

CMAST Update May 2024 for Trust Boards

CMAST Leadership Board met on 3rd May. The meeting was a joint meeting with both Trust CEOs and Chairs in attendance.

A key area of discussion was a review of the CMAST delivery priorities and commitments for 2024/5. The proposals are summarised below and were endorsed by the membership, from part of system planning submissions and are due to be reported to the ICB, at their request, over the summer by Ann Marr OBE.

The Board were also updated in LIMS decision making. At the time of meeting 4 of 5 Core Trusts had approved LIMS investment and delegation of implementation to CMAST Leadership Board. Agreement from the 5th Trust is expected before the end of May.

CMAST Programme deliverables for 2024/5 (more detail exists supporting each of these headline deliverables on a metric basis) at a headline level are as set out below:

Elective Recovery and Transformation Programme:

1. Reducing long waits, and improving waiting list management
 - Maintain zero 104 week position
 - Maintain zero 78 week position
 - Eliminate 65 week waits
 - Validation – meet national target
2. Reducing variation between providers
 - Achieve 85% theatre utilisation for all Trusts capped
 - Reduction in fallow theatres
 - Increase utilisation in elective hub theatre utilisation
 - Advice and guidance
 - Outpatient follow-up reduction
 - Maximising elective hub usage
 - Reduction in capacity-related insourcing & outsourcing
3. Improving productivity and efficiency within the providers
 - Pre-referral specialist advice utilisation rate
 - Target: greater than 21% pre-referral specialist advice diversion rate.
 - Target: greater than 55% post-referral specialist advice utilisation rate.
 - Target: greater than 21% post-referral specialist advice diversion rate.
 - PIFU utilisation rate
 - Target: greater than 5%

We have also established a task and finish group to review ad-hoc independent sector spend to ensure we are not incurring costs for ad-hoc provision where there is local capacity available. We will be working closely with high-spend trusts to support access to local capacity where possible before incurring unnecessary IS costs.

Diagnostics Programme

1. Reducing waiting times

a. Productivity

- Endoscopy - 95% lists utilisation
- CT – 4 scans per hour
- MRI – 2.5 scans per hour
- NOUS - 3 scans per hour
- Echos - 45 mins per test

This will mean:

- 95% of patients seen within 6 weeks
- No patient waits more than 13 weeks.

b. Radiology

- Deliver increased quality, reduced duplication and reduced reporting waits.
- Meet Royal College of Radiology (RCR) Guidelines:
 - CT - 95% urgent with 7 days
 - CT – 95% routine within 28 days
 - MRI – 90% of urgent within 7 days
 - MRI – 95% routine within 28 days

c. Histopathology

- Maximise our efficiency and resilience in histopathology
- 80% cancer cell path samples reported within 10 working days

2. Digitise and innovate

- Reduce duplicate tests and ensure that patients don't need to attend repeat appointments - Save £10m over 10 years across the system.
- Ensure abnormal tests are prioritised - Save consultant reporting time enabling other images to be reported on quicker
- Potentially reduce appointment times from 45 minutes to 20 minutes - Increase capacity, reduce waiting times and reduce IS spend.
- Ensure abnormal tests are prioritised. Reducing the turnaround time for reports and the impact on urgent care.

3. Workforce resilience

- Provide support and resilience for healthcare scientists - Ensure the 40+ Physiological Science tests have a strong workforce in place.
- Do it 'once and well' attracting staff for the trust of their preference - Reducing vacancy rates.
- Ensure we adjust to help staff to remain in post - Reducing use of bank and agency.
- Ensure that we have a pipeline of staff coming into our system.
- Ensure that we have resilience for years to come.

Clinical Pathways Programme

1. Improved access to services and health outcomes across C&M
2. Improving clinical pathways whilst actively supporting a reduction in health inequalities across C&M

3. Systems working collectively to improve service delivery, clinical outcome, patient experience and where possible release efficiency savings.

Focus and clinical groups have been established across Dermatology, Cardiology, ENT, Ophthalmology, gynaecology

Efficiency at Scale

Systems working collectively to improve service delivery and where possible release efficiency savings in 204/5 this programme is targeting savings of £32.5m by focussing on:

- Reduction in fragile services across C&M
- Improved service delivery & quality
- Optimisation of assets/systems and expertise
- Improved productivity & value of money

Specific areas of work include:

1. Support a productive & efficient workforce
 - Support the continued reduction in agency costs
 - Optimisation of assets/systems and expertise
2. Reduce corporate running costs.
 - Simplification and standardisation of processes across the system
 - System collaboration where appropriate
 - Reduce corporate running costs.
3. Optimisations of purchase at scale opportunities across the C&M system
 - Reduce procurement and supply chain costs.
 - Improved inventory management across C&M
 - Optimisation of Value Based Procurement
4. Improved Medicines Optimisation across C&M
 - Improved patient outcomes
 - Support Health Inequalities and levelling-up agenda
 - Using best value biologic medicines
 - Optimisation of high-cost drugs (Blumetq & Homecare)
 - Purchase medicines at the most effective price point
 - Address problematic polypharmacy