increase of £143k from M6.

An updated terms of reference for the Procurement Steering Group has been agreed in principle, which defines the strategic direction of the workstream including the drafting of a business case for 2024/25 system transformation. As part of this, the Trust Heads of Procurement have agreed to design an ICS wide approach to inflation.

Workforce

CMAST Workforce Programme

The CMAST Workforce Programme Board meeting was stood down in November due to a high number of apologies received. The next meeting is due to take place on 12th December.



Development of Band 6 Ward & Department Nurse Roles

The working group met on 26th October to review and finalise the Development Toolkit. The following 3 Trusts have volunteered to pilot the Development Toolkit between November 2023 and February 2024: The Walton Centre NHS FT, Alder Hey Children's NHS FT and Warrington and Halton Teaching Hospitals NHS FT. A briefing session will take place on 23rd November for Band 7 managers at the relevant Trusts before the pilot scheme is launched on Monday 27th November.

Allied Health Professionals Faculty

A funding bid has been submitted to the C&M People Board for an extension of the C&M AHP Faculty Team until end of March 2024. An NHS England AHP Workforce, Training and Education funding 23/24 notification has also been received. Consultation across the system has taken place and the faculty are awaiting feedback on a new proposed programme of work that was shared with NHS England.

Elective Recovery Workforce

Following engagement with the Clinical Networks we have identified a range of short and long-term workforce initiatives which could be implemented across Cheshire & Merseyside to address key issues. These initiatives would ultimately be implemented by the relevant Networks and conversations are ongoing with CMAST colleagues to determine the appropriate next steps to take this work forward.

Workforce Efficiency at Scale

The Efficiency at Scale Workforce Group will be merged with the Workforce Programme Board from December onwards recognising the opportunity to avoid duplication and work more collaboratively across the system. Further work is required with the HRDs to determine the key priorities for scaling up people services and identify which projects will be included in scope for the Workforce Programme Board.

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:

- A CMAST Quality Steering Group has been established, led by the Associate Director of Quality, to lead and direct quality focussed activities within the 5 CMAST programmes. The group will include representatives from each of the programmes and will meet on a monthly basis.
- Engagement continues with each of the CMAST Programme Boards for Patient Care and Experience, with initial focus on creating infographics demonstrating the work taking place across our programmes.
- A task and finish group has been established with clinical colleagues from across the C&M system to focus on 'Monitoring Patient Harm – implementing a governance process across C&M'.
- Some of the team visited ECHT on 23rd November to collect patient feedback on the patient engagement portals and the findings will be fed back into the outpatient programme. Future visits are scheduled for LUHFT as the other green site in C&M.
- Work is also underway supporting the E@S IPC Collaboration Group, the development of an ICB QIA template and the System Learning Coordination Group.

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 October performance at 69.7% compared to September 71.0% 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 (69.0%).

The percentage of beds occupied by patients with a length of stay over 14 days was 36.5% at 12/11/2023, whilst length of stay over 21 days continues to account for around quarter of occupied beds (24.9%) against the 2023/24 Operational Plan of 16.7%.

