

CMAST Update



CMAST Leadership Board met on 5th April and discussed 3 significant areas of business. The first related to the policy of Right Care, Right Person and consequential actions and the impact such initiatives were having on hospital flow and in particular emergency departments. An open and frank exchange of experiences took place in the presence of a senior ICB officer.

The Leadership Board was next updated on the process of Trust decision making related to the LIMS Business Case. An FBC and supporting documentation is due at the five C&M 'core' Trusts in April. All present acknowledged the significant benefit and enabling impact of a LIMS system but also the challenging timing given operational and financial pressures.

Finally, a significant portion of the meeting was used to discuss and explore current financial requirements, plans and risk mitigations for the 2024/5 C&M Plan. The group's discussion focussed on opportunities for significant further system savings in both the short and medium term.

ICB Update



The Beyond Programme hosted an annual conference, on March 4, exploring improvements in the health and care of children and young people across Cheshire and Merseyside.

Initiatives include: increasing the use of technology to support patients with Type 1 Diabetes and freeing up expert Paediatric Advanced Nurse Practitioners to support responses to paediatric NHS 111 calls; and a three-year supervised toothbrushing programme, targeted at areas of high deprivation.

While there has not been a measles outbreak in Cheshire and Merseyside since 2012, the recent outbreak in the West Midlands has now been declared a national incident due to the highly contagious nature of the virus (one person with measles can infect a further 20). NHS Cheshire and Merseyside is working with the UK Health Security Agency (UKHSA) and local partners to collectively urge parents and carers to check their children's vaccination records to ensure they are protected.

Elective Recovery and Transformation Programme

Waiting times reduction

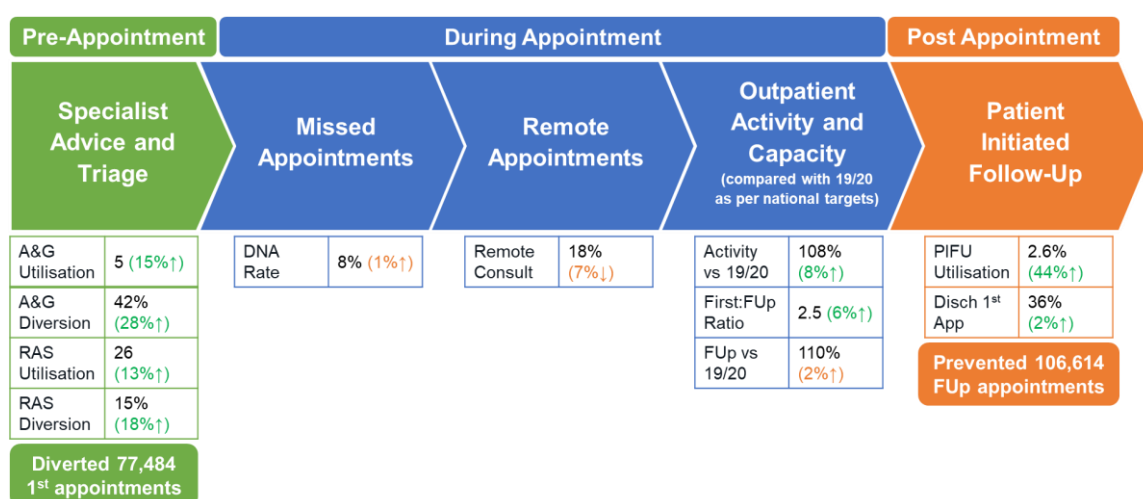
- As of 18th March 2024, C&M had 3,497 patients waiting over 65 weeks for treatment, and this includes 162 who have been waiting over 78 weeks. Of the 78 week patients, 26 are capacity breaches with the remainder being either patient choice or clinically complex.



- By the end of March, our target was to clear 4,573 from our 65 week potential breach cohort. At the corresponding time of reporting, last month, we had 9,779 in the potential breach cohort.
- The national requirement to clear 65 weeks by the end of March has been pushed back to September. The total number our trajectories show we will need to clear by September is 64,850.

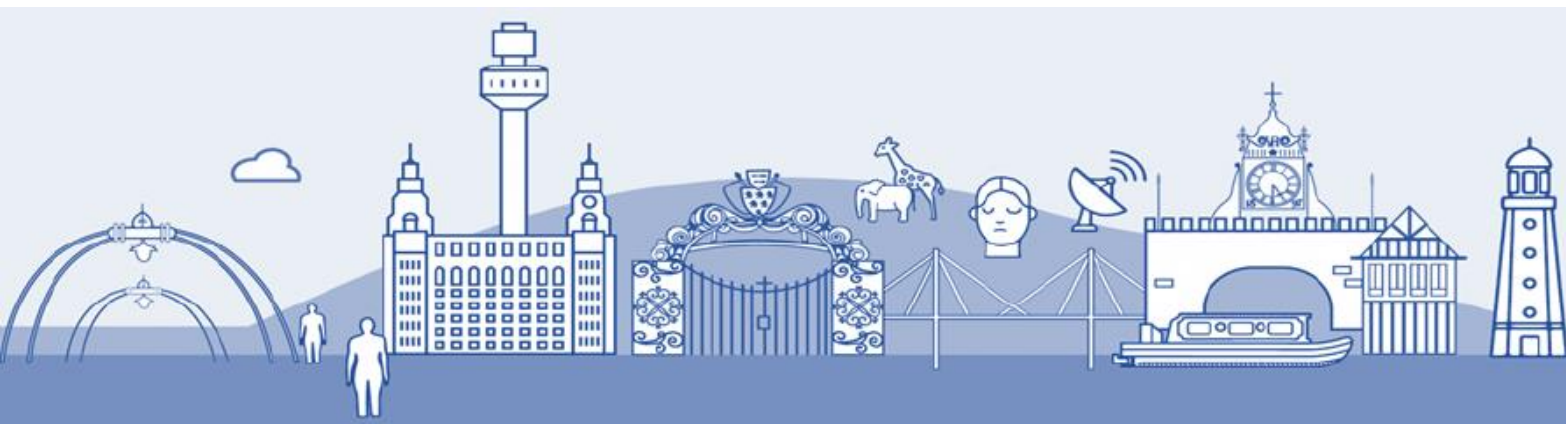
Outpatients

- We are improving our delivery on all Specialist Advice metrics. This includes Advice and Guidance utilisation and Referrals Assessment Service (RAS) diversion rates. We have diverted over 77,000 appointments through specialist advice initiatives.
- The rate of missed appointments has not improved, so this is an area we are focussing on.
- We are also focussing heavily on new-follow up ratios, and have so far prevented over 106,000 follow up appointments.



Theatres

- We are currently reporting 81% uncapped, and 77% capped theatre utilisation rates. None of our trusts are meeting the capped target of 85% utilisation.
- Several trusts have dipped in performance and we are working with them to understand why, and to fix any data quality issues.
- We have seen a 15% reduction in late starts at the Walton Centre, following the launch of the start on-time programme.





- We are in the top quartile of Model Hospital for start-on times and turnaround times, teams have been implementing the 2 modules from the Academy to support the improvements
- Developed a new tab on the theatre dashboard to compare capped and uncapped utilisation at the surgeon level.

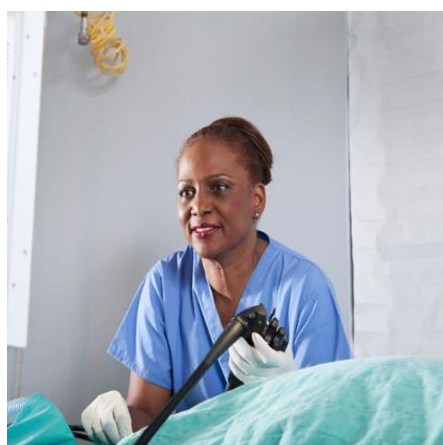
Clinical Pathways

The CPP Programme continues to work across a number of specialities: Orthopaedics, Dermatology, ENT, Gynaecology and Cardiology.



Orthopaedics

- Progress continues to be made across the orthopaedic CPP workstreams.
- The clinical lead for reduction in LOS for primary arthroplasty and the clinical lead for the reduction in overall LOS for # NOF patients have set up their working groups and held a series of meetings to discuss.
- These meetings have highlighted areas of good practice and improved performance which is being explored with the aim of replicating in other areas.
- The Orthopaedic Dashboard development work has been completed to include more refined data to support this work. This updated version is now accessible, and a series of demonstrations have been held throughout February to familiarise orthopaedic teams with the new functionality.
- The Orthopaedic Alliance meeting, scheduled for 28th February, unfortunately had to be cancelled due to the Junior Doctor industrial action, so the next scheduled meeting is 19th March 2024 and dates for the rest of 2024 have been scheduled and invites sent out.
- The March OA is being held face to face in the Cheshire and Merseyside Surgical Centre at Clatterbridge which has recently been awarded accreditation by NHSE as an Elective Surgical Hub. The meeting has been scheduled here to allow OA members to see the facility and discuss the collaboration work. The collaboration between WUTH and other trusts has been integral to the bid for accreditation being successful.
- The collaboration to date has mainly centred around orthopaedics but is translatable into many other specialities which is a great testament to the work done within orthopaedics but in particular between WUTH and Countess of Chester.
- The members of C&Ms Orthopaedic Alliance and the wider Orthopaedic teams at individual trusts currently continue to enjoy a free membership to the National Orthopaedic Alliance (NOA). A request was made to NOA to extend the free membership period to allow further exploration of the benefits before any decision to join is taken but this was declined so the expectation is the free membership access may discontinue quite soon.



Dermatology



- Telederm Service Specification has been drafted and reviewed by the task and finish group (includes key system users).
- Procurement plan has been drafted with the 22nd March scheduled to be initial contract with a selection of suppliers for the pre-market engagement.
- Initial conversations have been had with current suppliers about extensions of current contracts to support a potential system wide procurement process.
- Dermatology Alliance meeting – 27th March.
- Deep-dive into Telederm usage planned, exploring current usage and deployment rates.

Gynaecology

- Following approval of the briefing document outlining offer of on-site support from CPP (submitted in Jan 2024 to network and operational managers forum), trust visits have commenced. These will be in 3 phases prior to the next Gynaecology Network meeting and will focus on presenting complaints/referrals and clinical pathways.
 - Phase 1 - Liverpool Women's: Took place on 21st February – outcomes have been shared with network leadership for assurance and steer. Key lines of enquiry added to programme plan.
 - Phase 2 - Southport and Ormskirk: visits targeted start w.c 4th March – cross over these visits with request for data gathering as part of LARC pilots.
 - Warrington: visits targeted start w.c 11th March.

A fourth provider site visit will take place in April; the selected provider is yet to be confirmed.



- Meeting with Mid Cheshire took place on 22nd Feb due to significant success in referral management (reflected within recent data sets). Recommendations for next steps have been shared with network leadership and formal SOP is to be outlined.
- Engagement with Cancer Alliance has begun to ensure collaboration.
- The Gynaecology Network programme plan has been updated and shared.
- In the next reporting period, CPP will work with leadership to develop a performance dashboard and spearhead the first benefit realisation dashboard for a speciality.
- Work commenced in March on PIDs for workstreams linked to outcomes of the phased site visits.

ENT

- ENT Alliance mission statements have been set for the coming 12+ months.
- ENT continues to be discussed as part of Further Faster working group and regional meetings. This is also being supported by 1-2-1 provider-based meetings taking place to support embedding checklists.



- Provider based data packs were collated and personalised deep dive questions submitted to membership as part of 'show and tell' for first ENT alliance meeting. Despite engagement with membership, the session was stood down due to inadequate attendance.
- An action plan has been outlined for the next 4-8 weeks and will be presented to CPP Leadership to mitigate gap in alliance meetings. There continues to be ongoing excellent engagement with ENT Alliance Leadership and commitment to ensure the alliance is established and meets objectives promptly.

Diagnostics Programme



Key Performance Headlines

(Data Source: January 2024 DMO1)

- Increased activity from 97,934 in December to 116,479 in January - 20% higher than planned for month and 9% over plan YTD.
- 84% of patients have been waiting 6 weeks or less (1% decrease since last month).
- Total number of patients waiting has reduced to 66,837 - (was 69,206 last month). Lowest number since October 2021.
- ICS ranking 4th out of 42 ICSs (Significant improvement from 7th in December 23). Highest ranking ever.
- 10,645 patients have waited 6 weeks or more (reduction of 372 since last month).
- Performance overall has improved in Ultrasound, Colonoscopy, Gastroscopy and Flexi Sigmoidoscopy

Endoscopy

- List productivity - Eight out of nine Trusts are utilising >95% of their lists.
- Capital equipment has been delivered for the £8.1m Cheshire and Merseyside endoscopy transformation programme.
 - 503 colonoscopies have been delivered at LUHFT Broadgreen funded by the Diagnostics Programme.
 - Pathways drafted for complex patients to receive advanced endoscopy at LUFT, MWL & Wirral



Pathology

LIMS (Laboratory Information Management System)

Exec Leads for the 5 'core' trusts have been provided with content for use at their April Board meetings to support approval of the Full Business Case. Contract award is currently planned for early May, subject to finalisation of the contract and Terms and Conditions.



Target Operating Model (TOM) – Productive planning session took place mid-March with programme and TOM Exec Leads to refine critical path dates. Outputs will be collated and shared with TOM Delivery Group in April for review and discussion. Primary Care and NHSE are now represented on the TOM Delivery Group. Initial benchmarking data collection exercise is underway and paediatric benchmarking approach agreed.

National Visit to Cellular Pathology Services – Cheshire & Merseyside hosted a visit from Suchita Joshi, NHSE National Head of Pathology on 11 March which included tours of the MWL and WUTH labs. The purpose of the visit was to showcase the Histopathology services across Cheshire and Merseyside, sharing our strategic plans, challenges and opportunities for improvement in Histopathology as per the review concluded in Dec 2023. Proposed next steps for histopathology review recommendations will be shared with Steering Group late March.

Digital Pathology - 64TB of local storage was negotiated with no extra cost for MWL, the Trust carrying the highest risk, to reduce the risk associated with connection to the central cloud archive solution. £500k secured to support back-up solution digital pathology.

Physiological Science

Launch of the Cheshire & Merseyside Physiological Science Network is planned for 18 April. Key contacts identified for all modalities and new leads agreed for Neurophysiology, Gastrointestinal Physiology and Vascular science.

Artificial Intelligence (AI) in Echocardiology Clinics

- 3rd community location agreed with LHCH – Knowsley CVD community services.
- Procurement planning meeting held with timeline arranged for April and May.
- Digital infrastructure review across LHCH, LUHFT and MWL commenced to understand image workflows

Paediatric Audiology – Continue to support quality improvement process.



Enhanced GP Direct Access for COPD, asthma, and heart failure – Spirometry and FeNo test availability across C&M has been scoped in conjunction with Respiratory Network Clinical Lead as has heart failure blood test availability.

Radiology

Workforce – ‘Stay’ conversations have been held with Countess of Chester Hospital Ultrasound team. A Cheshire and Merseyside stay conversation group has been established which C&M Imaging Network are part of. Interventional Radiology Review - Radiology service managers have been asked to nominate a trust lead for the review. Clinicians have been invited to submit an Expression of Interest to become the clinical lead for the piece of work.

AI for Chest X-Rays – Information Governance leads in each trust have been asked to make clear the process for clinical and information governance and ensure this is signed off. AI Data Protection Impact Assessment has been completed and circulated to trust data protection officers for their feedback.



Diagnostic IT Network – Aintree, Clatterbridge, and Southport and Ormskirk sites completed routing work to fully connect their circuits.

Ologies – The Ologies Delivery Board approved the Operation Policy for the Solution. This has been published to the Cheshire and Merseyside Ologies PACS workspace on Future NHS. This means that the document will be available centrally to all Ologies users. Full end to end workflow testing has been completed with Mersey and West Lancs Medical Photography team and IT team. This allows clinical staff requiring images outside of radiology to view them.

Outsourced Radiology reporting – 8 Trusts signed up to the routine pricing agreement and 5 Trusts have signed up to the out of hours pricing agreement. Engagement has taken place with a Tier 2 supplier and a proposal has been requested.

Community Diagnostic Centres (CDCs)



- Review of Radiographer Led Contrast at CDC sites received and shared with imaging network for potential roll out.
- 9 pilot standardised pathways sent to national team for review and potential commencing in Q1 24/25 based on funding.
- Additional end of year capital received for Halton to expand Fibro scan service and East Cheshire to close a building risk issue.
- Agreement of CDC sustainability project for 24/25.

Finance, Efficiency, and Value Workstream



The overall C&M Financial position is a deficit of £61.5m against a deficit plan of £11m. 9 CMAST Trusts are currently reporting deficits.

Month 11	(£m)	(£m)	(£m)	(£m)	Forecast	(£m)
CMAST (deficit)	(71.8)	(102.3)	(30.6)	(66.1)	(95.3)	(29.2)
Others surplus	6.3	7.0	0.7	6.6	12.6	6.0
Total Provider (deficit)	(65.5)	(95.4)	(29.9)	(59.5)	(82.6)	(23.2)
Total System (deficit)	(11.0)	(61.5)	(50.5)	(0.0)	(50.0)	(50.0)

Financial Outturn Forecast



The M11 forecast position was discussed with NHS England and is in line with the risk position previously reported to the ICB Board. A further £7m improvement is expected on the Provider side, subject to confirmation. There is a singular remaining risk of £12m reported on the Provider side.

Cost Improvement 2023/24

CIP delivery remains a challenge, especially as only 63.2% of the YTD CIP is via recurrent methods. Of the planned recurrent CIP, there is YTD delivery of 75.7% and Providers forecast to achieve 78.6% of the full year recurrent CIP savings.

CIP	YTD Recurrent CIP			23-24 Total Recurrent CIP		
Month 10	Plan (£m)	Actual (£m)	Variance (£m)	FYE Plan (£m)	FYE Forecast (£m)	FYE Variance (£m)
CMAST	204.5	148.4	(56.1)	227.3	172.6	(54.7)
Others	30.7	29.7	(1.0)	33.5	32.3	(1.2)
Total Provider	235.2	178.1	(57.1)	260.8	204.9	(55.9)

Capital & Cash

As of Month 11, 79.6% of the annual Provider Operational Capital plan (excluding the £26m prior year adjustment) 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 11, cash balances at provider level increased, however 4 CMAST providers have been advanced £51.9m from the ICB and have applied 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



E@S presented to the C&M Directors of Nursing forum to propose an Infection Prevention and Control workstream to explore potential opportunities for collaboration both from an efficiency and quality perspective across C&M. Engagement and support to progress was positive. The first meeting aims to take place in late April / early May.

Exploration of automation opportunities continues to move at pace. Scoping of existing automation programmes relevant to E@S has taken place and workshops are planned in April to develop these further.

The 2024/25 E@S annual plan is currently being finalised in alignment with the national planning requirements.

Finance/Legal



A meeting has been scheduled with the national team to discuss the SBS proposal for implementing a single financial ledger across C&M including the proposed funding options.

A review of 'additional insurance' trust-level returns across C&M has highlighted a £3.1m expenditure across the system of which £2.4m relates to property insurance. The national team have selected C&M to be a part of the task and finish group to support the production of a national approach to mitigating the current costs, which is estimated to be a spend of over £47m nationally.

The national legal system procurement has almost concluded. C&M have been put forward as a pilot site which would enable the development of a knowledge hub.

The Liverpool Legal Services Programme (LLSP) work programme continues to progress. The recruitment of an interim General Counsel has been successful with the candidate taking up the post on 26th February. The recruitment to the substantive position is underway.

Medicines Optimisation



In January 2024 medicines optimisation reported YTD savings of £16.6million against a E@S and Place full year target of £17.5million and a stretch 23/24 forecasted position of £18.1million. Work continues to progress at pace with DOAC and AMD. Negotiations with Spec Comm are ongoing regarding the single system business case for high-cost drugs and homecare. The first draft of the ICB wide polypharmacy and deprescribing toolkit has been produced.

The first task and finish group meetings with regards to the Valproate patient safety alert have been held. The groups are working to develop prescribing guidance, identify where digital solutions can support implementation, develop a communications and engagement plan, and create a Valproate dashboard.

Procurement



The 2024/25 projected outturn is reported to land at £3.6m FYE and £1.38m IYE. Over 40 projects have been identified as a part of the 2024/25 planning process, with Trust leads identified for most of these schemes. Validation of the associated savings is ongoing but indicative savings are estimated to be £5.5m.

An opportunity to release over £500k savings in 2024/25 has been realised with regards to orthopaedic implants.

The Framework Accreditation List has published a total of 20 accredited hosts including COCH.

A draft business case is being reviewed for the possible expansion of Liverpool procurement collaborative.

Workforce



The E@S Board received a presentation from the HRDs regarding scaling people services in C&M and system/roster procurement which was well received. Proposed milestones to move towards a single C&M e-roster contract are highlighted below:

- Q3 23/24: ICB Procurement lead identified to support with negotiating and process.
- Q4 23/24: Deep dive exercise to review existing contracts through procurement teams; alignment of existing 'Allocate' contracts.
- Q1-Q2 24/25: Development of single specification for potential future single C&M contract.

The CMAST workforce programme was formally closed at the end of March and the final Board meeting will take place on 26th March 2024.

Workforce Programme



The final Workforce Programme Board is due to take place on 26th March where the Board will review final updates from the remaining projects and confirm closure of the Programme Board.

Development of Band 6 Ward & Department Nurse Roles



The Development Toolkit pilot scheme concluded on 1st March 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 scheme and feedback from the pilot is currently being collated. The Working Group will meet for the last time in March to agree the key recommendations and next steps for the Toolkit which will then be shared with the Programme Board in a final report.

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.

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 February performance at 68.1% compared to 68.9% in January. This is against a 2023/24 year-end national recovery target of 76%. Current performance is 7.4% below our local 2023/24 trajectory, however, is performing better than the North West (67.7%).

The percentage of beds occupied by patients with a length of stay over 14 days was 36.1% at 24/3/2024, whilst length of stay over 21 days continues to account for around quarter of occupied beds (25.2%).