

CMAST Update



CMAST Leadership Board met on 7th June.

A key area of discussion was the Virtual Ward proposal, presented by Tony Mayer, Director of the MHLDC Provider Collaborative. Providers were supportive of the proposal which is currently subject to ICB funding approval. It was noted that resolving the variation in current community services provision in Places is key to the success of the achieving higher utilisation, along with greater flexibility of condition specific pathways. A number of CEOs commented that virtual ward beds are critical to supporting the prevention of increased corridor care.

The Board was updated on the current North West Specialised Commissioning governance arrangements, as well as the role of C&M's Specialised Commissioning Oversight Group. An action was agreed to follow up on how existing alliances can link with the ICB to ensure that various specialist service providers views are heard.

Updates were also received on the following areas:

- Progress on the work of Accelerating Recovery for Children and Young People was provided by the CYP Alliance.
- The need to maximise use of the C&M's elective hubs utilisation and the requirement to focus on 65 WW clearance.
- Efficiency at Scale – SBS and high cost drugs/homecare savings opportunities.

ICB Update



NHS Cheshire and Merseyside holds NHS IMPACT Event – 'Leading for Improvement'

On Tuesday 30 April, more than 170 leaders from the Cheshire and Merseyside health and care system came together for a first-of-its kind NHS IMPACT event, called '*Leading for Improvement*'. The event provided an opportunity to secure system leader's commitment to the region's crucial prevention and continuous improvement journey in 2024-25.

The focus for the event was putting the theory into local context and practice. Delegates concluded the event by discussing the outputs of their work and made pledges for action

Elective Recovery and Transformation Programme



Waiting times reduction

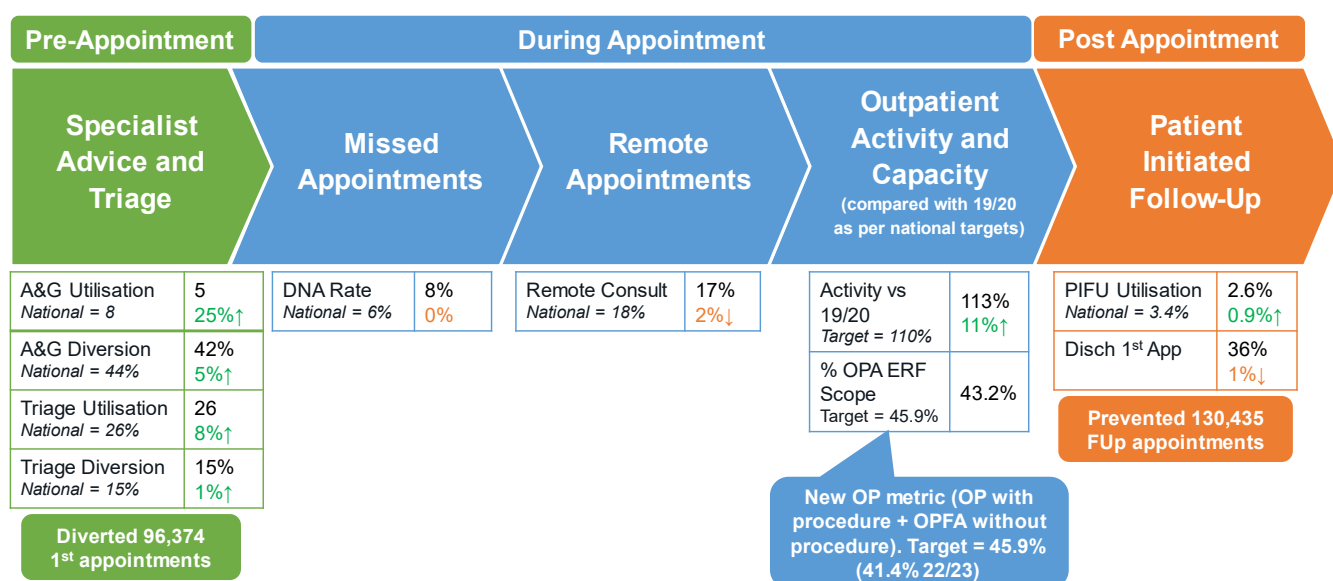
- As of 30th April 2024, Cheshire & Merseyside reported 134 78+ week waits for Admitted and Non-admitted.
- 46 patients will have a RTT clock stop by end of April 2024. The remaining patients were patient choice and complex patients, with 8 being reported as capacity breaches.
- By the end of September, 35,668 patients need to be cleared from the 65 week potential breach cohort. This is circa 12,000 less than last month. The potential breach cohort includes all patients that will reach 65 weeks by the end of September, even if they are below that threshold currently.

Outpatients

- Specialist advise prevented over 96k new referrals in 2023/24 financial year
- PIFU prevented over 130k follow up appointments in 2023/24 financial year
- Missed appointments rate is decreasing, helping to increase outpatient clinic productivity
- Group consultation project initiated in two providers to help increase utilisation of remote appointments
- NW NHSE have confirmed that there will be no regional outpatient ambitions set this year, and systems and providers should instead benchmark themselves against the national values on Model Health System

Outpatient Pathway – System Overview

Apr23-Mar24 data with percentage change compared to same period last year



Theatres

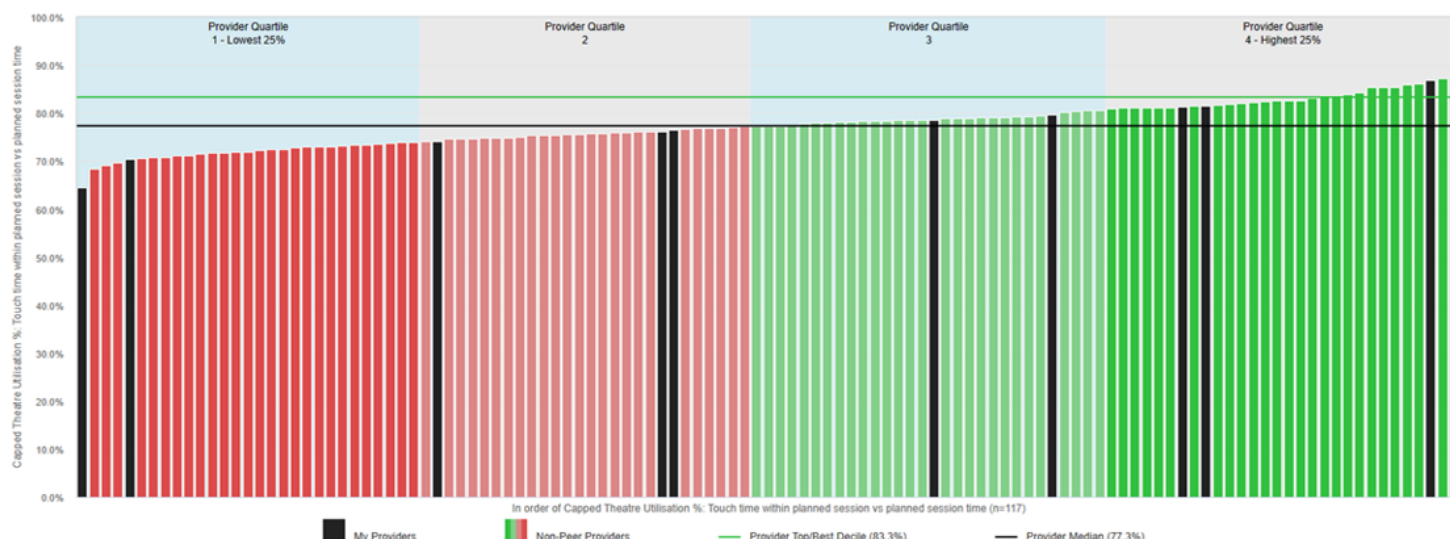
Week Ending 07/04/24 Performance: 85% Capped Target

- 2 Trusts achieving 85%
- 2 Trusts close in Quartile 4
- 2 Trusts in Quartile 3

Improvement work is currently being progressed with a number of our Trusts: Alder Hey, COCH, LWH, MWL and WHHT.

Capped Theatre Utilisation %: Touch time within planned session vs planned session time, National Distribution

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Clinical Pathways

The CPP Programme continues to work with Dermatology, ENT, Gynaecology, Ophthalmology and Cardiology.



Dermatology



On April 3rd, 2024, the Dermatology clinical lead participated in the Cheshire and Merseyside (C&M) Clinical Effectiveness Group meeting to seek endorsement for a unified teledermatology solution across the C&M region. The group endorsed the implementation of a single teledermatology solution but emphasised the necessity for a clinical review. Despite the majority of practices being operational on the system, a significant portion still fail to submit 2 Week Wait suspected skin cancer referrals with accompanying images. A comprehensive clinical model review is currently underway to improve outcomes in this area.

Gynaecology

Gynaecology Project Initiation Document (PID) summary has been completed in April 2024, and provides the basis for ongoing CPP support over the next 12-months.

This PID summarises the key priorities for CPP support:

- Formal evaluation and potential scaling of the Menopause pilot (currently in process between Liverpool Women's and Liverpool PCN) to support with increased management of Menopause within primary care, improved GP education and overall reduction in patient waiting times.
 - The scaling of referral optimisation processes which have seen Mid Cheshire meet and exceed 52 week waits targets – formalising a process for the benefit of sharing practice across C&M to meet targets within Gynaecology.
 - Supporting with Clinical Pathway Workstream as part of the Ambulatory Programme, following TIF funding being allocated to Liverpool Women's, which will benefit the provider and regional capacity. CPP will ensure progress of this programme is shared within CMAST.



Support will also be provided within Special Interest Groups for Endometriosis and Urogynaecology.

ENT

In April 2024, ENT Collaborative Alliance 'relaunched' its sequence of meetings following intense engagement since the appointment of the new Clinical Lead, to maximise engagement and participation in ENT initiatives. This session focused on setting the vision and priorities for the next 12 months.



Areas of significant focus for at least the next 6 months include:

- Advice and Guidance – Improving A&G processes, with a single approach agreed across C&M.
- Clinical pathways including primary care – With a specific focus on Audiology, community SLAs and regional baselining.
- Harmonisation of Referral Assessment Service utilisation and diversion
- Referral proformas – To be led by CPP in collaboration with providers (particularly Mid Cheshire) and primary care. Lessons learnt to be utilised from Cancer Alliance (pilot in train for 2WW and standardising proformas)
- PIFU aligned standard – To be led by LUHFT in collaboration with other providers due to exceeding 5% target (currently at 11%)

Tangible benefit metrics and measures are in progress to evaluate every 3-6 months around improvements made and measure impact.



Cardiology

The focus for April has been on working closely with the cardiac network to ensure proposed revisions to the wider cardiac programme governance structures are aligned with the CPP, as well as clarifying the scope of the various cardiology working groups.



With the focus and scope of the Cardiology Provider Alliance clarified, the intention in May is to formally launch an options appraisal to consider the future cath lab provision strategy, including the implications for non-invasive imaging services, and to gain wider agreement on the key objectives for the next 12 months.

Ophthalmology

Work continues on all priorities identified by the network, with a key focus on the following:

- EyeCare Accelerator Project
 - Single Point of Access (SPoA) procurement evaluation underway with a decision notification due mid-May 2024.
 - Engagement continues with relevant stakeholders within primary and secondary care for both the SPoA and A&G pilots within this project.
- Glaucoma Monitoring Project
 - Discussions continue with the ICB regarding the contract variation required to launch this pilot.
 - Engagement continues with relevant stakeholders with the first task and finish group taking place in May 2024.
- Visits to providers are being scheduled to observe the cataract only pathway and conduct deep dives with operational and clinical teams alongside GIRFT colleagues. This will support the network strategy to improve and bring consistency to NHS provision across C&M.

Diagnostics Programme



Key Performance Headlines for 23/24

- 1,259,788 overall activity – 12% above plan.
- 90% of patients waiting 6 weeks or less – meeting 23/24 target
- Total number of patients waiting increased slightly to 66,676 (was 66,163 last month)
- ICS ranking 1st out of 42 ICSs
- 6442 patients have waited 6 weeks or more (reduction of 598 patients since February).
- Over 3,000 patients accessed tests through mutual aid
- Performance improved for 5 tests in last month but declined slightly in Echo and CT.

Endoscopy

- List productivity – all Trusts delivering >98% of core capacity.
- Transformation film shared with NHSE national team and received excellent feedback.
- Hub capacity agreed for Countess of Chester Hospital patients.
- First draft completed of digital vision for Endoscopy.

Pathology

- **TOM (3 Hub Target Operating Model)**
 - New governance arrangements expected to be implemented by end of Q1.
 - Planning assumptions for main laboratory subspecialties agreed.
 - Timeline being reviewed to align to LIMS milestones.
 - Plan is for LIMs go live in 2025 and hub go live in 2026.
- **LIMS (Laboratory Information Management System)**
 - 4 out of 5 trusts approved Full Business Case. WHH Trust Board 5 June.
 - Programme Director and Chief Information Officer to be approved 24 May.
 - LIMS Oversight Group supportive of alignment of LIMS and TOM governance.
- **Repatriation** - Options appraisal process agreed to determine which tests to prioritise for repatriation back to C&M.
- **Digital Pathology** – Remedial action underway following an executive meeting with digital pathology supplier to address stakeholder concerns.
- **Procurement** – contracts information has been refreshed to enable analysis of spend and collaborative procurement opportunities in partnership with the ICB Chief Procurement Officer. Working groups established for consumables and sample logistics including FIT testing.

Physiological Science

- **Network Clinical Lead** - expressions of interest out with interviews 4 June.
- **Paediatric Audiology** – Trust quality assessment returns received from NW subject matter experts. Distributed to trust teams and ICB quality leads.
- **Enhanced GP Direct Access for COPD, asthma, and heart failure**
 - Continued work with Respiratory Network Clinical Lead to develop proposal for increased access.
 - Input with trust teams for service development plans, activity and workforce data being collected.
 - NTproBNP test data requested from MWL lab for baseline measure.
- **Artificial Intelligence (AI) in Echo Cardiology Clinics**
 - Meetings held with MWL IT team to understand requirements and engagement meetings held with LUHFT to understand whether proof of concept is feasible.
 - Completed exercise to establish which procurement frameworks potential suppliers are on.
 - Supplier expression of interest procurement process developed
- **Practice Educator Coordinators** - Job descriptions progressed through banding review.

Radiology - AI for Chest X-Rays supplier engagement with Trusts ongoing

Community Diagnostic Centres (CDCs)

- 10 sites open in line with agreed plans for 24/25
- Received confirmation for 2 pilot pathways (£310k additional funding)
- Financial sustainability project commenced, output due late summer 24
- Mutual aid services continue to be extended across additional services and sites

Efficiency at Scale



Overarching programme

The E@S 24/25 annual plan was recently presented to the CMAST Leadership Board and Chairs which was well received. The plan will also be presented to the MHLDC CEO forum in June.

Discussions are continuing to ensure the programme is fully connected into the ICB priority areas to avoid duplication.

Finance/Legal



Funding options for the single ledger SBS proposal have been developed and presented back to the system Directors of Finance. Discussions are taking place regarding a potential start date in June 2024 for the initial scoping and strategy design phase.

The Liverpool Legal Services (LLS) programme continues with MIAA providing support to complete the Operating Model and necessary policies and procedures. A proposed delivery date of June 2024 for arrangements to be operational with all Trusts.

Medicines Optimisation

Confirmed £21m 24/25 joint Place & E@S medicines optimisation programme for medicines optimisation which is a 23% increase on the 23/24 target. Discussions continue with Spec Comm regarding the investment to enable drug switches will release £9.1m of costs.

Further opportunities are being explored in the polypharmacy and pain management/opioids workstreams.

Procurement



The £7.1m 24/25 workplan is actively underway and £2.9m has already been delivered. A procurement partnership with Health Trust Europe has been established to support the procurement workplan and projects have commenced.

A deep-dive review of estates and digital non-pay expenditure has taken place and findings are being discussed with the professional leads, the final report is expected in June 2024.

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 throughout 2023/24. 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 April performance at 72.1% compared to 71.9% in March. This is against a 2023/24 year-end national recovery target of 76%. Performance is better than the North West (71.7%). The percentage of beds occupied by patients with a length of stay over 14 days was 35.3% at 12/5/2024, whilst length of stay over 21 days continues to account for just over a quarter of occupied beds (26.4%).