

# **CMAST Programme Update**

Half year update on Annual Plan delivery

6 October 2023

Modernising Diagnostics



## Scale and size

- **95%** of patient pathways require a diagnostic
- **1.2 million** (DMO1) tests per year, **2.2 million** imaging tests
- **70+** tests housed under single programme of work
- Programme spans specialist, acute, community, primary care and independent sectors providers.
- Maximising productivity to ensure the most efficient use of workforce and physical resources

## Impact

- Faster diagnosis allows correct treatment to commence without delay leading to better patient outcomes.
- Prevention through surveillance
- Monitoring of long term conditions
- Patient experience providing speed of diagnosis and treatment, easy access and convenience
- Efficiency via admission avoidance and fewer interventions
- Reduction of system pressure

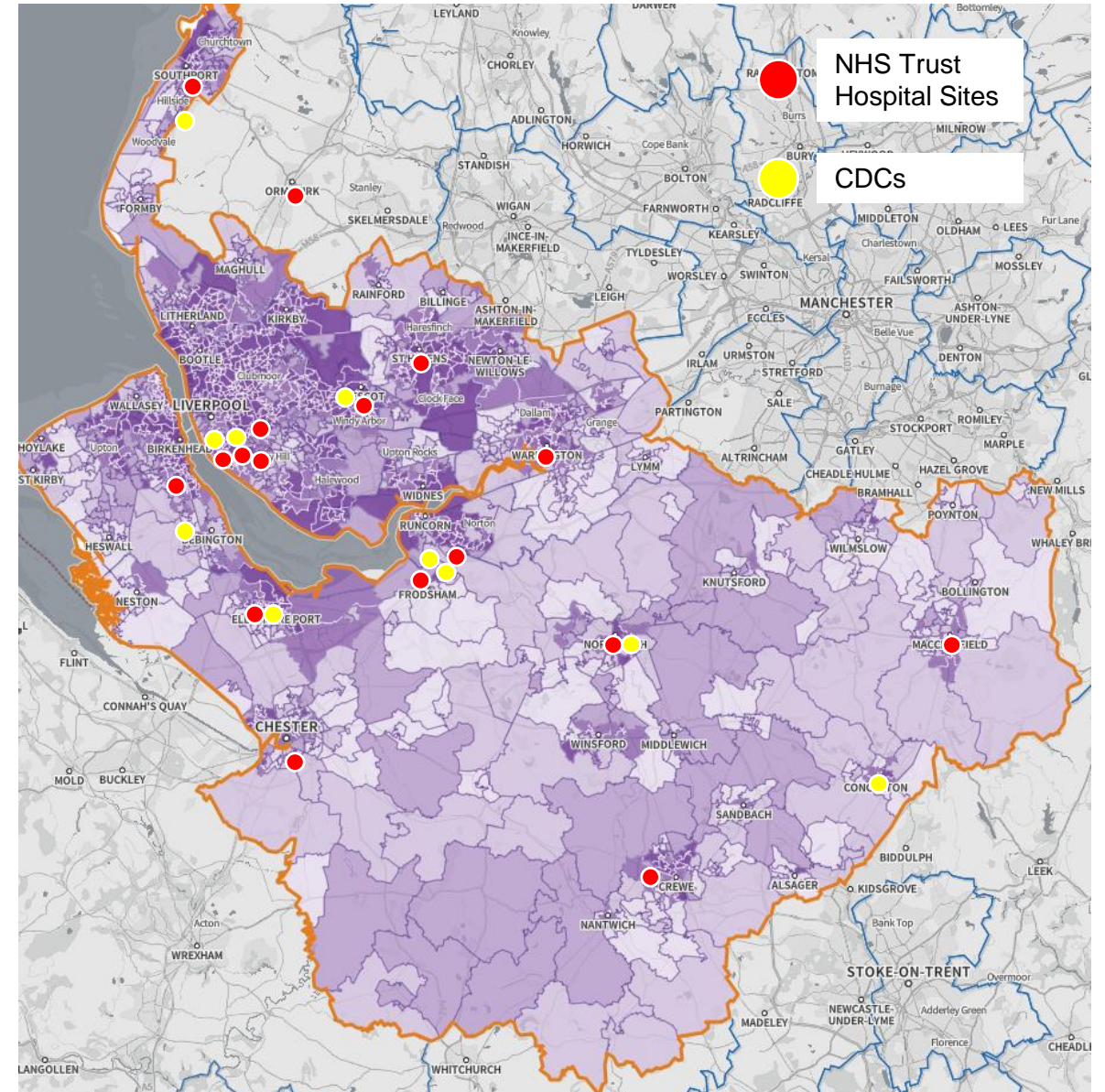
# Cheshire and Merseyside System

## Population

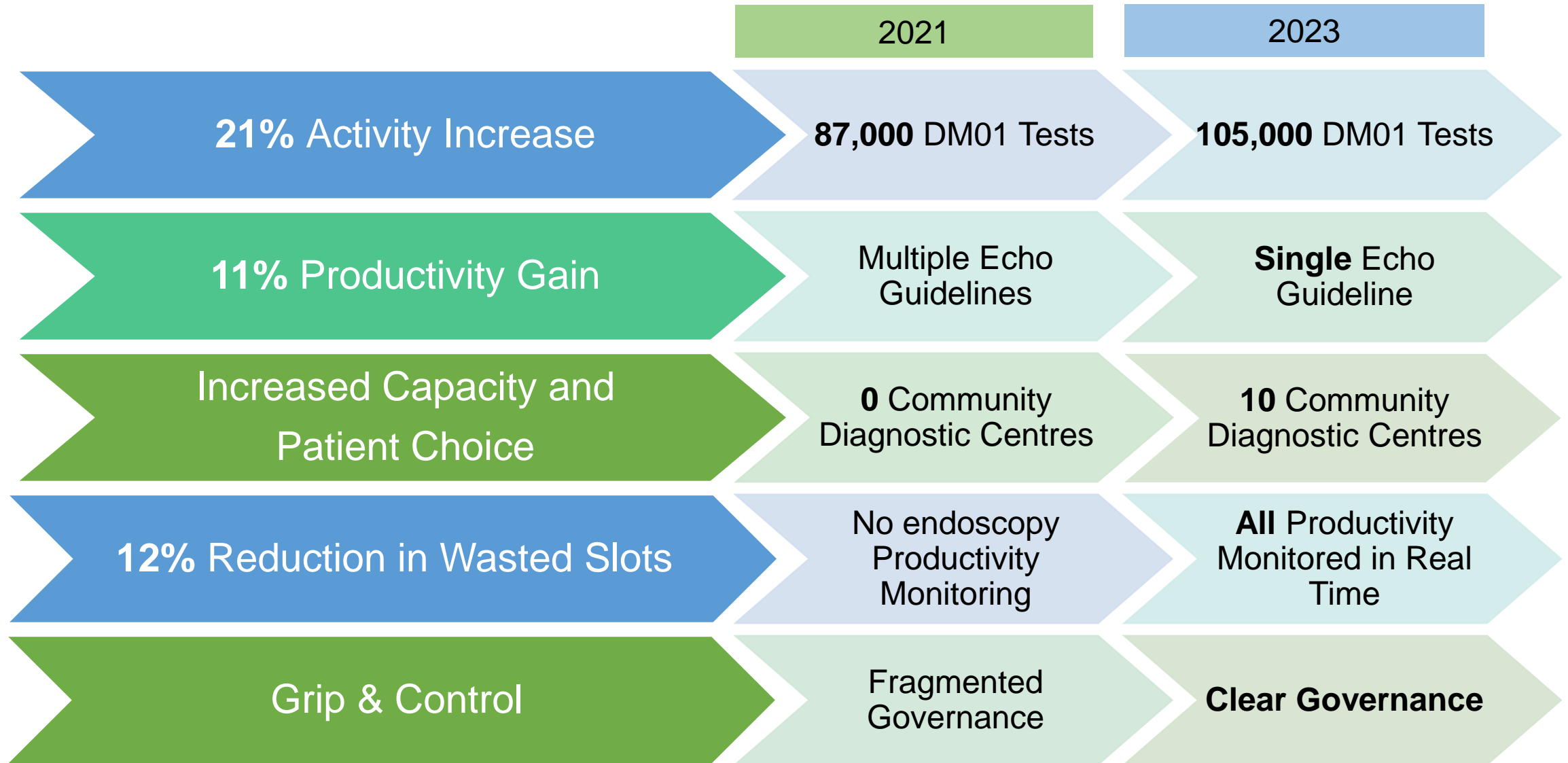
- **2.7** million people
- **23%** of neighbourhoods most deprived in England
- **1.154** square miles

## Organisations

- **349** GP Practices
- **47** Primary care Networks (PCNs)
- **7** Acute Trusts
- **5** Specialist Trusts
- **9** Places
- **3** Community/Mental Health Trusts
- **1** Ambulance Trust



## Evidence of Delivery





## Reduced Waiting Times

- 100% reduction in patients waiting 79 wks+
- 74% reduction in patients waiting 26 wks+

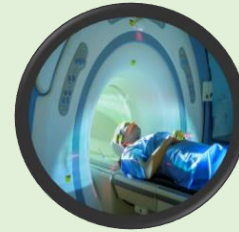


## More People Seen Quickly

% seen within 6 weeks	Nov 2021	June 2023
Echos	58%	80%
Barium Enema	86%	99%
Gastroscopy	50%	70%
Urodynamics	70%	73%



## Increased Activity



MRI  
**12%**  
increase



Gastroscopy  
**17%**  
increase

*Since November 2021*

## Collective Innovation Across All Sites and Modalities: Examples

### Capital Investment Secured

- **£26m** – Digital Pathology
- **£16m** – Digital Imaging
- **£3m** – Endoscopy Build
- **£20m** – Imaging kit
- **£52m** – Community Diagnostic Centres
- **£119m in total**

### FIT (Faecal Immunochemical Testing)

- **67%** of patients didn't require hospital care
- **£4m** per year saved in unnecessary endoscopies
- Sample provided at home rather than attend hospital

### Galleri Trial

- First and highest recruiter in Europe
- **22,000** participants
- World's largest clinical trial
- **Detects 50+ cancer types**

### Radiology Reporting Out of Hours Hub

- **£2.5m** cost avoidance per annum
- Immediate image reporting overnight for emergency scans
- Reduces required consultant rest days
- Peer-supported learning

### Targeted Lung Health Checks

- High risk individuals offered low dose CT
- **259** lung cancers detected, **80%** at early stage
- **33%** of patients accepted smoking cessation support

### Cytosponge Endoscopy

- **10 times** more patients detected with early stage cancer/Barratt's Oesophagus
- Less discomfort to patient
- Faster recovery
- Reduced cost



# Pathology Target Operating Model (TOM) – 3 Hub Model    Exec Leads & Timeline

- Hubs to be named rather than using existing provider names

C&M North Hub	C&M East Hub	C&M West Hub
LUFHT	WHH	COCH
	WUTH	WUTH

TWC and AH laboratories

Exec Leads agreed with CEOs

Cheshire & Merseyside Networked Pathology



Rob Forster  
North Hub  
Exec Lead



Rob Cooper  
East Hub  
Exec Lead



Matthew Swanborough  
West Hub  
Exec Lead

## Phase 1

Now until  
Sept 2024

- Risk & Gain Share
- Specifications
- Service Standards
- Procurement
- Digital projects

Sept  
2024

Refreshed  
Outline Business  
Case (OBC)

## Phase 2

Dec  
2024

Final  
Governance  
Arrangements  
agreed

April  
2025

Partnership  
Agreement in  
Place

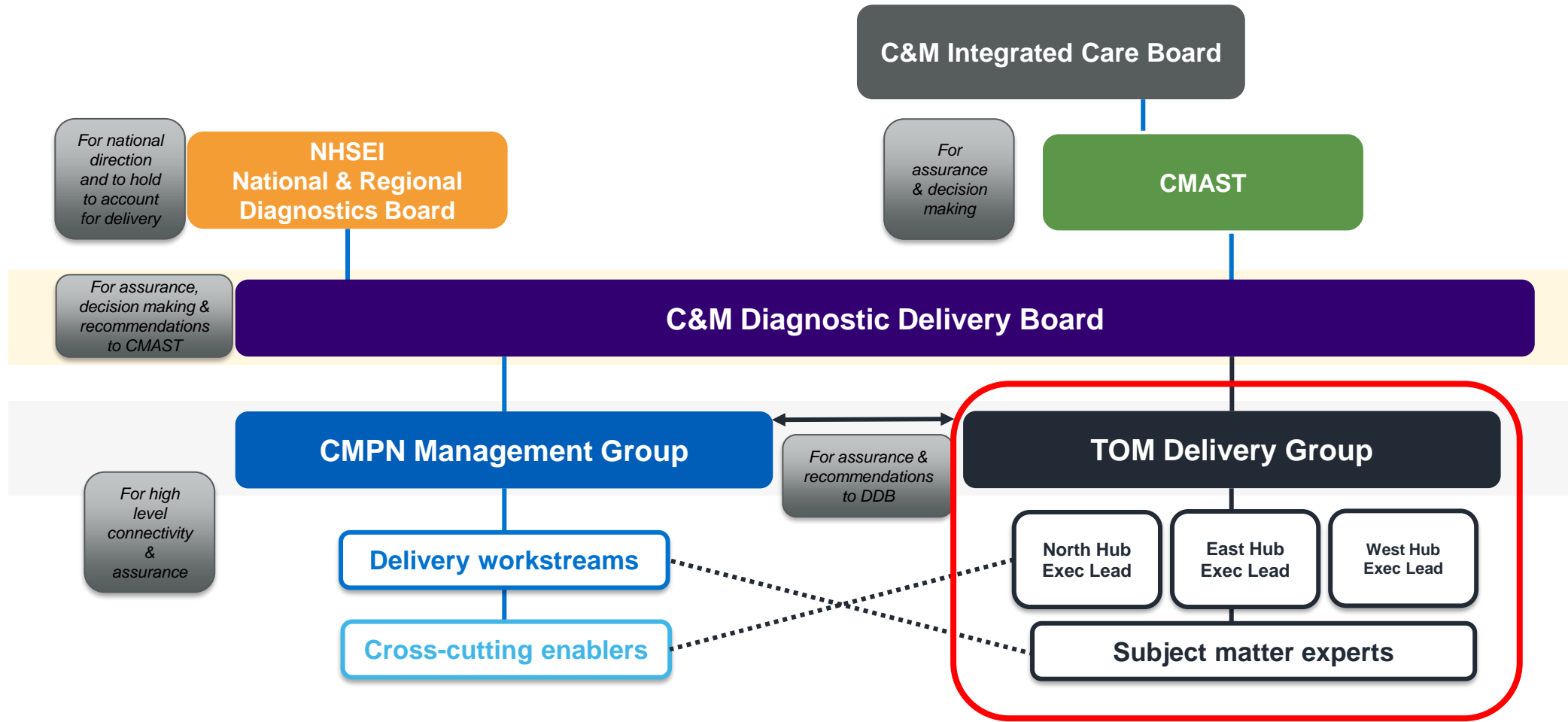
Sept  
2025

Full Business  
Case (FBC)  
Complete

Dec  
2025

Phased  
Implementation to  
commence  
Implementation

# Pathology Target Operating Model (TOM) – 3 Hub Model Governance





## Endoscopy Transformation Capital Bids

- 12 Capital Bids (totalling £15m) for Endoscopy Transformation were submitted to national panel
- 4 bids have not been supported by national panel at this stage
- 8 bids (totalling £7.8m) continue to be reviewed by national panel

Endoscopy Provision	Trust	Status
C&M Hub	WHH	Further Information Requested by National Panel
C&M Hub	LUFHT	Not Supported by National Panel at this stage
Advanced Endoscopy	LUFHT	Not Supported by National Panel at this stage
Advanced Endoscopy	Mid Cheshire	Not Supported by National Panel at this stage
Advanced Endoscopy	MWL	Further Information Requested by National Panel
Advanced Endoscopy	WUTH	Further Information Requested by National Panel
Alternatives to Endoscopy	MWL (S&O)	Not Supported by National Panel at this stage
Alternatives to Endoscopy	WHH	Further Information Requested by National Panel
Alternatives to Endoscopy	COCH	Further Information Requested by National Panel
Alternatives to Endoscopy	East Cheshire	Further Information Requested by National Panel
Advanced Digital	MWL	Further Information Requested by National Panel
Advanced Digital	LUFHT	Further Information Requested by National Panel

## Current Examples...



Liverpool University Hospitals  
NHS Foundation Trust



Mersey and West Lancashire  
Teaching Hospitals  
NHS Trust



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

Host for  
Single  
Imaging  
PACS

Host for  
Single  
Pathology  
LIMS

Host for  
Diagnostics  
Programme  
Staff and  
Resources

## Future Asks...



Cheshire and Merseyside



Cheshire and Merseyside



Cheshire and Merseyside

Risk & Gain  
Share  
Agreement

LIMS  
Procurement

Trust A saves £  
Trust B incurs £  
System saves £££

Enhanced  
Mutual Aid to  
harmonise  
waiting times

## Next Steps

### Digital

- Single Pathology LIMS (Laboratory Information System)
- Risk and Gain Share to support all sites to move forwards
- Single Order Communication System for all test requests
- Single Imaging Picture Archiving Communication System (PACS) to expand to cardio respiratory tests
- Digital Pathology
- Digital connectivity in Endoscopy allowing second opinion during endoscopy

### Workforce

- Interventional Radiology Summit
- Collaborative Bank for all diagnostic staff
- Diagnostic Academies for all modalities
- Diagnostic Apprenticeship catalogue for school leavers
- Lead recruiter model
- Stay Conversations
- Multi-skilled Diagnostic Workers

### Artificial Intelligence

- AI Chest X Ray – Bid for £1.2M submitted
- AI Prostate Imaging
- AI Polyp Detection
- One stop Heart Failure clinics with Echocardiography AI
- AI Pre Op Assessment & Automated Bowel Prep Distribution
- AI Pathology (various)

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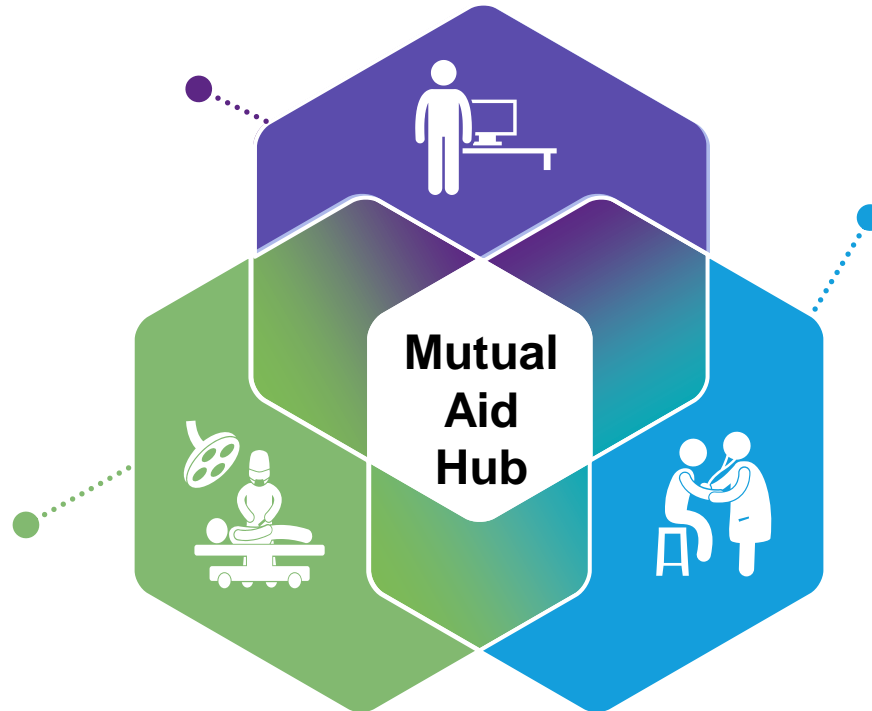
Elective Recovery



# We committed to three key areas of focus this year

## Waiting lists and PTL management

- Reducing long waits
- Restoring activity levels



## Reducing variation in care

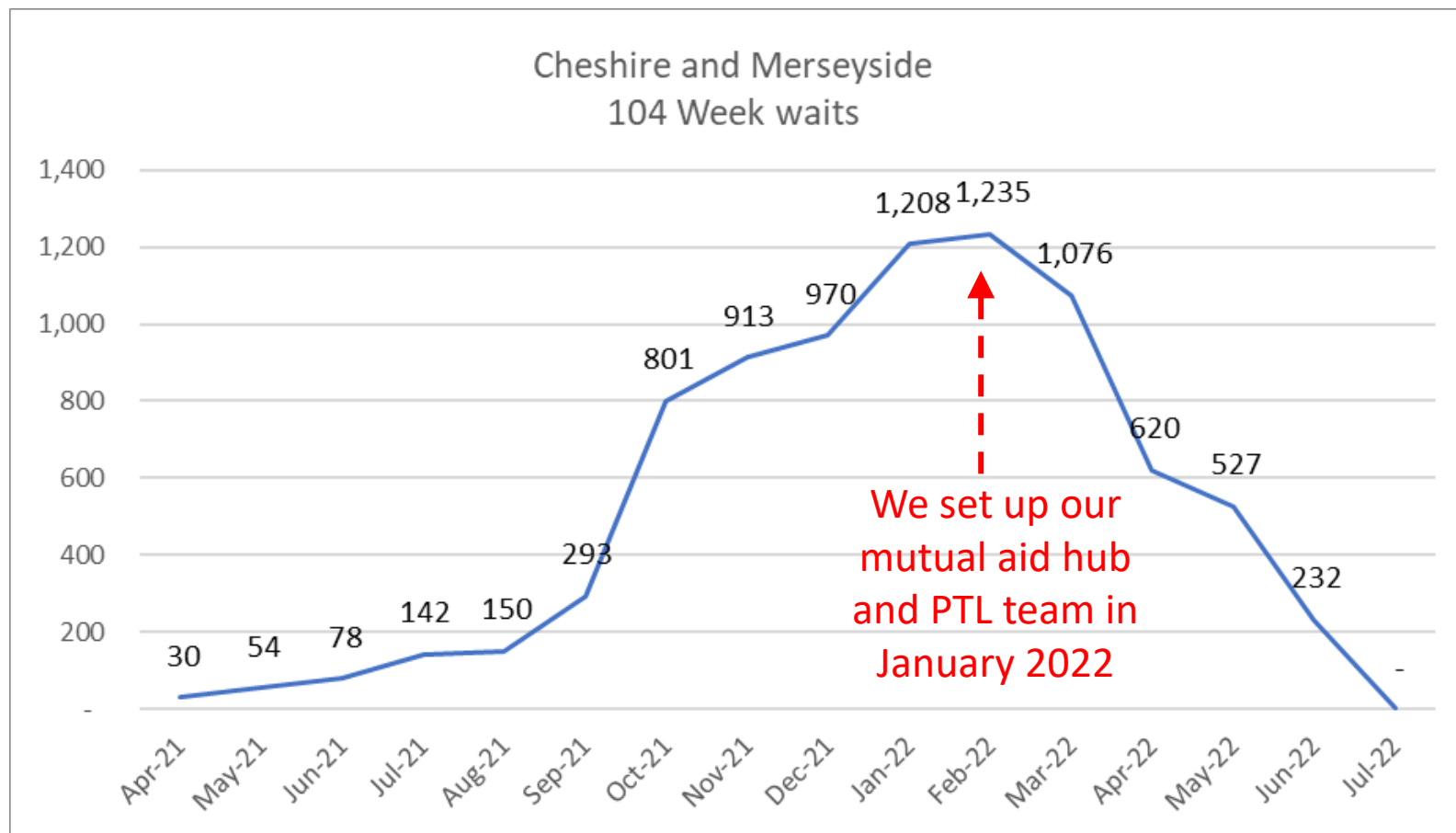
- Levelling waiting times across C&M
- Mutual aid and shared resources

## System resources

- Theatre utilisation
- Elective hubs and cold site utilisation



# 104 week waits: we've delivered some of the best performance in the country



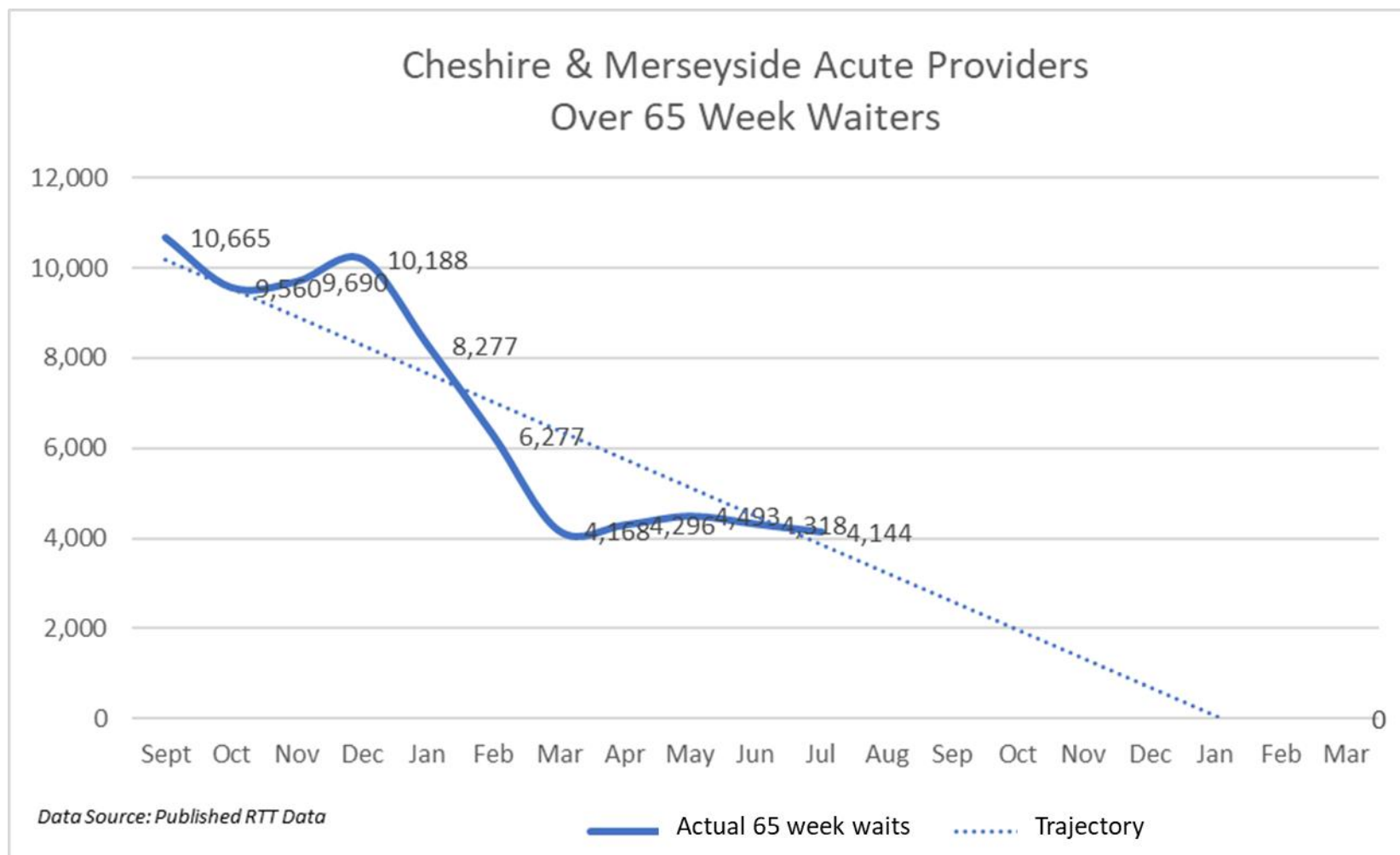
**“Last year we were one of the only ICBs in the country to eliminate 104 week waits on time”**

**“We have facilitated mutual aid for over 6500 patients from 8 different trusts throughout C&M”**





# 65 week waits: we are on track to eliminate 65 week waiters by end of March

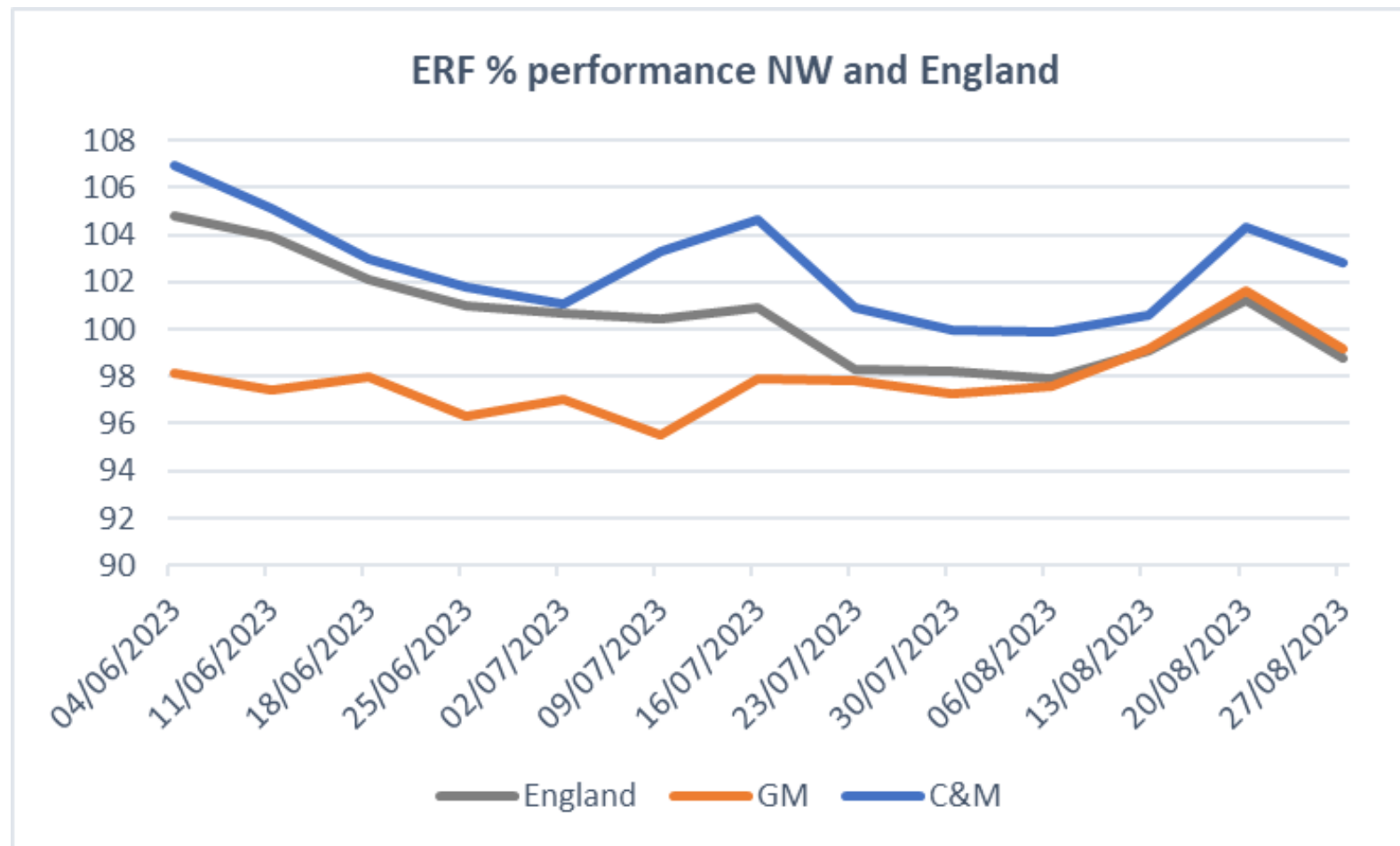


**“We are on track to eliminate 65 week waits by end of March”**

**“We have cleared over 110,000 patients from our potential breach cohort since April”**



## ERF Activity Restoration: we've delivered exceptional ERF performance

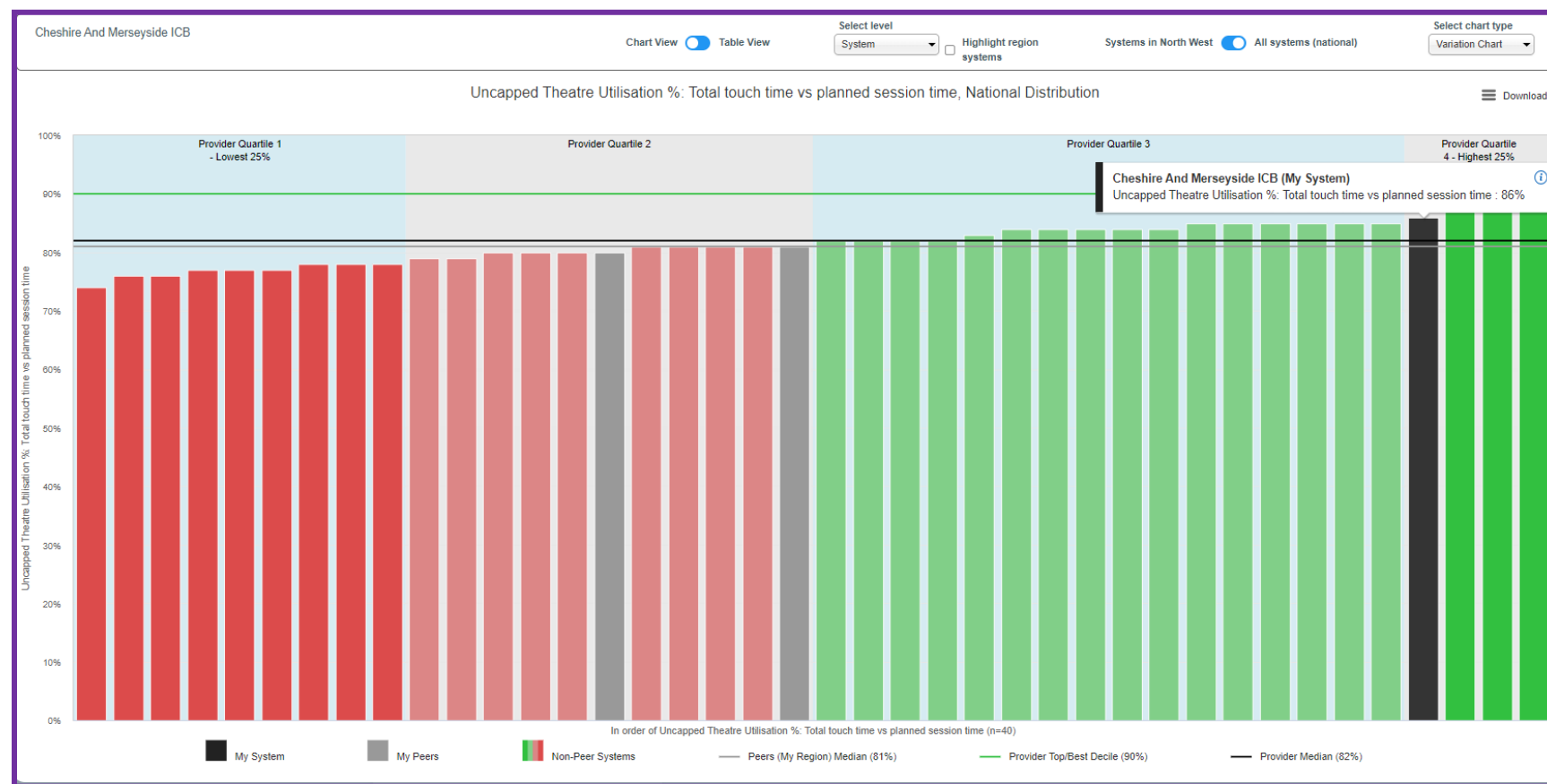


**“Our ERF performance has tracked 2% higher than the England average since May”**

**“We have out-performed our neighbouring ICB for over a year”**



# Theatre utilisation: we've moved to 4<sup>th</sup> best in the country theatre utilisation



“Our theatre utilisation performance started in the 2<sup>nd</sup> quartile a year ago, and rose to 4<sup>th</sup> best in the country during August”

“We have treated over 2,600 patients in our shared elective hub”

# Our risks centre around 4 key areas

## **Workforce**

- Industrial action
- Workforce availability for certain specialties

## **Winter**

- Non-elective demand and pressures on bed-base
- Potential COVID outbreaks

## **Finance**

- Uncertainty about future funding for the programme team
- Continued ERF performance
- Overall funding (trust and ICB pressures)

## **Patient behaviours**

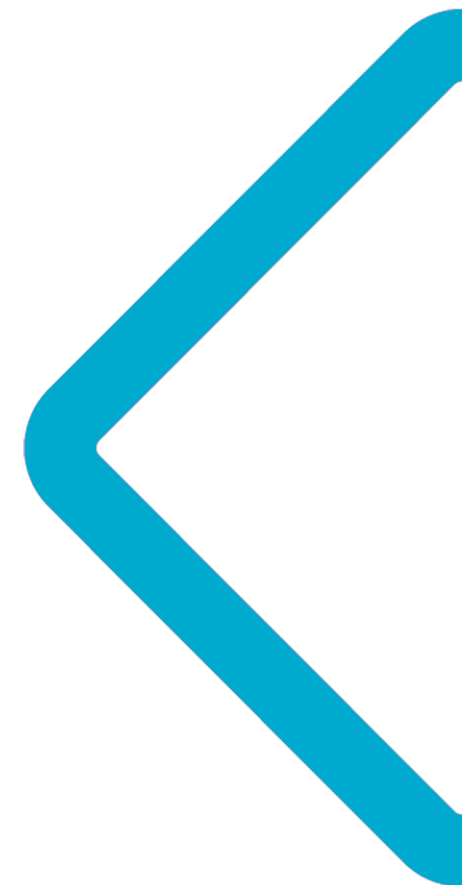
- Patient choice initiatives

# **CMAST Programme Update**

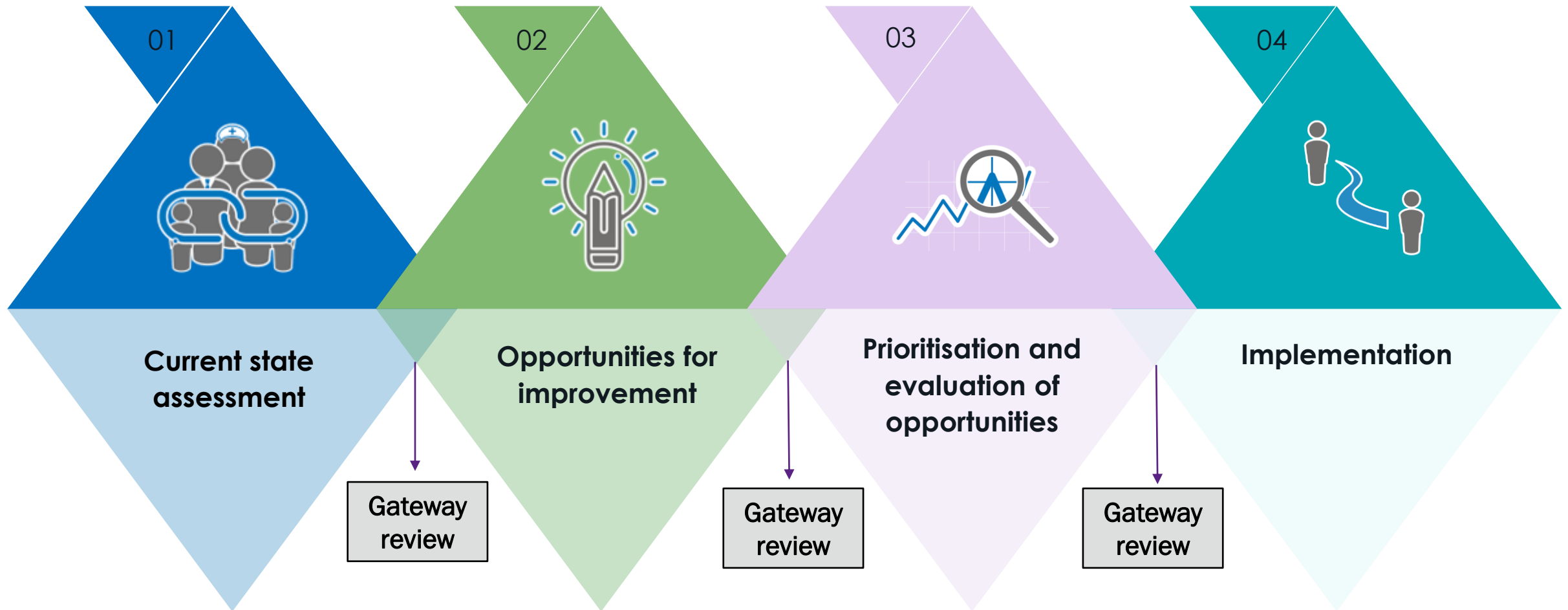
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Clinical Pathways



# CPP Programme Methodology



Orthopaedics, ENT, Dermatology and Gynae were agreed as our first priority specialties



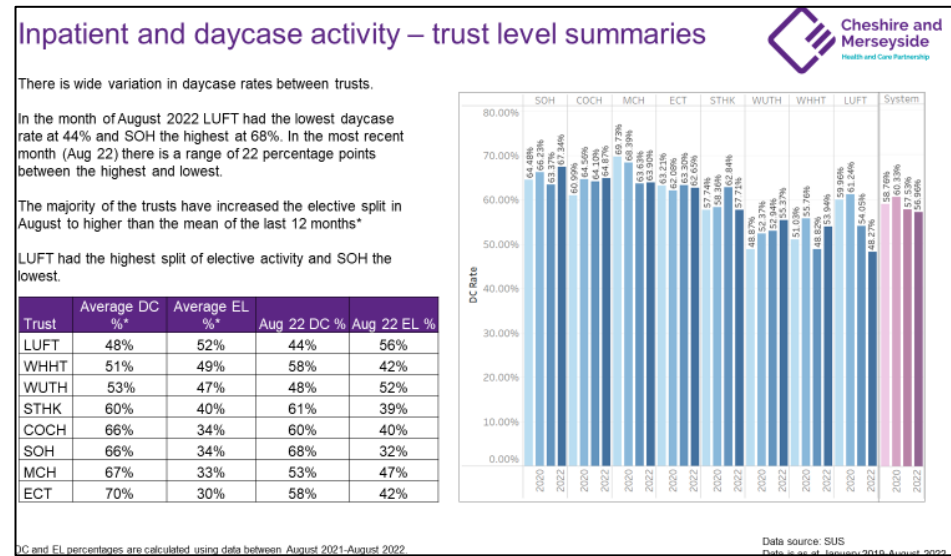
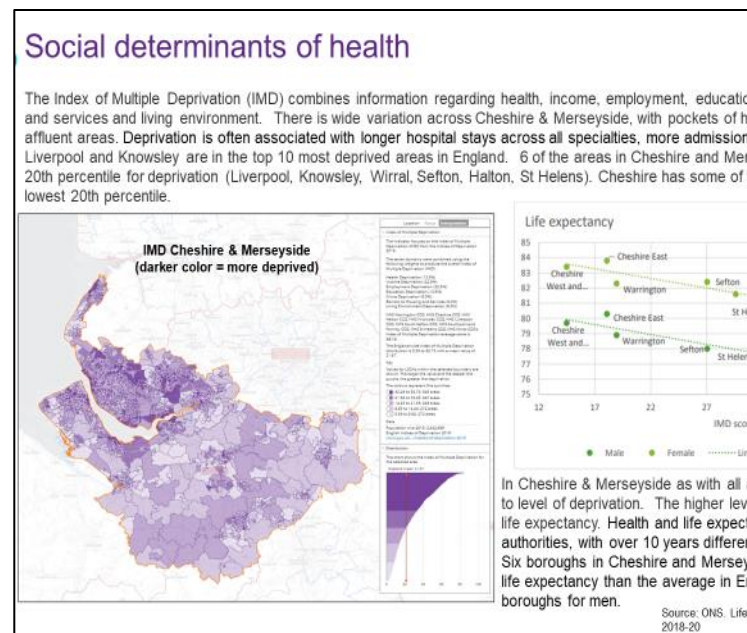
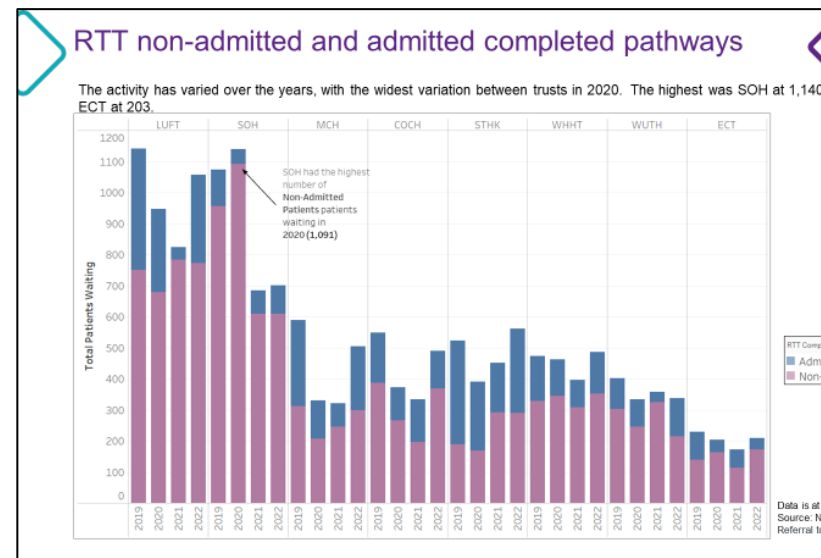
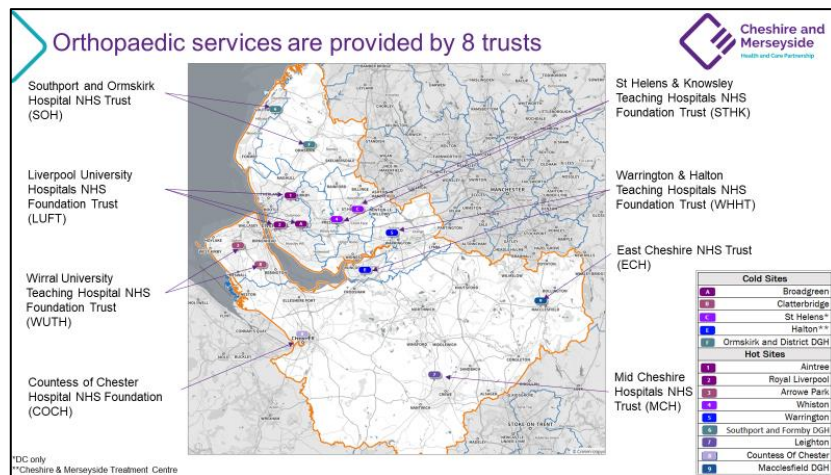
# Current state assessments

- Current State Assessments completed for

- Orthopaedics
- ENT
- Dermatology
- Gynaecology

- Full data intelligence packs produced for specialities above including engagement with all stakeholders.

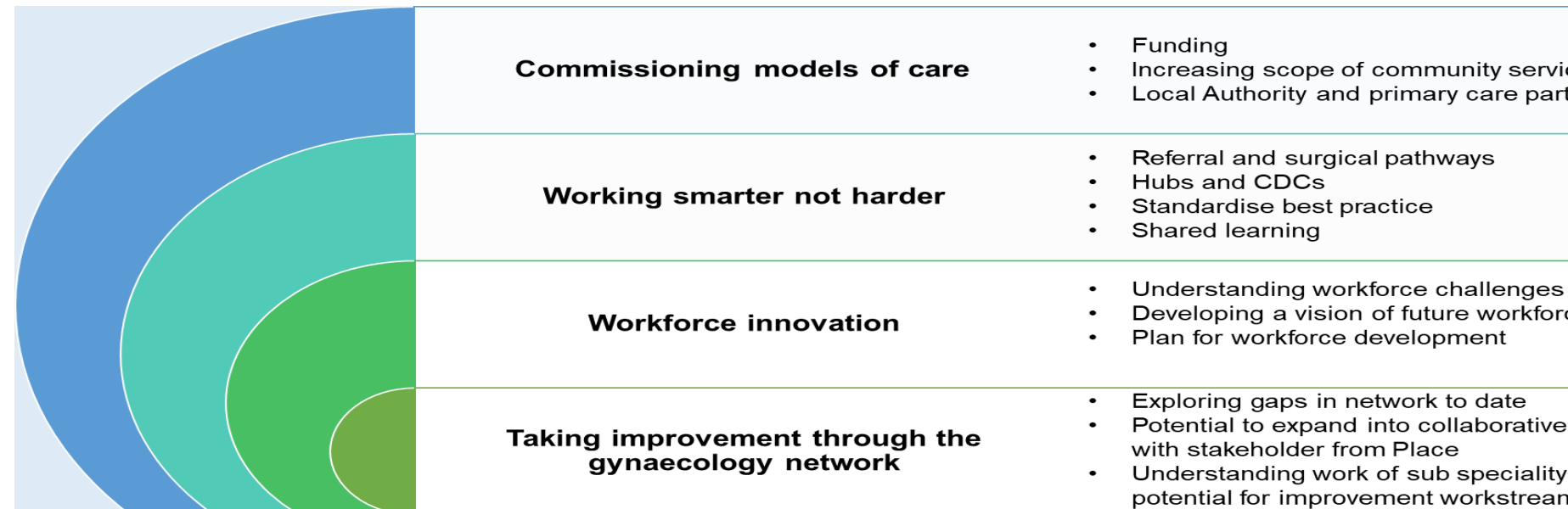
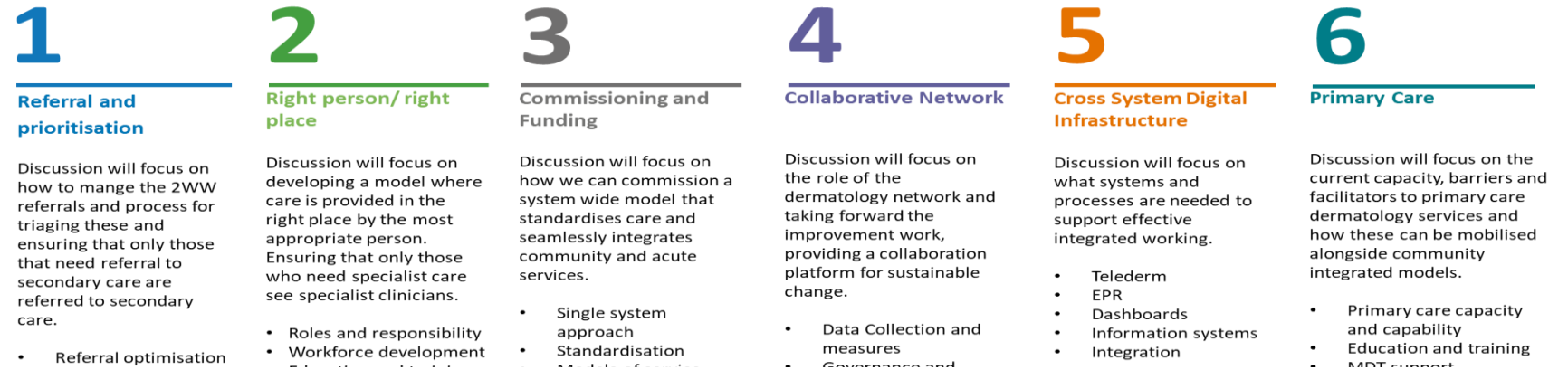
- Key challenges and opportunities identified areas for improvement identified through collaboration



# Identifying opportunities for improvement

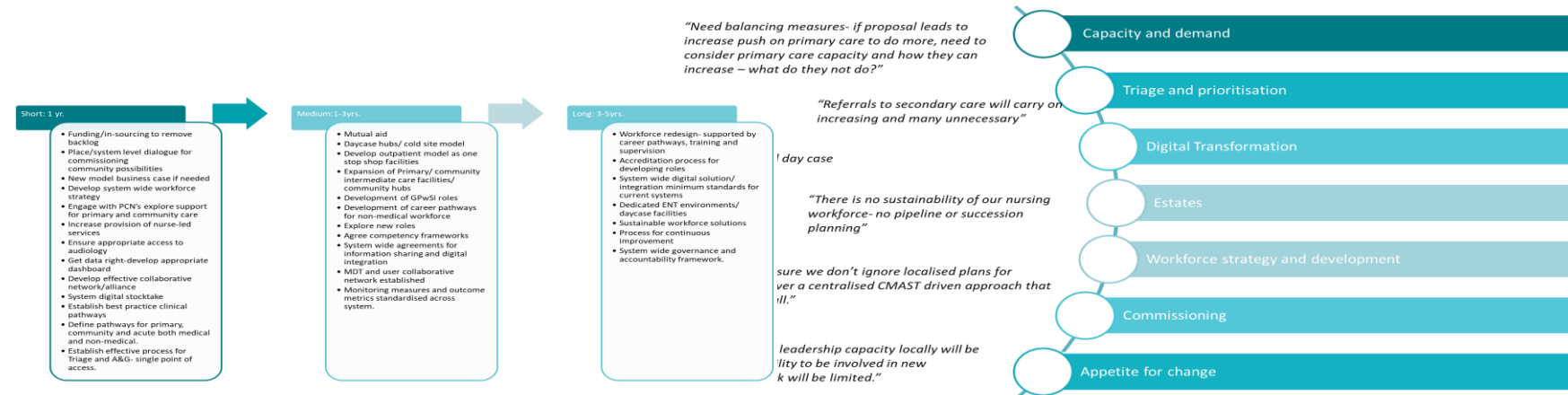
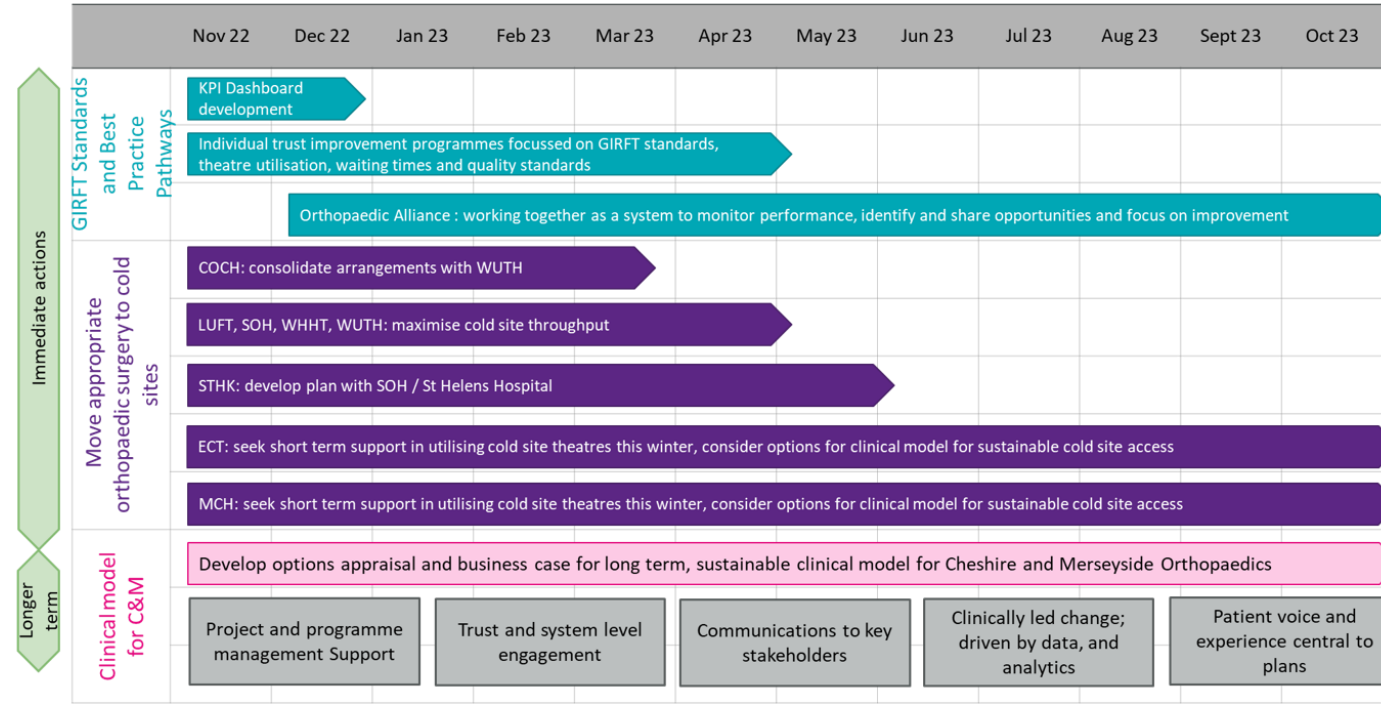
- Collaboration, transformation workshops held with stakeholders from across acute provider, primary care and Place for
  - Orthopaedics
  - ENT
  - Dermatology
  - Gynae
- Short, medium and long term opportunities identified and articulated under specific workstreams for each speciality

Following all of the sessions and feedback the following 6 areas for further work were identified: These six areas will be reviewed and will form the basis for the themes of workshop 2 where the group will narrow down the areas into improvement workstreams and identify short- medium and longer term improvements. Workshop 2 will enable stakeholders to develop their thinking into practical solutions and steps to be taken forward through the dermatology network.



# Prioritising opportunities: developing the roadmaps

- Collaborative alliance/ network established for each speciality
- Leadership support provided to each speciality
- Improvement roadmaps designed and adopted by collaborative alliance in Orthopaedics, ENT, dermatology
- Road maps prioritised into one year, 2 year and 3 year plans



# Implementation support for specialties

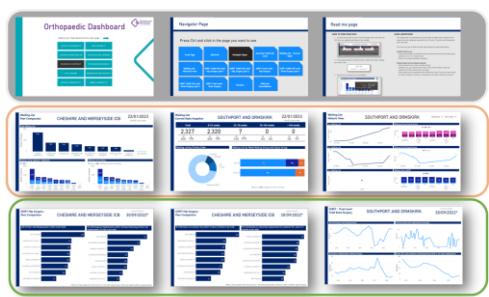
## Orthopaedics

Cold site collaboration commenced, and proof of concept achieved

Collaborative Alliance launched and embedded

C2Ai risk stratification project commenced across all orthopaedic trusts – implementation completion expected Nov 2023.

LUFT	Brookgreen	All elective orthopaedics Treatment Room opening March 23
WHHT	Hallon/CSTM	All elective orthopaedics not known to require HDU/ITU
WUHT	Clatterbridge	All elective orthopaedics not known to require HDU/ITU
SOH	Omskirk	Unlimited elective orthopaedics
STHK	St Helens	Day Case only
Countess of Chester	No cold site in the trust	
Mid Cheshire	Treatment room at Victoria Infirmary	May have some opportunity for low complexity orthopaedic procedures
East Cheshire	No cold site in the trust	



## Dermatology

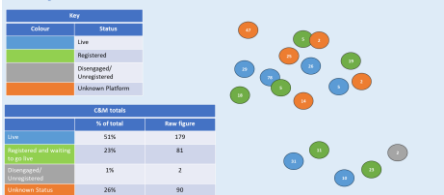
Pilot projects for image capture hubs

Collaborative alliance developed and supported.

Tele-dermatology stocktake and options,



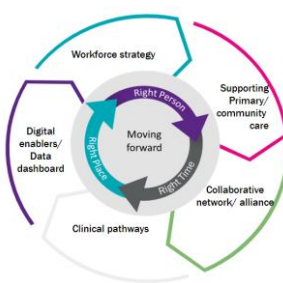
Teledermatology stocktake: Total number of GP practices live across C&M



## ENT

Collaborative alliance developed and supported.

Key focus will be on workforce, supported by the workforce programme



Transforming Ear, Nose and Throat Outpatient Services

A practical guide to delivery

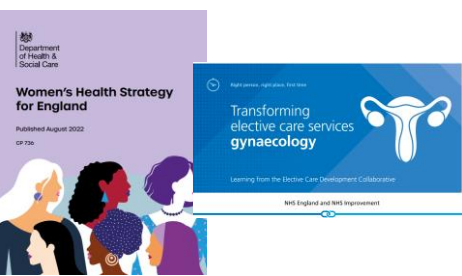
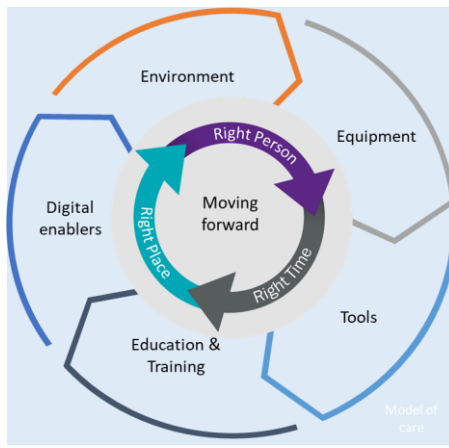
June 2023



## Gynaecology

Supported network leadership in current state awareness

Current state assessment undertaken and first workshop.





# CPP delivery – forward plan

## Orthopaedics

- **Cold site collaboration established** which will be transitioned into the Elective Hub Utilisation improvement plan
- Working with MSK Alliance to review **MSK interface services** to agree further standardisation of referral pathways
- **Completion of C2AI and Surgery Hero implementation in orthopaedics** which will progress to roll out to other surgical speciality's
- Orthopaedic Alliance Clinical Lead for Open #s to complete paper with recommendations for consideration by C&M MDs
- Handover management of the Orthopaedic Alliance and GIRFT improvement programme

## ENT

- The development of the ENT network into a **collaborative alliance** remains a top priority to take forward the **improvement roadmap and action plan**.
- **Workforce development** is a key priority - workstream lead identified (GPwSI) with early discussions around opportunities for developing the workforce model for sustainable future.
- **GIRFT improvement** will focus on:
  - System wide agreed standards and pathway for ENT Day Case HVLC - starting with Paeds/Adult Tonsillectomy
  - Exploration of paediatric hub and appropriate pooling of patient cohorts.
  - C&M approach to ENT referral management system

## Dermatology

### Focus is on technology enhanced pathways

- **80%** of GP practices will be tele-dermatology enabled by end of the year
- Working towards a position where **all dermatology referrals will be accompanied by an image for effective triage**
- Collaborative alliance is truly representative of primary, intermediate and acute providers as well as Place and commissioning - over 70 members.
- **Pilots commenced for image capture hubs** through CDC development
- Next steps to **explore use of AI for developing virtual 2WW pathways** and developing the dermatology workforce model for sustainability

## Gynae

- **Decision** needed regards continuation of CPP involvement in Gynae improvement plan, but this will likely be continued through the established governance.
- **Priority areas to improve identified though collaboration workshop include:**
  - Commissioning and contracting
  - Women's health hub development
  - Workforce innovation
  - Standardised Clinical Pathways
- **2<sup>nd</sup> workshop to be planned November** to agree improvement roadmap

# Our risks centre around 5 key areas

## **Provider capacity/ industrial action**

- Industrial action and other operational pressures affects engagement and can create imbalance across provider representation were a balanced 'voice' and decision making is essential

## **Leadership capacity**

- Competing pull on clinical and operational leads impacting on time available and capacity to work at system level

## **Availability of accurate, real time data that can be shared**

- Needs to be shared 'real-time' where possible in an accessible form which is accurate, consistent and reliable.

## **Interdependencies with other ICS workstreams/ priorities**

- Working with other workstreams to maintain connection, avoid duplication and adopt a 'do once' process where possible

## **Digital infrastructure**

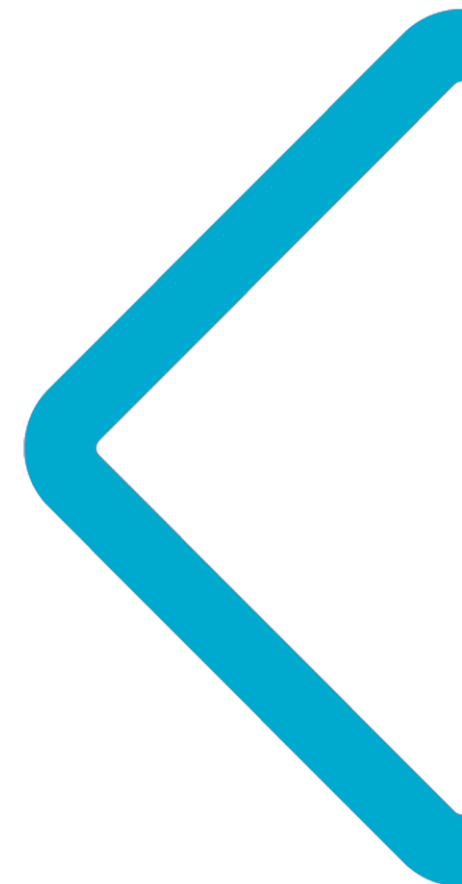
- Digital leads need to keep in mind issues such as cold site collaborations when making decisions regards things such as EPRs. The IT infrastructure and architecture in trusts, community and primary care needs to enable the interface between services to work optimally to improve patient pathways



# **CMAST Programme Update**

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# Our Programme Commitments - E@S

1

Appointment of a Programme Director and securing programme funding for 23/24 and 24/25

2

Development of a work plan which is aligned to the National Corporate Services Transformation Programme

3

Identify and adopt a set or core principles to support the identification and reduction of unwarranted variation across the system to increase service reliance and value for money

4

Alignment to key work programmes across the ICB – for example, digital, diagnostics, estates

5

Build on the corporate services review completed across Liverpool as part of the Carnall Farrar review.

# Our Programme Commitments - E@S


## Key Deliverables

## Key Targets



FINANCE

- \* Internal audit review and realisation of savings
- \* Development of a business case for a single C&M financial ledger
- \* Review of external audit costs




LEGAL

- \* Review of additional indemnity insurance policies across C&M
- \* Development of an implementation plan for C&M legal knowledge hub



PROCUREMENT

- \* Implementation of a C&M governance & reporting structure
- \* Development of a rolling workplan
- \* Implementation of a single spend platform across C&M
- \* Development of a C&M Strategy
- \* Develop a business case for a full Liverpool city procurement collaboration



MEDICINES OPTIMISATION

- \* Development of an ICB governance structure
- \* Continue to build on the successful 22/23 Place programme
- \* Develop a provider focused programme covering high-cost drugs
- \* Develop ICB plan aligned to the 16 national priorities
- \* Development of a single financial tracker for drug expenditure



WORKFORCE

- \* Complete a detailed analytical review and benchmarking exercise \*
- Align the E@S and Scaling People Services programmes
- \* Review HR system
- \* Focused programmes on;
  - \* Time to Hire
  - \* Bank & Agency Spend
  - \* Apprenticeship levy



Medicines management will deliver an estimated £10m of savings in 2023/24, subject to continuation of ICB investment in infrastructure



Procurement initiatives will deliver a £5m full year effect although the full value will not be realised in 2023/24, it will be from 2024/25

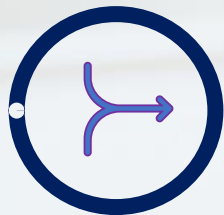


The finance and legal workstreams have the potential to release up to £1m in savings in 2024/25

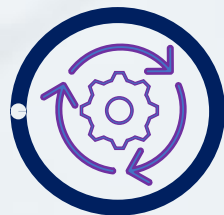
# Our Delivery - Year to Date - E@S

## Programme principles and 2023/24 workplan established:

The aim is to identify and reduce unwarranted variation across corporate services, increasing service resilience and improving value for money. We are adopting the following principles to achieve this:



Simplify



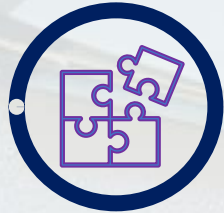
Automate



Standardise



Collaborate



Harmonise



Purchase at Scale

Functions covered in National Corporate Services Transformation Programme:



Finance



Payroll



HR



Digital &  
Technology



Risk &  
Governance



Legal

Additional Functions included in C&M E@S Programme:



Workforce



Procurement



Medicines

# Our Delivery - Year to Date - E@S

## Key Achieved Deliverables to Date:

Programme Director in place and funding secured for 23/24 and 24/25

Work programme for 23/23 finalised and C&M is now being acknowledge as a system with a high potential E&S programme and robust governance structure

Internal audit review completed, and savings delivered

Single financial ledger business case in development and is supported by all trusts in C&M

Procurement rolling workplan in progress with £4.9m (FYE) of savings identified

Full procurement governance structure in place and ICB Chief Procurement Officer commenced in September.

Single governance structure now in place for Medicines Optimisation

LUFT to host the first 'Medicines Value Pharmacist' with a focus on high-cost drugs, FYE £0.5m saving

Medicines Place level programmes continue with a workplan in place to support the £10m required cost avoidance for 23/24

Workforce detailed analytical review and benchmarking exercise completed with all providers across C&M

Legal – additional indemnity insurances review completed and £2.1m identified for review across C&M

A detailed review of corporate services across Liverpool has taken place and been presented to the Joint Committee following the Carnall Farrar review

# Risks to Delivery - E@S

Risk	RAG	Management Plan
Commitment and input from provider organisations to engage and support delivery of the programmes	Green	Proactive engagement of CEO and professional lead communities plus input/drive from ICB to promote engagement
Resource capacity across the system to support delivery of the programmes	Yellow	Prioritisation of limited resource to ensure availability
On-going funding to support the programmes and sub-workstreams (workforce, procurement & medicines optimisation)	Yellow	Working with ICB programmes and finding identified for E@S, further transformation bids being considered
Workstream leads and stakeholders being clinically redeployed or unavailable, caused by staff shortages due to industrial action - resulting in delays to programme in delivery and engagement	Yellow	Monitor the strike action proceedings including confirmed dates. Clarify which sites and stakeholders are impacted by the strike action
Ensuring savings are identified either as part of provider CIP or as additional	Green	Understanding of provider CIP plans and E@S to ensure any overlaps are managed



# Our Programme Commitments - Workforce

1

## AHP FACULTY

Leading a system wide programme across all Trusts to implement AHP workforce priorities:

- Workforce planning
- Retention / support for students
- Apprenticeships/ Preceptorship
- Quality



2

## ELECTIVE RECOVERY WORKFORCE

Support the development of a strategic workforce plan:

- Workforce analytics & modelling
- Prioritisation of actions

Development of a long-term strategic plan



3

## HCA COLLABORATE BANK

Scope requirement for creation of a system wide collaborative HCA Bank for use across all participating Trusts in C&M.



4

## BAND 6 WARD NURSE ROLE

Development of a career pathway for ward nurses from Band 5 through to senior roles, with a passport of skills framework in place

Opportunities for learning and development to support employees with career development and leadership



5

## MIDWIFERY - TNA ROLE

Development of a TNA/NA role in maternity services, registered professional Band 4





# Our Delivery - Year to Date - Workforce

## Key achieved deliverables to date:



1

### REVIEW

Workforce detailed analytical review and benchmarking exercise completed with all providers across C&M in conjunction with the ICB and the E@S programme



2

### AHP FACULTY

AHP Faculty established and has a robust system wide workplan in place



3

### ELECTIVE

Elective recovery & clinical pathway workforce programme clear priorities in development aligned to theatre workforce transformation and surgical hubs, alongside operational and clinical needs



4

### BANK SCOPING

HCA collaborate bank scoping exercise completed in Q1 – following a review of the outputs a decision was made to not process to phase 2



5

### WARD NURSE DEVELOPMENT

Development of band 6 – ward nurse role working group in place and pilot planned for Q3 with key test sites



6

### MIDWIFERY

Midwifery trainee nurse associate role scoping commenced but the project has been paused following discussion with the national/regional teams to allow a decision to be made nationally on this role



7

### DEVELOPMENT

Further programmes under development

# Risks to Delivery - Workforce

Risk	RAG	Management Plan
Commitment and input from provider organisations to engage and support delivery of the programmes		Proactive engagement of CEO and professional lead communities plus input/drive from ICB to promote engagement
Resource capacity across the system to support delivery of the programmes		Prioritisation of limited resource to ensure availability
On-going funding to support the programme as further HEE funding will not be provided for 2024/25		Discussions with ICB workforce team and MHLDC on a single workforce programme
Workstream leads and stakeholders being clinically redeployed or unavailable, caused by staff shortages due to industrial action - resulting in delays to programme in delivery and engagement		Monitor the strike action proceedings including confirmed dates. Clarify which sites and stakeholders are impacted by the strike action
Lack of input from CPO network to the CMAST workforce programme agenda and identification of priority areas of work		Opportunity for CMAST workforce programme board to reset with new SRO appointment