

CMAST Briefing

February 2024

CMAST Update

The CMAST Leadership Board met on 1st March in a meeting which included Chairs and CEOs.

The focus of discussions related to a review of programmes' delivery for 2023/4 and projected year end milestones. Significant progress was reported and acknowledged across all programmes. The Board also noted the planned closure of the CMAST workforce programme and intentions for development of CMAST Programme commitments and delivery approach for 2024/5. It is expected that a draft Annual Plan will be discussed by the Leadership Board from May onward before sharing with the ICB.

The Board also noted the continued impact of UEC pressures and hospital flow on acute performance and the intentions of the Health and Care Partnership to prioritise health and care prevention funding.

ICB Update

NHS Cheshire and Merseyside's latest Board meeting was held at the Floral Pavilion in New Brighton, Wirral, on Thursday 25th January.

Chief Executive, Graham Urwin, cited a recent visit to Leighton Hospital in Crewe, which provided an opportunity for Board members to tour the facilities and find out more about work to improve care quality. It also provided an opportunity to learn more about Mid Cheshire Hospitals NHS Foundation Trust's involvement in the national New Hospital Programme.

Director of Population Health, Ian Ashworth, updated on the national measles outbreak, including how partners across Cheshire and Merseyside - and in each of the nine Places – have come together to reinforce the vaccination message.

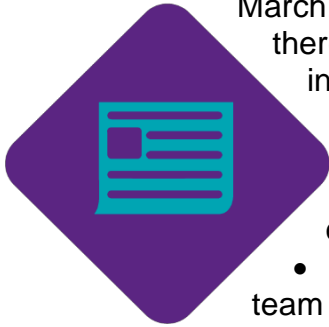
Director of Finance Claire Wilson updated that NHS Cheshire and Merseyside is now aiming for a break-even position at the end of March 2024, partly due to additional funding. There remains risk – however – particularly related to the impact of recent NHS industrial action which wasn't accounted for in the forecasting.

Director of Performance and Planning, Anthony Middleton, updated on system pressures and the impact that industrial action, cold weather and seasonal flu has had on providers. North West Ambulance Service increased the number of vehicles on the road by more than 30% to match demand during this busy period, while primary care also increased capacity.

Elective Recovery and Transformation Programme

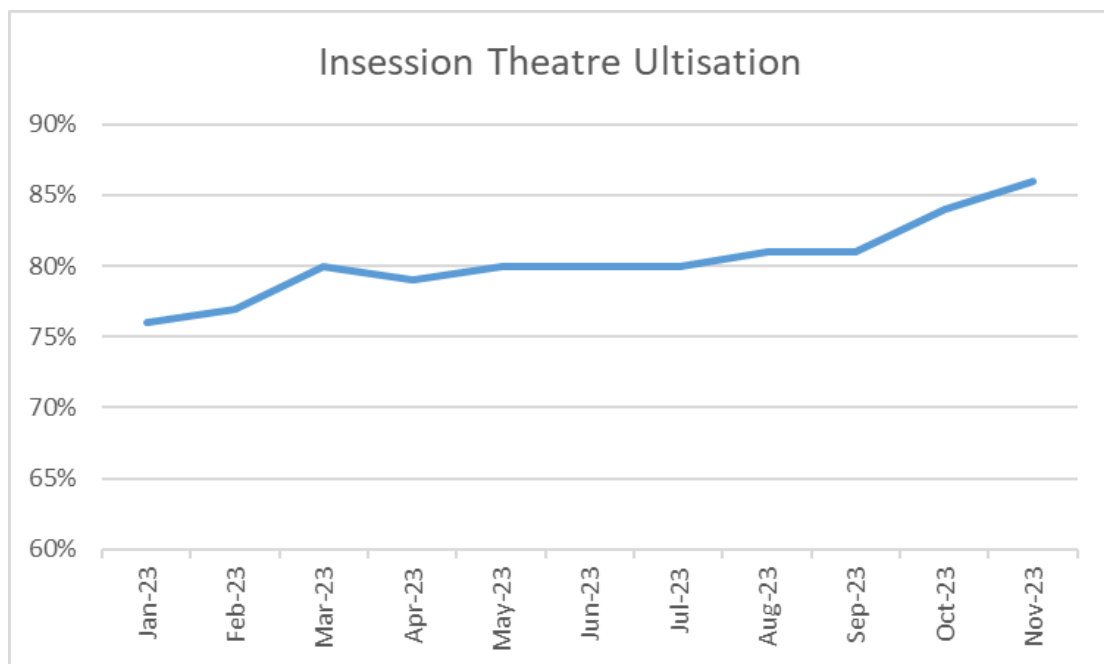
Waiting times reduction

- As of 20th February 2024, C&M has 4,640 patients waiting over 65 weeks for treatment. This time last month we had 5,358, which shows a reduction of 718 in the cohort over the last month.
- The national target is to eliminate 65 week waits by March 2024, which would require 9,569 patients to be treated by then. This time last month, we had 15,376 to clear by the end of March, and we have shown a positive reduction month on month. However, there are significant pressures on the system currently, including more industrial action which makes clearance of these patients challenging. It is likely it will take us into the next financial year to clear them.
- There are still a small number of 78 week waits to clear, which includes allowable exceptions relating to patient choice and clinical complexity. We are working hard to clear these by the end of March too.
- Our “alternative choice” programme has been praised by the national team as exemplar, and our PTL team have been asked to share the protocols and processes with other systems both within the NW and nationally.



Theatres

- 4 of the Cheshire & Merseyside trusts are achieving the national target of 85% utilisation for theatres, 3 trusts are very close at over 81%, however there are 3 trusts that require additional support. This support is being offered through the theatre programme team and will include deep dives into the opportunities for improvement, support around booking and scheduling, and data quality input.
- The Theatre Academy training programme has been shortlisted for a national award based on the improvements to the system performance. C&M have achieved 10% in-session theatre utilisation within that cohort.

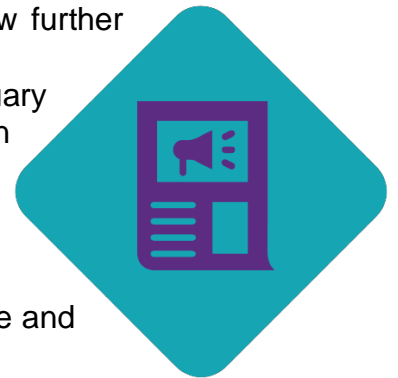


Clinical Pathways

The CPP Programme continues to work with Orthopaedics, Dermatology, ENT, Gynaecology and Cardiology.

Orthopaedics

- As planned, 5 additional Chester Orthopaedic Surgeons commenced operating lists at C&MSC (Clatterbridge Elective Hub) in January 2024 for Chester patients.
- The first meeting of the Arthroplasty subgroup met in January with a second session planned for 9th February. The group is made up of nominated leads at all trusts with the purpose of safely reducing overall length of stay (LOS) for primary joint replacement in line with best practice guidance.
- A working group made up of trust leads for # NOF has been established with two meetings scheduled in February 2024. The data available to understand delays in discharge for these patients is being refined and an update to the Orthopaedic Dashboard incorporating this and more granular detail re arthroplasty LOS is due to be released imminently.
- A paper summarising the activity of Orthopaedic CPP, and the Orthopaedic Alliance has been drafted and will be circulated more widely when it has been through appropriate approvals.
- The members of C&Ms Orthopaedic Alliance and the wider Orthopaedic teams at individual trusts continue to enjoy a free membership to the National Orthopaedic Alliance (NOA). A request has been made to NOA to extend the free membership period to allow further exploration of the benefits before any decision to join is taken.
- The next Orthopaedic Alliance meeting is scheduled for 28th February and dates for the rest of 2024 established including face to face in March and September.



Dermatology

- Teledermatology implementation is currently at 76% across Cheshire and Merseyside as of February 2024.
- A business case is being drafted to secure future funding for teledermatology, whilst a full procurement process is due to begin.
- A task and finish group is being established to develop a system specification for the procurement of Teledermatology.
- The next dermatology alliance meeting is scheduled for 27th March 2024.

Gynaecology

- Following a planned implementation session with network leadership in November, a 12-month forward plan and provider briefing was outlined which provided a one-year vision for the network, and an immediate offer to providers within the briefing – aiming to support on-site with waiting list reduction (focusing on presenting conditions) and mapping of 'as is' pathways.
- Both the plan and briefing summary was supported with wider network on 18th January 2024 and was also agreed at the Gynaecology operational managers forum on 25th January 2024.
- 'Phase 1' of Trust visits expected to begin at pace, starting at Liverpool Women's Hospital.
- Engagement with network representatives, who presented in January's session, in progress to explore opportunities to 'scale up' great work happening within Trusts which may have opportunity for adoption across C&M.

ENT

- AClinical Lead is now in post and work has begun to outline the 24/25 overall plan for ENT network.
- As part of the national Further Faster programme, ENT has been agreed to be a priority area and

therefore network leadership have agreed initiatives to end of March 2024. These initiatives will also be tracked within the Further Faster Working Group, with operational and project membership at Trust level, who met for the first time on 11th January 2024.

- All network meetings are planned for 2024 and membership agreed.
- Scope of C2AI as part of the networks forward plan is being evaluated during this reporting period.

Diagnostics Programme

Key Performance Headlines

(Data Source: December 2023 DMO1)

- 97,934 tests performed in December – 6% higher than planned and 8% over plan YTD
- 83% of patients have been waiting 6 weeks or less (1% decrease since last month)
 - ICS ranking 7th out of 42 ICSs (Significant improved from 12th in November 23)
 - 11,017 patients have waited 6 weeks or more (reduction of 20 since last month)
 - Total number of patients waiting has reduced to 69,206 (was 71,808 last month)



Endoscopy

- Completion of colonoscopy deep dive to ensure no patients wait >13 weeks for a colonoscopy by 31st March 2024
- Eight out of nine Trusts are utilising >96% of their lists
- Orders have been placed for equipment to deliver the £8.1m Transformation Bid
- 503 colonoscopy have been delivered at LUFT Broadgreen funded by the Network
- 170 colonoscopy will be delivered at Wirral on behalf of CoCH funded by the Network (increase of 50)
- Upgrade in colonoscopes for endoscopy hub at Halton

Pathology

Dr Lisa Bailey appointed as Interim Clinical Lead. Lisa is a Consultant Clinical Scientist in Biochemistry and Clinical Director of Blood Science within LCL, with 30 years' experience working within Pathology predominantly within the C&M region. Lisa will begin this role on 26 Feb 24.

LIMS (Laboratory Information Management System) – Revised timescales have been set due to agreed change to financial model and agreement of capital re-allocation. Now planning for business case completion in March and approval by five trusts in April. LIMS Oversight Group meeting is meeting fortnightly to oversee and manage programme.

Digital Test Ordering System – Options appraisal and risk assessment completed to establish the programme plan. Slides were presented at the Diagnostic Delivery Board and agreed initial phase should focus on eradicating paper ordering for tests provided by Alder Hey and The Walton Centre. £600,000 funding has been allocated to this.

Workforce – A task and finish group has been established in collaboration with colleagues in Greater Manchester to scope options for a virtual cross-site training solution to make use of the Institute of Biomedical Science Training Solution Grant opportunity.

Target Operating Model (TOM) Delivery Plan – Hub meetings commenced, and formal TOM Delivery Group fully established with terms of reference approved. Benchmarking data collection to understand the current state position has commenced, alongside meetings with specialist labs to understand their benchmarking needs.

Pathology Network Team Recruitment – Recruitment underway for Programme Lead, Senior Programme Manager and Project Manager.

Physiological Science

Artificial Intelligence (AI) in Echocardiology Clinics

- Procurement mobilisation meeting held, and timelines agreed to pilot system in 2 x one stop heart failure clinics. If successful, this will reduce the time required (for clinically appropriate patients) to undertake an echo.

Paediatric Audiology – Continue to support quality improvement process. Quality check-ins held with Trust teams in Jan with ICB quality team and Deputy Director of Nursing. Outcome letters circulated. NHSE Quality Assessment Tool distributed to all Trusts for assessment against.

Respiratory Network – scoped Spirometry and FeNo test availability across C&M with clinical lead.

C&M Test mapping survey – Service availability maps by place for areas of focus; Spiro and FeNo re in first draft.

Practice Educator Coordinators - draft JDs developed for these posts to support training across C&M.

Radiology

AI for Chest X-Rays – Confirmed supplier selected. Draw down of funds confirmed, to be transferred from ICS to Clatterbridge before year end.

Intelligent Data – New focused imaging reports for Cardiac CT, Cardiac MR, CT Colon, and nuclear medicine are ready to launch. Nuclear medicine report will give us better oversight of patient waiting times for these tests, which is critical given concerns relating to constraints around Radiopharmacy services. All reports set to be published in February.

Radiology Reporting Collaborative - Stakeholders sent a pilot report for comment. This initiative looks at how reporting can be carried out collaboratively by NHS Staff rather than outsourced.

Diagnostic IT Network – 2 more circuits installed this month taking the total to 17/26 with 9 outstanding, and four edge switch installations completed taking the total to 16/26 with 10 outstanding. Routing work to fully connect our first sites (St Helens and Whiston) was successful and data migration testing is further along than anticipated.

Cyber resilience – A business case has been written for an immutability solution, outlining detailed risks around the current architecture, and costs and benefits of implementation. The cyber resiliency risks identified have been raised on the regional Digital Design Authority (DDA) and Chief Information Officer's calls, and two third parties have presented their solutions.

Waiting List Recovery – Trusts are continuing to support each other with long waiters. The biggest pressure is MRI performance at East Cheshire, which was at 36.9% at the end of this month. The Trust have identified 247 patients who are willing to travel to Paddington Community Diagnostic Centre (CDC).

CAMRIN Radiology Clinical Reference Group (RCRG):

Meeting took place at Warrington Hospital on 24 Jan 24 and included discussion on:



- Proposed survey re: biopsies on patients presenting with metastatic spinal cord compression with an unknown primary
- Progress on alerts and notifications project
- Discussion re: access to unreported PET CT images
- Discussion re: use of Liverpool HITS scoring system for patients with head trauma
- Increased demand for imaging to follow up melanoma patients - new NICE guidance
 - Update form NW Imaging Academy
 - Discussion re: experiences of setting up and using CDCs



Community Diagnostic Centres (CDCs)

- 24/25 activity plans - confirmation received from national team
- Review of capital plans to confirm spending in line with 23/24 profile
 - Halton Shopping City's formal opening took place on 15 Feb 24
- All relevant system CDCs signed up for Experience Based Design, patient feedback started
- Additional international recruitment (funded through NHS England) being commenced for histopathology, endoscopy and respiratory services.

Finance, efficiency, and value workload

The overall C&M Financial position is a deficit of £79.8m against a deficit plan of £22.1m. 9 CMAST Trusts are currently reporting deficits.

Month 10	Plan (£m)	Actual (£m)	Variance (£m)	FYE		
				FYE Plan (£m)	Forecast (£m)	Variance (£m)
CMAST (deficit)	(77.5)	(110.4)	(32.9)	(66.1)	(95.2)	(29.1)
Others surplus	5.9	6.1	0.2	6.6	11.8	5.2
Total Provider (deficit)	(71.6)	(104.3)	(32.7)	(59.5)	(83.4)	(23.9)
Total System (deficit)	(22.1)	(79.8)	(57.8)	(0.0)	(22.7)	(22.7)

Financial Outturn Forecast

The forecast variance is wholly attributable to unfunded industrial action in December 2023 and January 2024. Excluding this, Trusts are anticipating 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 Q4 will see escalation of recurrent delivery.

CIP	YTD Recurrent CIP			23-24 Total Recurrent CIP		
	Plan (£m)	Actual (£m)	Variance (£m)	FYE Plan (£m)	Forecast (£m)	Variance (£m)
Month 10						
CMAST	182.1	134.6	(47.6)	227.3	174.0	(53.3)
Others	27.8	28.0	0.2	33.5	34.3	0.8
Total Provider	209.9	162.6	(47.4)	260.8	208.4	(52.5)

Capital & Cash

As of Month 10, 47% of the annual capital plan has been spent with concerns about delivering

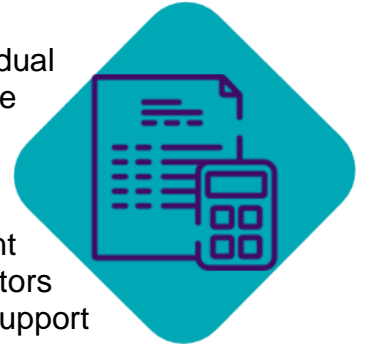
against the full C&M CDEL by 31st March. Provider IFRS16 allocation (in relation to leases) of £28.3m has been distributed to the ICB to manage across the ICS. Leases between DHSC entities should net off within the group accounts, meaning that the ICS should be within its annual allocation. At Month 10 cash balances at provider level continue to reduce, with 4 CMAST providers having been advanced £81.7m from the ICB, and are applying to NHSE for cash distress support. Going forward more work is needed to manage the overall cash position across balance sheets.

Efficiency at Scale

Overarching Programme

2024/25 planning preparation continues for the E@S programme and individual workstreams, with medicines optimisation workstream attending the Place Associate Directors of Finance meeting and procurement planning workshop taking place in February 2024.

Discussions have taken place with ICB colleagues regarding a joint governance structure for estates. A proposal has been presented the Directors of Finance early February which was well received. Further discussions to support implementation are scheduled.



A CMAST E@S update was presented to the MHLDC CEO Forum and ICB Execs meeting in February 2024.

Finance/Legal

Work continues on the potential development of a single financial ledger vision, strategy and SOP, which can then be used to develop a full business case. A meeting to explore the funding options is scheduled.

The Liverpool legal collaboration (LUHFT, LWH & LHCH) continues and remains on track for an April 2024 implementation date. C&M continues to support national workstream looking at additional indemnity insurances and discussions are taking place with the regional NHSE team.

Medicines Optimisation

In December 2023 medicines optimisation reported YTD savings of £13.7million against a E@S and Place full year target of £17.5million and a stretch 23/24 forecasted position of £18.3million. Work continues with a focus on DOAC, AMD and Polypharmacy. Providers are working collectively with the ICB, E@S programme and Spec Comm to develop a single system business case for high-cost drugs and homecare.

A steering group and task and finish groups have been established to progress the improvement plan with regards to the Valproate patient safety alert. A briefing has been issued to all CEOs.

Procurement

The projected outturn is likely to land at £3.65 million whilst the remaining £575k is actively being progressed, and if this is secured it is likely to be delivered in 24/25. Meetings have been arranged with key stakeholders, in digital and estates, for a deep dive procurement opportunities assessment which is due to be concluded in March 2024.

11 C&M providers have now signed up to national energy contract with CCS and £8million plus estimated savings have been identified from April 2025. An extension has been supported by CCS for the remaining trusts to complete any necessary data analysis and internal approval processes as

appropriate.

Workforce

CMAST Workforce Programme

The Workforce Programme Board took place on 13th February and several agenda items were presented including an update from the Band 6 nurse project and an overview of the future governance arrangements for workforce projects. The programme will be formally closed at the end of March and the final Board meeting will take place on 26th March 2024.

Development of Band 6 Ward & Department Nurse Roles

The Development Toolkit pilot scheme was launched on 27th November at 3 Trusts in Cheshire & Merseyside: The Walton Centre NHS FT, Alder Hey Children's NHS FT and Warrington and Halton Teaching Hospitals NHS FT. In total, 29 Nurses enrolled onto the pilot scheme which will conclude on 1st March after 14 weeks. The working group met in January to agree the key metrics that will be used to evaluate the success of the Toolkit and evaluation is ongoing with pilot scheme participants.

Allied Health Professionals Faculty



Targeted placement expansion funding was awarded for the OT and PT practice educator project. Project management has commenced, and a project plan is currently being developed, alongside surveys and key activities at 2 C&M trusts. Resource for AHP career conversations has been developed and circulated for feedback prior to launching further. 3 new project leads are now in post for AHP Preceptorship, Educator Career Framework and Enhanced, Advanced and Consultant Practice Insights Report work.

Elective Recovery Workforce

The February meeting was stood down in due to the high number of apologies received. The workforce planning piece undertaken by Attain concluded at the end of December and the outputs of this work were presented to the Workforce Programme Board. The following areas will be taken forward via the Clinical Pathways Programme for further consideration and implementation: GP with special interests, establishment of an MOU for the Elective Recovery hub and advanced practitioners. The Elective Recovery Workforce Enabling Group will be formally closed from February recognising that key workstreams have come to a conclusion and the implementation work will be taken forward via alternative groups.

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:

- Responding to the current system quality challenges, including input and support to the Measles Management Group and Industrial Action Clinical Cell.
- Establishment of the Infection Prevention and Control workstream as part of the Efficiency at Scale programme, including data collation and review together with continued engagement with the relevant professional groups.
- Continuing to work closely with each of the programmes to develop patient care and experience infographics which showcase the benefits our patients are seeing as a result of the work taking place.

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 slight deterioration for patients admitted, transferred, or discharged within 4 hours, with January performance at 68.9% compared to December 69.4% 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 (67.4%).

The percentage of beds occupied by patients with a length of stay over 14 days was 35.9% at 18/2/2024, whilst length of stay over 21 days continues to account for around quarter of occupied beds (25.1%).

