

CMAST Update



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

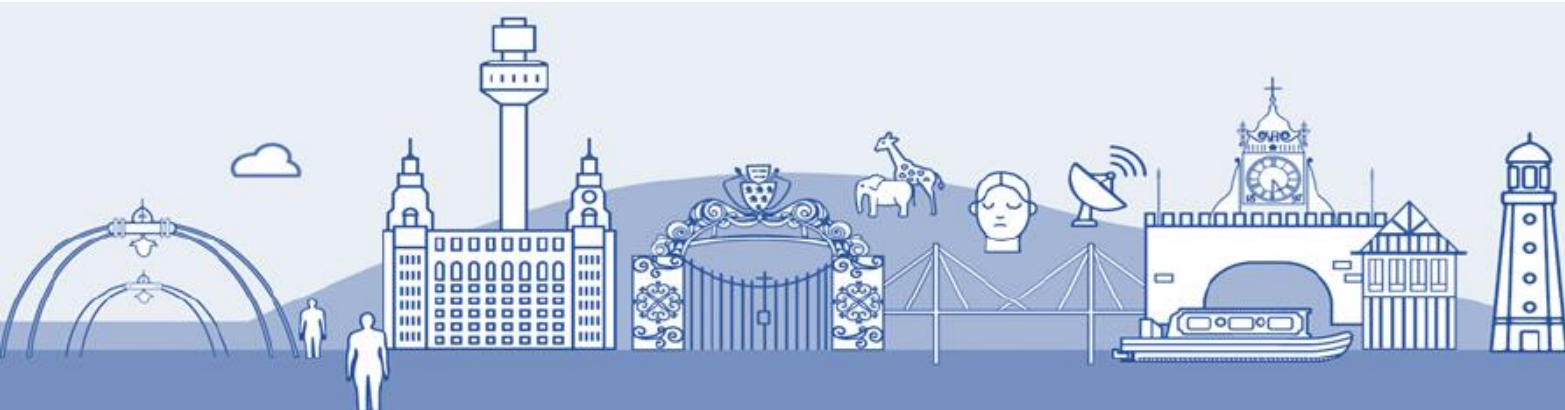
A key area of discussion was a review of the CMAST delivery priorities and commitments for 2024/5. The proposals are summarised below and were endorsed by the membership, from part of system planning submissions and are due to be reported to the ICB, at their request, over the summer by Ann Marr OBE.

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 at a headline level are as set out below (more detail exists supporting each of these headline deliverables on a metric basis):

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
- Potential to 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, and 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 (Blueteq & Homecare)
 - Purchase medicines at the most effective price point
 - Address problematic polypharmacy

ICB Update



NHS Cheshire and Merseyside is establishing an Integrated Research and Innovation System (IRIS) which aligns with both local and national research and innovation priorities.

The plan is in line with NHS England's guidance on maximising the benefits of research and the statutory responsibility for Integrated Care Boards (ICBs) to deliver research and innovation under the Health and Social Care Act 2022.



The primary aim of IRIS is to create a research and innovation-driven healthcare ecosystem that benefits the entire population by enhancing healthcare quality, fostering innovation, and improving patient outcomes.

IRIS will add value to the local health system by helping to attract research investment, strongly supporting innovation, and enabling Cheshire and Merseyside to evolve into a world-class system of research and innovation excellence.

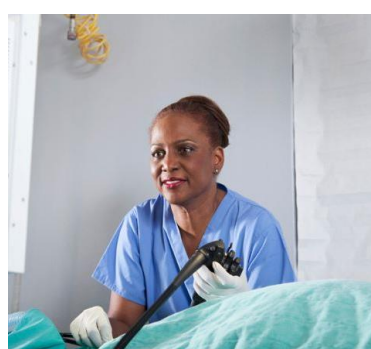
In collaboration with system stakeholders, a Cheshire and Merseyside research and innovation strategy will now be developed to support health and care leaders to understand the local research and innovation capability, workforce, activity and needs - and to set ambitions around research and innovation.

Elective Recovery and Transformation Programme



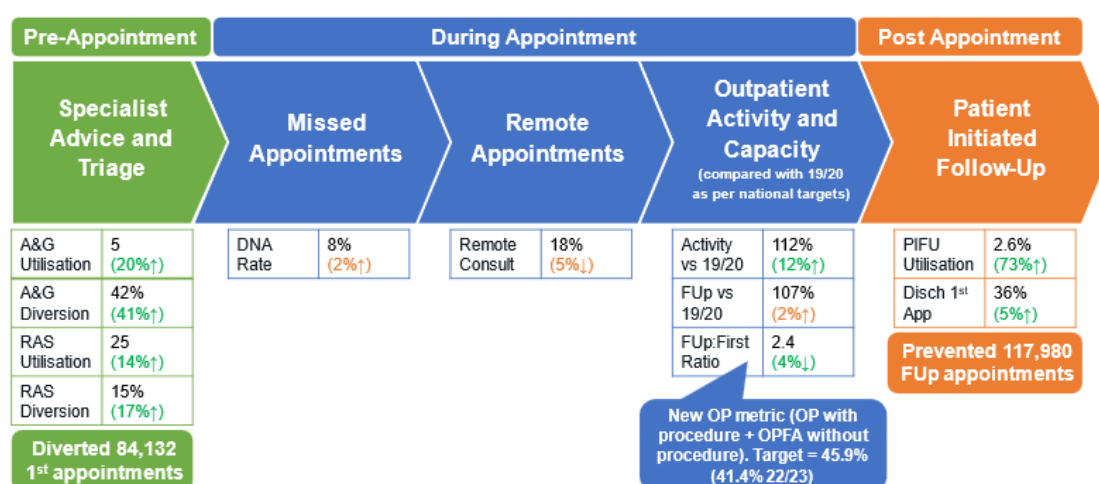
Waiting times reduction

- The C&M end of March position was 2,053 patients waiting over 65 weeks. This includes 101 patients who were waiting over 78 weeks. Of the 78 week patients, only 15 are capacity breaches, as the others are either patient choice or clinically complex.
- By the end of September 2024, 48,872 need to be cleared from the 65 week potential breach cohort. The potential breach cohort includes all patients that will reach 65 weeks by the end of September. This time last month there were 64,850 in the potential breach cohort.



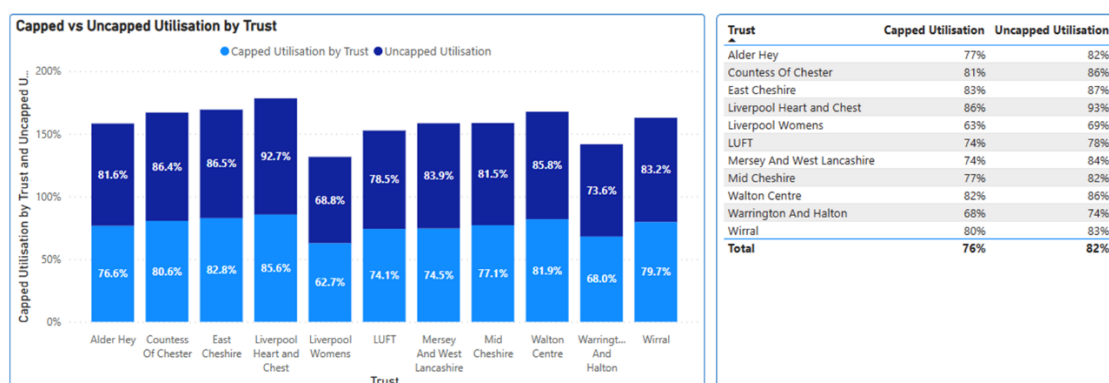
Outpatients

- Improvements are being targeted on all Specialist Advice metrics. This includes Advice and Guidance (A&G) utilisation and A&G and RAS diversion rates. Over 84,000 appointments have been diverted (previous month was 77, 000) through specialist advice initiatives.
- Missed appointment rates have improved with DNAs now reduced to circa 8%.
- Focus remains on new-follow up ratios, measures which have so far prevented over 115,000 follow up appointments.



Theatres

- For March, C&M performance is 82% uncapped, and 76% capped utilisation rates. Liverpool Heart and Chest are currently the only trust meeting the capped target of 85% utilisation.
- Additional intensive work to support the most challenged Trusts is underway.



Clinical Pathways



The CPP Programme continues to work with Orthopaedics, Dermatology, ENT, Gynaecology and Cardiology. In addition, from April 2024 onwards, updates for Ophthalmology will be included within the CPP updates.

Orthopaedics



- A meeting of the C&M Trauma and Orthopaedic Alliance (OA) was held at Cheshire and Merseyside Surgical Centre – Clatterbridge on the 19th March 2024. This was well attended and incorporated a site walkaround for clinical and operational leads from all trusts to see the facility and what it offers. At the meeting an update was provided on Length of Stay Improvement work for Primary Arthroplasty – progress has already been made in 2023-24, tangible actions have been identified to make further improvements.
- An update was also provided regards the length of stay improvement work related to fracture neck of femur.
- A paper was circulated outlining options for the ongoing provision for open fractures across C&M and all trusts invited to comment on the preferred option so that a collective system view can be communicated.
- The Orthopaedic dashboard is fully updated and with links established with the C&M BI team for ongoing support.

Dermatology

Teledermatology

- Pre-Market engagement took place on the 22nd March with 4 suppliers; Accenda, Cinapsis, Consultant Connect and E-derma.
- Progress in this area requires linkages and alignment with the ICB. As such engagement has take place with Place C&M Associate Directors of Transformation Group and is scheduled for the ICB Clinical Effectiveness Group on 3rd April.
- The service specification will be updated following feedback from suppliers at pre-market engagement sessions held on 22nd March.
- The programme continues to explore take up rates and usage across the system. For example, in one place only 21 of 62 practices are not actively using the available telederm solution.

Other Workstreams

- Sub-workstream proposal presented to Dermatology Alliance, that will see workstreams formed such as: Digital, transformation, Cancer pathways and Inflammatory conditions.

Gynaecology

- CPP Gynaecology lead Medical Director identified and progress has been made to define workstreams within CPP remit. These discussions will conclude with draft PIDs.
- Menopause pilot (collaboration between LWH & Liverpool PCN) continues, and CPP support is being provided to complete full evaluation for formal reporting.
- Benefit realisation dashboard requirements defined and will be spearheaded by the Menopause pilot; anticipation of outputs to be shared with Gynaecology Network and Department of Health in June – pilot aims to achieve meeting new patient 18WW by September 2024, alongside other qualitative patient, primary care and financial benefits.



ENT

- Great progress has been made to engage with all teams across C&M to ensure consistency of attendance and participation moving forward. All providers except one, have had 1-2-1 sessions and these have been well received.
- There is acknowledgement from feedback that clinical time is limited within ENT; feedback around structure of alliance has therefore been amended to establish a network and operational managers forum and this will be formalised at the ENT Alliance Relaunch Event on 25th April 2024.

Cardiology

- A workshop is arranged for 16th May 2024, the purpose of the workshop is to provide and review a data intelligence pack for cardiology and agree the scope and priorities for the provider alliance work.

Ophthalmology

- Network meeting held on 6th March which agreed network priorities for 24/25. The group continue to progress plans to visit individual providers to observe theatre session and conduct deep dive with clinical and operational teams, agreeing provider and system level actions aligned with GIRFT metrics.

Glaucoma Monitoring Service

Procurement waiver completed and signed off at audit committee in March. Some challenges have been identified which are being worked through to resolution.

Eyecare Accelerator Project



- Procurement of SPoA launched following co-ordination of cross system action to sign off launch. supported by an agreed specification for advice and guidance pilot.
- Meetings with Optical bodies, to seek assurance around governance arrangements for Optometrists when offering advice and guidance, have taken place.
- Engagement with Trusts and Places to agree scope of advice and guidance pilot and agree mobilisation plans.
- Communications and engagement with primary care continues via regional meetings, PCN and optical practices in Cheshire.

Diagnostics Programme



Key Performance Headlines

- 1,150,253 accumulated diagnostics activity for year to date – 12% above plan
- Activity levels reduced from 116,479 in January to 110,964 in February, but 22% higher than February planned activity. Performance overall has improved or been maintained for all 7 tests.
- 89% of patients waiting 6 weeks or less (5% increase since last month)
- Total number of patients waiting reduced to 66,163 (was 66,837 last month)
- ICS continues to rank 4th out of 42 ICSs.
- 6721 patients have waited 6 weeks or more (reduction of 3,924 patients since last month).

Endoscopy

- 3 trusts utilising >100% of their core capacity.
- £8.1m Transformation Programme progressing on track – film produced to share outputs and impact.
- Transnasal gastroscopy activity began at East Cheshire Hospital.
- 30 colonoscopies provided to MWL as mutual aid.
- Continued focussed support meetings in place with MWL and CoCH to deliver improved performance. Commitment from Chief Operating Officers in place.

Pathology

TOM (3 Hub Target Operating Model)

- Outputs from Exec Planning Session in March shared at meeting 19th April 2024. Further work required to finalise proposed governance, programme plan and engagement and expect to be agreed mid-May.
- To support 2022/2023 benchmarking data collection progressing against plan initial data collection has been completed and validation and sense checking of data is being performed by the labs.

LIMS (Laboratory Information Management System)



- Exec Leads for five trusts currently sharing full business case and supportive documentation through Trust Boards for approval.
- As of 30th April 2024, four trusts have approved, with WHH Trust Board meeting in May. Resourcing of central team still requires review and support. Contract award planned for May.

Histopathology

- NHSE funding to support histopathology improvement plans being made available and network submitted requirements in April. Awaiting feedback on success of bid.

Physiological Science

Launch of the Cheshire & Merseyside Physiological Science Network

- Launch took place on 18th April 2024. Attended by modality leads and key stakeholders. Network blueprint, priorities and enabling themes communicated and confirmed. Clinical Lead recruitment to start in May.

Enhanced GP Direct Access for COPD, asthma and heart failure –

- Developing proposal for increased access via CDCs. Engagement with trust teams commenced, and activity and workforce data being collected.

Artificial Intelligence (AI) in Echocardiology Clinics

- Funding bid submitted to NHSE for improvement fund ~£45K.

Radiology



AI for Chest X-Rays –

- Contract and funding approved. Clinical decisions made on priority groups.

Cyber Security

- Funding for years 2-5 for PACs (Picture Archiving and Communication System) cyber security product agreed through LIMS underspend. Cyber resilience risks discussed with Cheshire & Merseyside Digital Design Authority and Chief Information Officers to mitigate.

Other Ologies (So that images from all specialities can be shared)

- MWL Clinical Safety Working Group approved Clinical Safety Case with go-live date 15th April 2024. System configuration completed for Liverpool University Hospitals Stoma Team.

PACS Based Reporting –

- Alder Hey completed training to 75% of staff - site will be 100% compliant by end April.

Interventional Radiology (IR) Review –

- Radiology Service Managers to nominate local trust leads for the review and inviting clinicians to submit Expressions of Interest to become Clinical Lead for project.

Target operating model –

- Workshop with Clinical Directors held, with good attendance. Outputs from the workshop are being shared at the April CAMRIN Management Group including next steps.

Community Diagnostic Centres (CDCs)



- Progressing as planned in all 10 CDC sites
- Capital plans for 2024/2025 agreed and delivery timescales in place and shared with NHS England central team
- Commenced working on CDC sustainability review
- Mutual aid delivery extended to 5 CDC sites

Efficiency at Scale



Overarching programme

The E@S 2024/2025 annual plan was recently presented to the CMAST SROs and was well received. Finalisation of the plan progresses, and will be presented at the May E@S Board.

Several workshops have taken place to explore automation opportunities with additional workshop scheduled to progress these at pace.

Finance/Legal



Funding options for the single ledger SBS proposal continue to be explored with the national team.

A phased approach for the Liverpool Legal Services (LLS) collaborative is proposed to commence on 01st May 2024, beginning with Liverpool Women's Hospital NHS FT. This will result in all aspects of legal services being provided via LLS including the transfer of existing staffing resources. The approach will ensure increased control of external legal spend with immediate financial savings for

LWH.

Medicines Optimisation



YTD (February 2024) savings has been reported at approximately £16m and £18m with Apixaban windfall, this being above £17m annual target. Total savings are estimated to be £18.2m and £23.7m with Apixaban windfall.

Work continues with Specialised Commissioning on the homecare/high costs drugs investment proposal. A decision is expected in late April which will support the finalisation of the medicine's optimisation targets.

Procurement

The 2024/25 projected outturn is reported to land at £3.9m FYE and £1.38m IYE. The 2024/25 workplan has been finalised and has identified £7m savings for new schemes.

Workforce Programme



CMAST Workforce Programme

The final Workforce Programme Board took place on 26th March 2024. The Board reviewed the final project updates and confirmed closure of the Programme Board. The Workforce Programme Risk Log was also closed down during the meeting.

Development of Band 6 Ward & Department Nurse Roles

The Working Group met for the final time on 18th March 2024 to reflect on the success of the pilot scheme, agree the key recommendations and determine the next steps for the Toolkit. The final report for the Developing Band 6 Nurses in C&M project was shared with the Workforce Programme Board on 26th March 2024 which outlines these recommendations and next steps. The paper was approved by the Workforce Programme Board and the agreed actions will be taken forward by the relevant owners.

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 an improvement for patients admitted, transferred, or discharged within 4 hours, with March performance at 71.9%% compared to 68.1% in February. This is against a 2023/24 year-end national recovery target of 76%. Current performance is 5% below our local 2023/24 trajectory, however, is performing better than the North West (70.7%).

The percentage of beds occupied by patients with a length of stay over 14 days was 36.7% at 14/4/2024, whilst length of stay over 21 days continues to account for around a quarter of occupied beds (26.2%).