

## Board of Directors (in Public)

### Item 6.1.1

**Subject:** CMAST Leadership Board CiC Key Issues Report  
**Date of Meeting:** 23<sup>rd</sup> September 2025  
**Presented by:** James Sumner, Chief Executive Officer  
**Meeting Held:** 4<sup>th</sup> July and 1<sup>st</sup> August  
**Attended by:** James Sumner, Chief Executive Officer

This report sets out the key assurances, risks and actions from the recent CMAST (Cheshire and Merseyside Acute and Specialist Trust) Leadership Board Committee in Common (CiC) meetings. Areas for escalation to the Board of Directors are included below as required.

### 1. Summary

#### July

The CMPC Leadership Board met on Friday 4<sup>th</sup> July and discussed a number of system wide issues currently in focus.

A significant portion of the meeting was handed over to a shared discussion with the ICB and NHSE colleagues and Trust Chairs for the Cheshire and Merseyside system to receive a summary of the outputs from the system wide rapid diagnostic review, led by Stephen Hay and supported by a team from PwC.

Individual Trust specific reports are expected to follow in month. Discussions are ongoing about how the system will respond to the recommendations arising from the review. Trusts have been notified of further in-depth discussions and exploration of month 3 positions imminently.

Next the Leadership Board received an update on the Efficiency at Scale Programme, specifically with relation to corporate back office and at scale opportunities. Support was provided to the more detailed work up of system wide opportunities covering: digital, procurement, occupational health and recruitment. Work will focus on exploring single solutions for C&M where feasible to ensure maximum benefit realisation.

CEOs reflected on the system agreement and position in respect of bank rates and next steps.

#### August

The CMPC Leadership Board met on Friday 1<sup>st</sup> August and discussed a number of system wide issues currently in focus. Trust Chairs were provided with an open invitation given some of the system stretch areas under discussion.

A large part of the meeting was used to explore commercial approaches and opportunities within the system drawing upon experience and lessons from within C&M, the region and progress to date through the CMPC Efficiency at Scale programme. Discussions were led by Bill Gregory, NHSE and James Thomson,

UHLG Chief Commercial Officer and sought to provide a framework for response to the system's efficiency requirements but also the recent policy push from NHSE. Following discussions Trust representatives were asked to confirm their organisation's intention to participate in the next phase of the commercial opportunities programme covering the prioritised system opportunities - Pharmacy, Procurement, Estates & Facilities, and Digital - requirements for additional resource in areas including legal, tax, procurement, and PMO, will be subject to a further proposal for specific resourcing as the work develops.

Next the Leadership Board received an update on the work of the Community Services Programme which has been reviewed and reframed since becoming a CMPC programme. Its focus remains on schemes which reduce hospital admissions or enhance rates of discharge including virtual wards and urgent community response schemes. The programme's in year focus is on reducing variation and maximising consistency across C&M. Consideration was also given to an ICB request for review of virtual ward services with a view to a circa 25% funding reduction £3m of £13m. While it is clear that a commissioning decision is required by the ICB views were put forward and explored on the least disruptive options that could be explored as a result of any such reduced funding envelope.

Finally, the Board were provided with a briefing on the work being progressed at the request of the ICB and the region to collate and prioritise schemes for Regional Transformation Bids. While no decisions had yet been made discussions were taking place on deliverability and in year benefit realisation covering NHS priorities: Analogue to Digital; Hospital to Community; Neighbourhood Healthy and other.

Update papers were also provided on the implementation of Federated Data Platform (FDP) – this included a deployment update, consideration of enhanced governance and to build toward a system decision on use of a single PTL

Update papers were also provided on the following areas to all meetings:

- System financial report
- System performance update

## 2. Recommendations

- The Board of Directors is asked to **note** the update.