



**Cheshire and Merseyside**

Acute and Specialist Trust Provider Collaborative



# CMAST

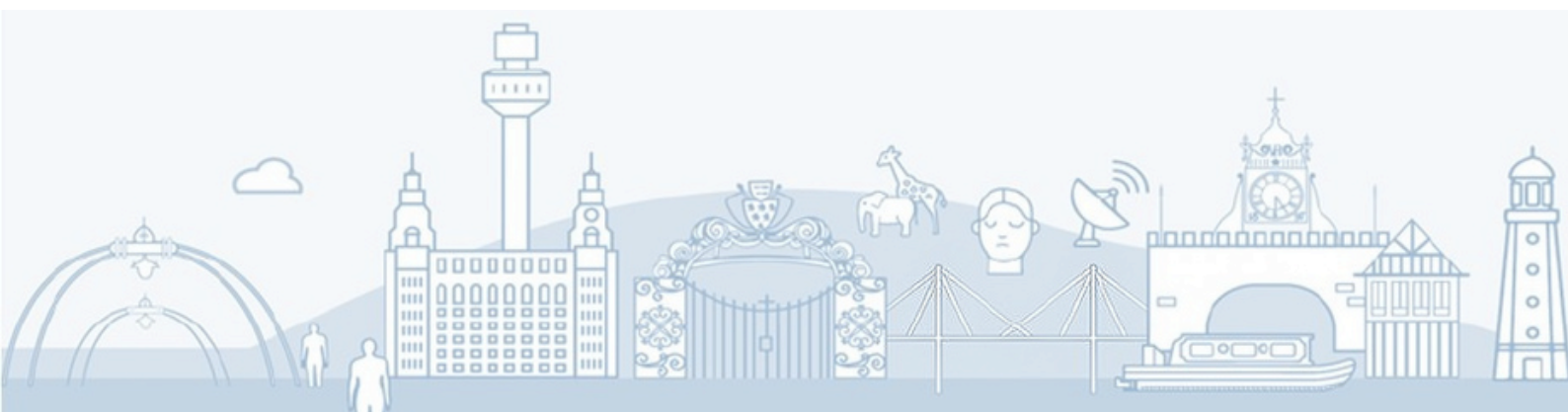
## Annual Work Plan

### 2023/24

Cheshire and Merseyside Acute and  
Specialist Trust Provider Collaborative  
(CMAST)

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## INTRODUCTION

We believe we will achieve our priorities, best, by being clear about what we will do, with whom and when and ensuring that the Trusts, either, as individual organisations, at a sub system level, or collectively contribute to the relevant spheres of ICS working. Accordingly, CMAST (and its member Trusts) are active participants in:

- The C&M Health and Care Partnership – our ICP
- The ICB – where we discuss and explore programmes of work but also where a Trust and CMAST leader is a Partner Member of the ICB and provides a voice, ensuring the experience of Trusts are explored and understood by the ICB
- Through Place – where Trusts continue to play a strong local role but also explore and advocate for the work of CMAST as a collaborative

Our vision has been refined but provides consistency and a link to our foundations:

**OUR VISION IS TO WORK COLLECTIVELY FOR A SINGLE HEALTHCARE SYSTEM TO PROVIDE HIGH QUALITY, TIMELY, EFFICIENT AND PRODUCTIVE SERVICES TO EVERYONE IN CHESHIRE AND MERSEYSIDE.**

We recognise that each member Trust of CMAST is also a member of their local Place or Places. It is critical that as anchor institutions and deliverers of care, Trusts are, and remain connected to their own locality and population. Our Places, typically, bring together primary care, local authorities and wider care and voluntary sector stakeholders. They demonstrate the full potential of integrated working. CMAST seeks to echo this broad range of participation through its own work programmes.

Our current CMAST programmes and key areas of focus cover elective and diagnostics recovery and transformation, efficiency at scale and clinical pathways. We have a Trust CEO SRO and Chair Sponsor position identified for each work programme, alongside a Place Director representative on each of the key programme's boards.

We recognise our mutual interdependency, each other's strengths and our shared opportunities. We know that outcomes are likely to be better when we work together, enhancing our resilience and reducing unwarranted variation. Our shared goal is to achieve more for our patients while improving and enhancing the quality of patient care we provide.



**Ann Marr**  
Executive Lead, CMAST



**Linda Buckley**  
Managing Director, CMAST



## CMAST Membership

- ✓ Alder Hey Children's Hospital NHS Foundation Trust\*
- ✓ The Clatterbridge Cancer Centre NHS Foundation Trust
- ✓ Countess of Chester Hospital NHS Foundation Trust\*
- ✓ East Cheshire NHS Trust
- ✓ Liverpool Heart and Chest Hospital NHS Foundation Trust
- ✓ Liverpool University Hospitals NHS Foundation Trust
- ✓ Liverpool Women's NHS Foundation Trust
- ✓ Mersey and West Lancashire Teaching Hospitals NHS Foundation Trust\*
- ✓ Mid Cheshire Hospitals NHS Foundation Trust\*
- ✓ Warrington and Halton Teaching Hospitals NHS Foundation Trust
- ✓ Wirral University Teaching Hospital NHS Foundation Trust
- ✓ The Walton Centre NHS Foundation Trust
- ✓ North West Ambulance Service NHS Trust\*\*

\*Also a part of the MHLDC Provider Collaborative

\*\* Key system partner

CMAST is a collaboration and to that extent a virtual membership organisation. Its members are all of the acute and specialist trusts in Cheshire and Merseyside.

Our collaborative is drawn from Trusts that provide a range of acute services and which extend to a number of specialist care areas: paediatrics; neurology; cancer; cardio thoracic and women's.

All members fund a small CMAST coordinating team which is supplemented by a number of programme budgets. All members continue to be signed up to the CMAST joint working agreement and have established a Committee in Common to support delegated system decision making where this is required.





## Priorities

- Reducing health inequalities
- Improving access to services and health outcomes
- Stabilising fragile services
- Improving pathways
- Supporting the wellbeing of our staff and developing more robust workforce plans
- Achieving financial sustainability

**In delivering our priorities we aim to enhance patient, family and carers' experience through more efficient, effective, safe and timely treatment.**

The Plan makes it clear where Trusts have a lead delivery responsibility or through our, already, well established approach to partnering with the ICB on issues like system redesign, system investment underpinned by risk and gain share or efficiency at scale programmes which may require ICB sponsorship or action with relation to evidenced recommendations.

CMAST considers that its leadership and contribution in the ICS is clearly defined and uncontentious in the areas we identify as our priorities (see our programmes section) and that routes have already been established to provide appropriate and proportionate assurance on Trust delivery to the ICB on significant system contributing work streams via the CMAST Leadership Board and Trust contributions to the C&M Operating Plan.

As ICS working continues to evolve and develop we remain open and a partner in continuing this dialogue with the ICB and don't see our current remit as either a defined end point or destination, for example, it would seem logical for CMAST to play a role in specialised commissioning, as the remit of this work develops we will continue to flex and provide a wider perspective, resilience and strength to matters of wider interest to the system, as has recently been evidenced through our contributions to the ICB Recovery Programme.

This document is intended for consideration by the ICB and to consolidate already existent and well-established ways of working.

Wider and ongoing system engagement and dialogue will continue alongside this work as CMAST has sponsored and championed since its establishment.

# Promoting equity, quality and responding to inequalities

Health inequalities and equity of access to all services is of paramount importance to all CMAST programmes. Where applicable our projects include providers adopting the 14 Prevention Pledges, providing an ongoing commitment to the implementation of the Marmot Principles and, for example, are supported through a provider-by-provider breakdown of missed appointments and how these can be considered through a health inequalities lens.

Our health inequalities initiatives in our Elective Programme are overseen by the Health Inequalities Working Group, which is chaired by Dr Sinead Clarke and includes EDI leads from across all Places and CMAST providers. We have developed Health Inequalities dashboards at trust level. These dashboards are being rolled out through the C&M Business Intelligence Portal and will cover all items linking health inequalities with elective recovery interventions across waiting lists, outpatients and beyond following a pilot in Q4 23/24. We expect the dashboards to be used by both the programme and Trusts to support and enhance decision making.

A further example of our work in this area relates to a Learning Disability/Autism waiting list pilot which seeks to explore the disparities in Learning Disability data across C&M by performing a gap analysis between CIPHA (population health analytics tool) and Hospital EPR (Electronic Patient Record) systems.

Our main ambition for this programme is to allow for a system-wide mandate to be drafted to ensure all providers are using the same interventions in relation to our LD/A patients and their waiting lists processes.



Our Diagnostics Programme has implemented a monthly performance dashboard which includes monitoring of waiting times and activity rates. We use this health inequalities dashboard to ensure that we improve the overall rates of activity and waiting times for the whole of the C&M population. Comparable approaches have also been developed and developed within our elective programme. Our approaches also supports targeted interventions and tracking to maximise access, patient choice and prioritising a focus on areas with higher deprivation.



## Quality

Quality of care is at the centre of the work that CMAST lead and deliver. The quality of care that we collectively provide is central to the best possible patient experience being realised.

For each of the CMAST programmes there is an enquiring focus on quality and how system change affects patients their families and carers. As a collaborative CMAST Trusts have invested in this important area by funding a role to ensure this lens is reflected in the work and focus of each of our Programme Boards.

The delivery priorities for 2024/2025 will continue to be subject to the same quality focus and will include the progression of quality impact assessments, benefits realisation and stakeholder feedback.





## CMAST Programmes

We currently have several agreed areas of focus and delivery with the ICB and have planned for these to continue and through 2024/5, for example, reflecting and engaging with the ICB Recovery priorities.

### CMAST Strategic Priorities

Clinical improvement and transformation

Sustainability and value

### CMAST Programmes

Clinical Pathways

Elective Recovery and Transformation

Diagnostics

Efficiency at Scale

We have several agreed areas of focus and delivery with the ICB and have planned for these to continue and through 2024/5, for example, reflecting and engaging with the ICB Recovery priorities.

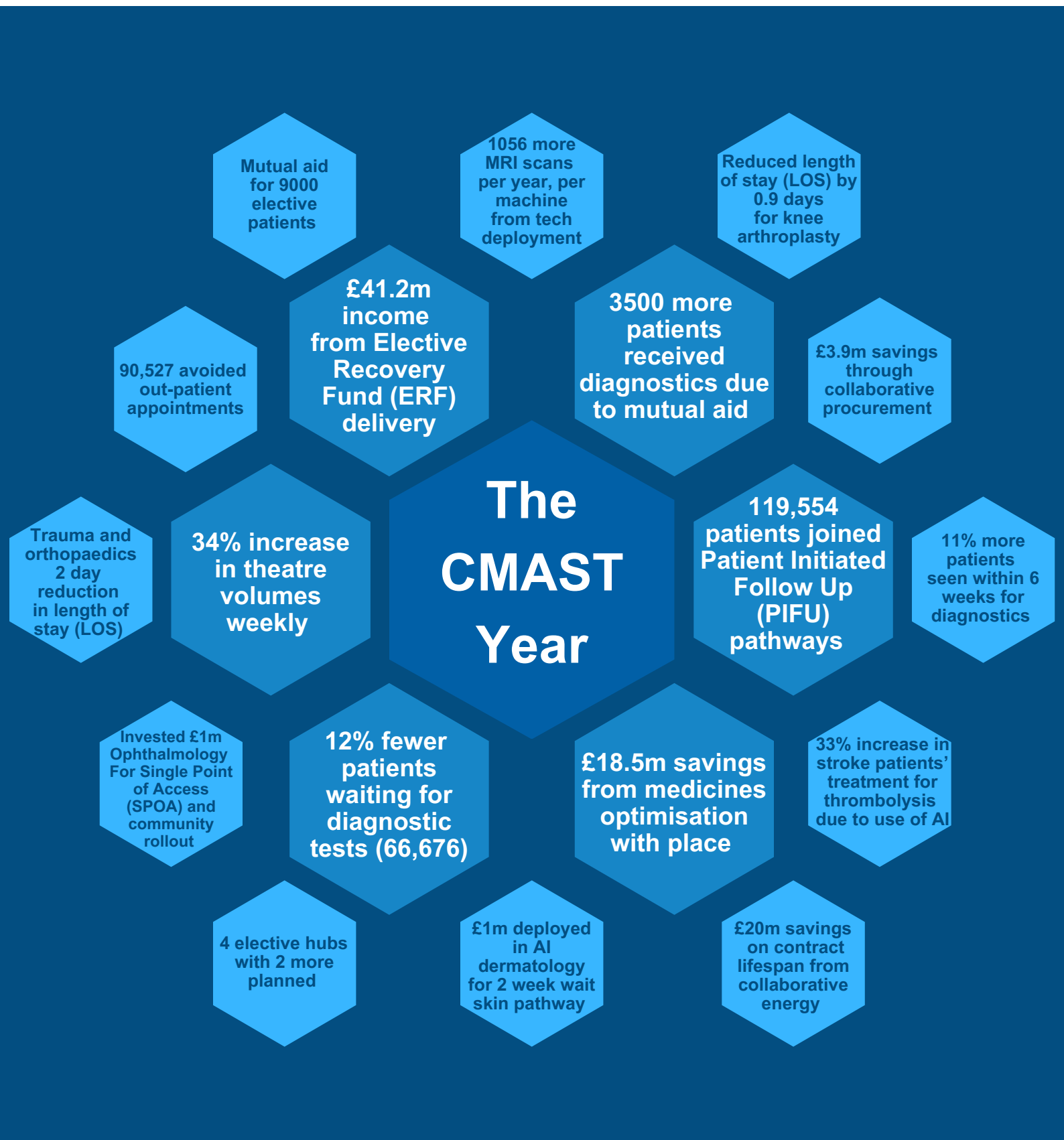
Our priorities are largely clear and obvious, if challenging and align with national priorities. Priorities include elective recovery, increasing diagnostic activity and capacity, aligned to continued cancer delivery via Cheshire and Merseyside's well-established Cancer Alliance. Our Efficiency at Scale programme targets productivity and the identification of opportunities for better use or resources. These areas, coupled with any emerging national or regional priorities, provide a tight focus on patient centred delivery and fulfilment of Trust NHS planning commitments.

Our programme reporting forms part of our monthly CEO discussion and oversight and is considered to be CMAST business as usual.

In addition to our core delivery priorities, we have several clinical improvement, innovation and redesign focussed programmes of work under our Clinical Pathways Programme. This programme works with fragile services or services prioritised for review and enhancement by our leadership. Specialities are supported to undertake a structured, methodical process with a focus on GIRFT and Further Faster evidence bases

Our 2023/4 deliverables are held and available upon request as an annex to be read alongside this document.

# The CMAST Year 2023/24





# 2024 / 2025 Delivery Priorities

## Elective Recovery

Senior Responsible Officer: Janelle Holmes  
Programme Director: Jenny Briggs

### Scope

The Elective Recovery Programme was established in January 2021. The aim of the programme was to restore and recover NHS services after the pandemic and we agreed that we would work together to address unwarranted variation and inequity in access, across the population of Cheshire & Merseyside.

We are now entering our third year and have built a high performing, award winning programme team, winning the “Provider Collaboration of the Year” award at the 2023 HSJ wards.

### Delivery

The Elective Recovery Programme is a delivery focussed programme, with tangible metrics and deliverables across 6 key workstreams.

The programme leadership team is led by CEO

SRO Janelle Holmes, provides oversight and escalation.

The programme team has representation from provider COOs, Medical Director's Group, CIOs group, Nursing, Finance and Places.



Photo courtesy of Warrington and Halton Teaching Hospitals NHS Foundation Trust

We share a programme board with the Clinical Pathways Programme to ensure interdependencies between the programmes are understood and managed, and the programme board is accountable to the CMAST Leadership Board.



Photo courtesy of Warrington and Halton Teaching Hospitals NHS Foundation Trust Theatre team

# Elective Recovery

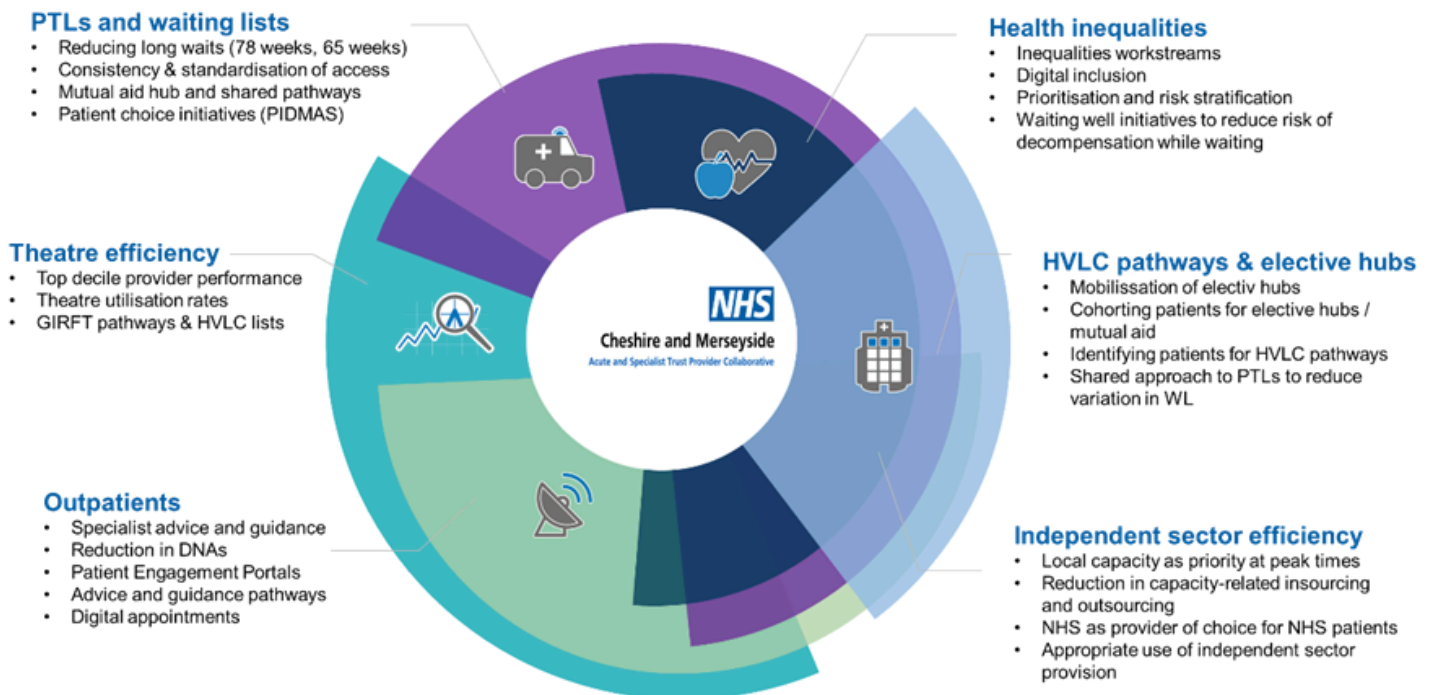


## Delivery

We have reviewed and reshaped this year's programme objectives in line with the NHS Planning Guidance for 2024/25, and all our programme workstreams fit into three focus areas:

1. Reducing long waits, and improving waiting list management
2. Reducing variation between providers
3. Improving productivity and efficiency within the providers

In order to deliver against our three programme objectives we have established a range of workstreams that sit within six project areas:



## PTLs and Waiting Lists

Building on the success of the last two years we will continue with our PTL management (Primary Targeting List) approach to waiting list management. We meet regularly with all providers, (including independent sector providers with NHS patients on their waiting lists), to review the waiting lists with particular focus on long waits. These sessions provide an independent 'check and challenge' around interpretation of access policies and national guidance as well as support for accessing system-level support such as mutual aid.

So far we have been successful in supporting a reduction in the variation in wait times between providers both for OP and surgical treatment, and plan for this trend to continue.

We have also formed a 'mutual aid hub' to facilitate mutual aid requests inside and outside of the C&M system, and this team leads the national patient choice initiative 'PIDMAS' (Patient Initiated Digital Mutual Aid System). We are preparing for another PIDMAS launch later this year, and have the systems and processes ready to facilitate that on behalf of the ICB.

# Elective Recovery

## Theatre efficiency

Last year we implemented a local theatre productivity dashboard and worked intensively with trusts to improve the theatre utilisation rates. We also completed two cohorts of our “Theatre Academy” which won two silver awards at the 2024 HSJ Partnership Awards. This training programme delivered expert theatre transformation training to over 50 people from within providers.

This year we will be working with those individuals to support them to continue delivering theatre efficiency programmes within their organisations.

In addition we will continue with intense theatre improvement support to those organisations that have biggest opportunities for improvement, as identified through our theatre productivity dashboard.



Photo courtesy of The Walton Centre NHS Foundation Trust

## Outpatients

Our Outpatient Improvement Programme is one of our longer standing project areas with a well established governance structure that reports into the elective recovery programme. We have developed a comprehensive outpatient improvement dashboard which we will continue to use to track and monitor progress against key OP metrics and identify opportunities for improvement and shared learning.

We work closely with the regional OP team, and colleagues from neighbouring systems to share ideas and intelligence.

We are using the national “Further Faster” methodology to bring together improvement tools and techniques and best practice both at trust level, and specialty level. This includes focus on:

- ✓ Specialist advice between Primary & Secondary Care to avoid the need for hospital appointments
- ✓ Patient Initiated Follow Ups (PIFU) to enable patients to choose when they may need to access follow up care
- ✓ DNAs to reduce any wasted slots, and ensure patients get the care they need as appropriate
- ✓ Utilising the digital Patient Engagement Portals to engage with patients about their care, pathways and treatments

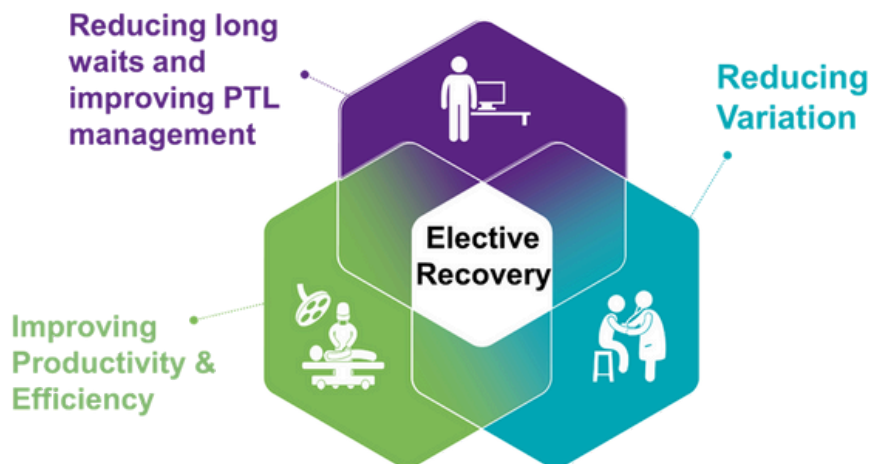
Our **GIRFT (Get it Right the First Time)** Further Faster Programme – the Outpatient Transformation Programme will work closely with the GIRFT, CPP and

Elective Recovery Programmes to deliver the outpatient component of the GIRFT Further Faster Programme. The Outpatient Transformation Programme will support:

- ✓ **Health Inequalities** – the Outpatient Transformation Programme will support the reduction of health inequalities in outpatient care across the system.
- ✓ **Digital Enablement** – The Outpatient Transformation Programme will support the implementation and uptake of digital tools to improve outpatient care across the system.



# Elective Recovery



## Independent sector efficiency

As a system we have a good track record of strategically utilising independent sector capacity to support our overall capacity requirement. However, over the last year we have seen an increase in ad-hoc insourcing and outsourcing care of independent sector by our NHS providers at peak times, despite having central facilities that are not fully utilised. We have introduced greater scrutiny on the waiting list and performance management for independent sector providers to ensure the same targets and standards are being applied as for NHS providers.

The PTL team now meet with IS providers to review long waits and waiting list management practices and

will continue to monitor this to reduce risk of waiting times breaches from IS providers.

We have also established a task and finish group to review ad-hoc IS spend to ensure we are not incurring costs for ad-hoc provision where there is local capacity available. Now we have a well-functioning mutual aid hub, CEOs have agreed that we will seek to utilise local capacity before any capacity-related IS provision is agreed. We will be working closely with high-spend trusts to support access to local capacity where possible before incurring unnecessary IS costs.





# Clinical Pathways

Senior Responsible Officer: Simon Constable  
Programme Directors: Jenny Briggs / Helen Murphy

## Scope

The Clinical Pathways Programme (CPP) facilitates C&M providers to work together to address unwarranted variation and inequality in access, experience or outcomes in key specialties across the population of Cheshire & Merseyside. We focus on populations, improving resilience in smaller teams, and ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

The programme is delivered through a range of system-led schemes, clinical network programmes, and trust-level workstreams. The CPP team lead and support specialty clinical networks as the key vehicle to enable change at scale; gaining clinical consensus in the development of new clinical pathways and service models, and driving best practice.

In 2024/25, we will continue to support five-core CPP specialties as well as other supported clinical networks across C&M.



Photo courtesy of the ENT team at Liverpool University Hospitals NHS Foundation Trust



Three key commitments have been established, which will be implemented through an internally designed Programme lifecycle reflecting best practice methodologies. This approach ensures that all CPP specialties receive fair and equitable support and crucially, the central focus of this lifecycle is to demonstrate tangible benefits throughout the 2024/25 period and beyond.

## Our Vision:



- ✓ **Patient Centred:** Improving patient experience and outcomes, and reducing inequity of care
- ✓ **Sustainable:** Developing service models that are resilient and fit for the future
- ✓ **Innovative:** Harnessing new technologies and innovations to improve care and productivity

# Clinical Pathways



## Ophthalmology:

In 2024/25, CPP will support in the management of multiple workstreams and associated agreed deliverables. These will include, but not be limited to:

- Delivery of the 2 key funded projects:
  - Glaucoma Monitoring Service Pilot
  - Eyecare Accelerator project – encompassing a Single Point of Access (SPoA) pilot and an Advice & Guidance (A&G) pilot
  - The evaluation and outcomes of these pilots will inform the future strategy for ophthalmology across C&M.
- GIRFT and Further Faster: implement the GIRFT gateway review recommendations and further faster principles where possible.

- Glaucoma Enhanced Referral Service: explore opportunities to implement service across C&M.
- Pre and post operative cataract services: ensuring consistent provision of services across C&M.
- Primary and secondary care interface: explore opportunities to improve communication between primary and secondary care within ophthalmology, including the use of digital tools to support.

Other elements of the network priorities will be to maintain focus on further clinical pathway development and pursue collaboration opportunities to optimise Ophthalmology services across C&M.

## Gynaecology:

In 2024/25, CPP will support in the management of multiple workstreams and associated agreed deliverables. These will include, but not be limited to:

- Menopause: Focused on collaboration with Primary Care as part of the Menopause Academy, an evaluation of an ongoing pilot will take place, inclusive of patient engagement and data analysis.
- Opportunities to promote and scale the model into other geographical locations within C&M will also be evaluated. This pilot will be supported by the build and utilisation of a benefit dashboard to track quantitative and qualitative metrics.
- Referral Optimisation: Supporting Mid Cheshire to formalise internal processes for the benefit of

other providers across C&M to learn from and ultimately to meet and exceed waiting list targets.

- Endometriosis: Supporting the Special Interest Group, with a particular focus on exploring greater collaboration between Wirral and Liverpool based endometriosis services, alongside considering opportunities with Mersey and West Lancashire to enable an Endometriosis northern secondary care 'hub'.
- Ambulatory Care – Clinical Pathways Focus: Support clinical pathways working group to deliver significant changes to clinical pathways following approval of TIF funding to Liverpool Womens; Hospital; intended to enhance ambulatory care capacity and utilisation which will benefit the provider, region and improve patient experience and outcomes.

# Clinical Pathways

## ENT:

In 2024/25, CPP will support ENT to achieve their mission statements of:

- ✓ We will work together to eliminate 65-week waiters by September 2024 and maintain this through to 2025 and beyond.
- ✓ We will work together to forward plan for achieving the elimination of 52-week waiters against the planning guidance target.
- ✓ We will work together to achieve the agreed objectives for long term transformation.
- ✓ We will demonstrate change at scale across C&M and will be supported by CMAST in demonstrating benefits achieved.

A clinically led event has taken place in April 2024 aimed at setting clear and measurable objectives for the next 12 months. Central to this, was the focus on ENT as part of GIRFT Further Faster and the establishment of three key workstreams; Pre-Appointment, During Appointment and Post Appointment.

### Cardiology:

In 2024/25, CPP will support the C&M Cardiology Provider Alliance to consider the outputs from the GIRFT review with an initial focus on catheter lab utilisation and a strategy to support this.

A robust data collection is taking place to support the alliance, alongside a framework for the development of a robust options appraisal to determine the C&M Catheter Lab Strategy.

A workshop is planned for May 2024, following this a programme plan will be developed with agreed metrics defined.

These workstreams will work collaboratively to reduce variation across C&M and will be led by providers who have seen substantial benefit in embedding Further Faster recommendations within their organisation.



### Dermatology:

#### Dermatology Digital Workstream

The aim of the digital work stream is to enhance patient care and streamline processes through the implementation of innovative digital solutions tailored to the specific needs of dermatological services in the region.

- Continue roll-out of telederm platform
- Review of teledermatology usage for 'live' practices
- Develop a business case for future funding of teledermatology

Key deliverables in the next 6 months:

- Complete procurement of a single telederm solution for Cheshire & Merseyside

Future deliverables:

- Explore AI opportunities
- Explore usage of teledermatology for Inflammatory conditions



Photo courtesy of the Dermatology team, Mid Cheshire Hospitals NHS Foundation Trust



# Clinical Pathways

## Skin Cancer Pathway Workstream

The Cancer Pathway work stream will work in collaboration with the Cancer Alliance is to optimise early detection, diagnosis, and treatment pathways for skin cancer patients, ensuring timely access to specialised care and improved outcomes across the region.

## Dermatology Inflammatory Conditions Pathway Workstream

The aim of the Inflammatory Conditions Pathway work stream is to develop comprehensive and patient-centred strategies for the diagnosis, management, and ongoing care of individuals with inflammatory skin conditions, fostering collaboration among healthcare providers and enhancing access to specialised treatments and support services. In the short-term data will be used, with regards to longest waits etc to decide on what conditions to focus in first.

## Dermatology Transformation Workstream

The Clinical Transformation workstream aims to modernise and optimise clinical practices, workflows, and protocols, fostering innovation, improving efficiency, and ultimately enhancing patient outcomes and experiences within dermatological care across the region.



## Key Deliverables:

- Agree 2WW referral standard across C&M, for example all referrals need to have an image attached or they will be rejected.
- Review mutual aid, explore formal C&M arrangements to enable C&M to meet workforce and capacity challenges
- Explore centralised hub model

## Supporting other Clinical Networks

### Orthopaedics:

The outline plan for 2024 – 2025 includes:

- ✓ Reduce length of stay to be in line or better than the national average for primary arthroplasty
- ✓ Reduce length of stay to be in line or better than the national average for fractured neck of femur
- ✓ Review C&M approach to the ongoing management of open fractures to ensure compliance to best practice and national standards
- ✓ Focus on opportunities to improve outpatient performance using the Further Faster toolkit
- ✓ Work with MSK Alliance to 'standardise' the protocols in place for MSK interface service
- ✓ Review ambulatory provision across C&M and standardise a clinical pathway for these patients to ensure they get their treatment in a timely way reducing complications and expediting recovery which in turn will reduce impact on elective patients.

Alongside this, there will be further trust collaboration to optimise orthopaedic surgery equitably across C&M ensuring that our system resources such as the Elective Surgical Hubs are available to patients across C&M if needed to access timely treatment and care.





# Clinical Pathways

## Urology

Urology have set their priorities for 2024/25 and have recruited two clinical leads to chair the two Benign networks which exist within C&M to support to deliver these.



The key areas of focus include:

- Urology Investigation Units
- Urinary Tract Infections
- Transurethral Resection of Bladder Tumour (TURBT)
- Lower Urinary Tract Symptoms (LUTS)
- Embedding Further Faster – specifically recommendations Advice and Guidance, PIFU etc.

A launch event is planned for May 2024 to formalise these priorities with updated membership and a new terms of reference.

## MSK

The 2024/25 priorities for the MSK network include:

- Data quality improvement: making sure accurate information is being reported and shared.
- Undertake an audit of the detailed service offer in place at all C&M MSK providers.
- Develop a proposal for MSK triage / interface services across C&M.
- Continue to support the roll-out of the Apos Health product.



## Perioperative

The Peri-Operative Medicine Clinical Network was formed in January 2024. The network aims to reduce delays to surgery, reduce on-the-day cancellation, standardise best practice & clinical pathways where possible and improve outcomes for patients.



The key areas of focus include:

- The development of an optimal prehabilitation service strategy for C&M.
- Implement GIRFT/Further Faster recommendations following the GIRFT gateway review in March 2024.
- Continue to support the use of digital tools (such as C2Ai and Surgery Hero) where appropriate.
- Explore shared decision making.
- Support the delivery of the mandated national five core requirements.

## General Surgery

The General Surgery Elective Recovery Clinical Network is responding to the restoration of elective recovery and the backlog of waiting lists with a focus on the largest backlog across all procedures in general surgery (hernia and gallbladders) and implementing GIRFT Gateway Review recommendations.

The objectives for 2024 - 25 are:

- Standardising pathways for Primary Inguinal Hernia
- Standardising pathways for Gallbladders (laparoscopic cholecystectomy)
- Improving day case rates for the above to meet national benchmarks
- Ensuring equity of access via mutual aid/surgical hubs

- Reducing unwarranted variation and standardising emergency appendicectomy pathways
- Reducing length of stay for emergency laparotomy
- Reducing length of stay for elective resection for colon cancer and
- Using risk stratification tools (C2ai and CIPHA) to inform pre-op work ensuring patients are fit for surgery
- Outpatient opportunities will be identified using the Further Faster Checklist



# Clinical Pathways

## Children and Young People (CYP)

The CMAST CYP Alliance was established in November 2023 to bring together senior CYP leadership from CMAST member trusts to improve access to and drive service improvements for CYP in the region by collaboratively delivering against the agreed core priorities and projects.

The CPP programme provides the link with elective recovery and clinical pathway transformation to ensure

children are included and prioritised within elective recovery initiatives where appropriate.

The vision is that all Cheshire & Merseyside children and young people with health needs will receive the right care in the right place. The programme has 3 main workstreams:

Elective Recovery	Urgent Care	CYP Diagnostics
<p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• Reduce waiting times for elective recovery and deliver care in an appropriate setting</li> </ul> <p><b>Priorities:</b></p> <ul style="list-style-type: none"> <li>• Community hubs (dental)</li> <li>• Surgical hub for high volume / low complexity</li> <li>• Work with the wider CYP system to describe regional challenges for mental health services in the acute provider setting</li> </ul>	<p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• Improve access for CYP who need urgent care and reduce the number of unwarranted ED attendances</li> </ul> <p><b>Priorities:</b></p> <ul style="list-style-type: none"> <li>• Map community nursing and virtual ward offers across the region and develop a common set of standards for care</li> <li>• Support adoption of ED advice and guidance tools</li> <li>• Facilitate RSV vaccination response</li> </ul>	<p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• To support the development of the C&amp;M CYP Diagnostics strategy</li> </ul> <p><b>Priorities:</b></p> <ul style="list-style-type: none"> <li>• Support regional solution for routinely collecting and analysing paediatric diagnostic data</li> <li>• Develop common set of standards and pathways for paediatric diagnostic activity and services</li> </ul>

Paediatric workforce also remains a priority work area for the Alliance. It is recognised that this is a cross-cutting priority as it impacts on each of the priority areas listed above. As such the Paediatric Workforce workstream and associated projects will be established following the implementation of the above workstreams.





# Diagnostics

Senior Responsible Officer: Liz Bishop  
Programme Director: Tracey Cole

## Scope

**Cheshire and Merseyside**  
Acute and Specialist Trust Provider Collaborative

## Ultimate Vision

Our vision for diagnostics in Cheshire and Merseyside is that everyone can:

Have a great start in life

ICB  
Vision

Get the support they need to stay healthy and live longer

Diagnostic  
Vision  
underpins  
ICB Vision

Have access to safe, equitable, clinically effective, efficient, innovative, timely and sustainable diagnostic services which represent best value for money

Diagnostic  
Vision  
underpins  
ICB Vision

Our Programme includes all diagnostic tests such as pathology, imaging, endoscopy, screening programmes, cardiorespiratory, neurophysiology and more covering patients of all ages.

The scope of our work includes all activity for patients registered with a GP in Cheshire and Merseyside but also includes care delivered to non-C&M patients through these Trusts. Our work influences both physical and mental health and reflects our transformation ambitions beyond any one single organisation.

We are responsible for:

- Transformation at scale beyond a single organisation.
- Improvement against agreed trajectories, quality outcomes and reduced waiting and reporting times at C&M level
- Interoperability with existing C&M Programmes such as Digital, Cancer Alliance, CVD and more
- Delivery of the five year forward view triple aim of improved population health, quality of care and cost control

We advocate for and promote interoperability with existing C&M Programmes such as Digital, Cancer Alliance, CVD and more.

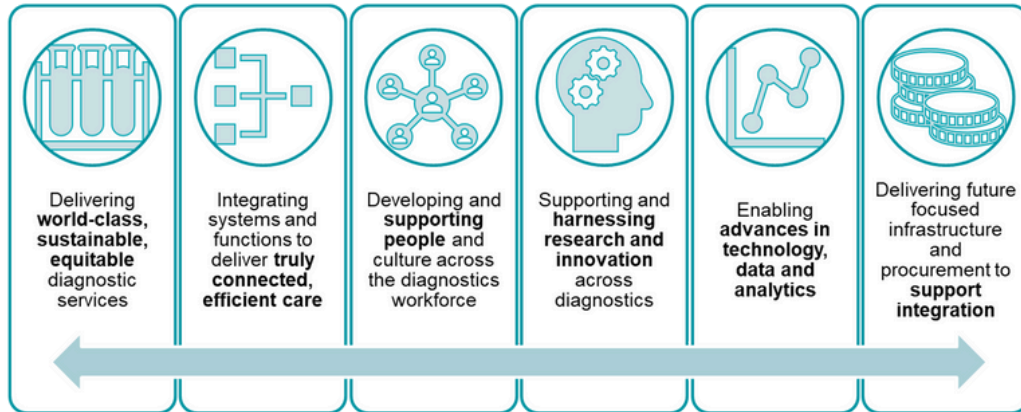


Photo courtesy of the Audiology Service at East Cheshire NHS Trust

# Diagnostics

## Strategic Direction

The Diagnostics Programme has set out an ambitious 5-year strategy (2023-2028) to deliver against six key priorities:

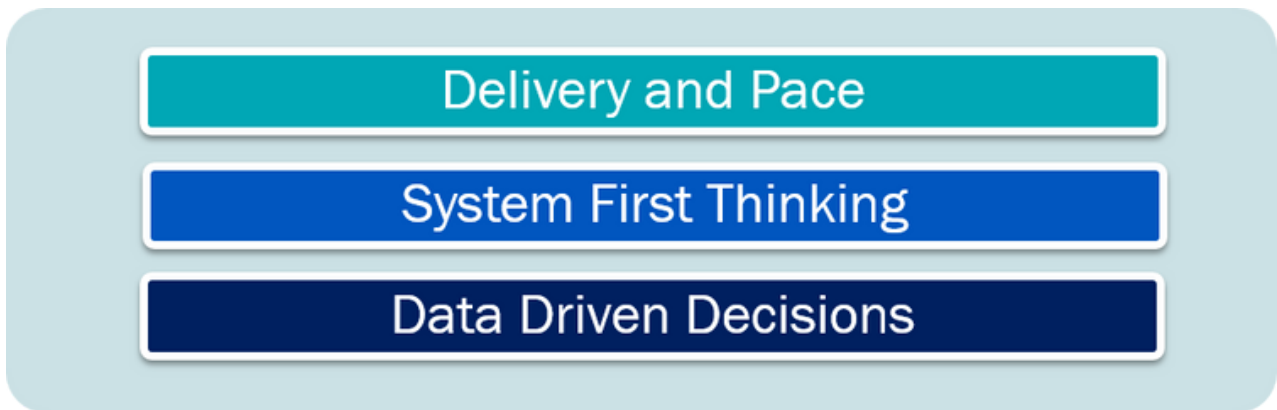


To deliver we will:



## Delivery

Our commitments for 2024/5



## Focus

Our programme's in year focus is on:

- ✓ Reduce waiting times across all specialities
- ✓ Increase productivity
- ✓ Improved turnaround times – processing and reporting
- ✓ Deploying digital investment, including AI, to increase collaboration through alignment with ICB digital lead
- ✓ System wide transformation – pathology
- ✓ Mutual aid and workforce solutions



Photo courtesy of the Transfusion Team at Warrington and Halton Hospitals NHS Foundation Trust



# Diagnostics

## Cost Avoidance Schemes

If we...	Then we...	As a result...
Expand use of mutual aid	Reduce use of in/outsourcing	Avoid £2.5m spend
Surveillance test only at clinically recommended intervals	Remove 1000 patients from endoscopy lists	Avoid £0.3m spend
Adhere to NICE Vitamin D guidelines	Reduce inappropriate blood tests	Avoid £5 spend per test
Open endoscopy hub in Warrington	Reduce cancelled patients by 1%	Avoid £011m spend

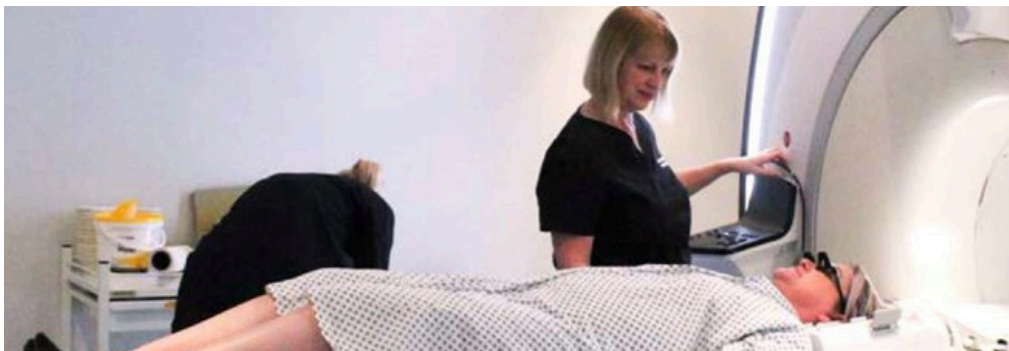


Photo courtesy of The Walton Centre NHS Foundation Trust

## Reduce Waiting Times Schemes

If we...	Then we...	As a result...
<p>Monitor productivity and support trusts to meet national measures in:</p> <ul style="list-style-type: none"> <li>Endoscopy</li> <li>CT</li> <li>MRI</li> <li>Non Obstetric Ultrasound (NOUS)</li> <li>Echos</li> </ul>	<p>Ensure that:</p> <ul style="list-style-type: none"> <li>Endoscopy - 95% lists utilisation</li> <li>CT- 4 scans per hour</li> <li>MRI - 2.5 scans per hour</li> <li>NOUS - 3 scans per hour</li> <li>Echos - 45 min per test</li> </ul>	<p>95% of patients seen within 6 weeks.</p> <p>No patient waits more than 13 weeks.</p>
Implement C&M Radiology Reporting Collaborative.	Deliver increase in quality, reduced duplication and reduced reporting waits.	<p>Meet Royal College of Radiology (RCR) Guidelines:</p> <ul style="list-style-type: none"> <li>CT - 95% urgent within 7 days</li> <li>CT 95% routine within 28 days</li> <li>MRI - 90% urgent within 7 days</li> <li>MRI - 95% routine within 7 days</li> </ul>
Implement histopathology review actions.	Maximise our efficiency and resilience in histopathology.	80% cancer cell path samples reported within 10 working days.

# Diagnostics

## Digitise and Innovate

If we...	Then we...	As a result...
Implement a standardised Pathology LIMS (Laboratory Information Management System) across 5 core trusts.	Reduce duplicate tests and ensure that patients don't need to attend repeat appointments.	Save £10m over 10 years across the system.
Implement Prostate Artificial Intelligence (AI).	Ensure abnormal tests are prioritised.	Save consultant reporting time enabling other images to be reported on quicker.
Pilot Echo AI.	Potentially reduce appointment times from 45 min to 20 min.	Increase capacity, reduce waiting times and reduce IS spend.
Implement Chest X Ray AI.	Ensure abnormal tests are prioritised.	Reduces report turn around time and impact on urgent care.



Photo courtesy of the Endoscopy Team Liverpool University Hospitals NHS Foundation Trust

## Support Workforce Resilience Schemes

If we...	Then we...	As a result...
Launch a Physiological Sciences Network.	Provide support and resilience for Healthcare Scientists.	Ensure 40+ Physiological Science tests have a strong workforce.
Run single recruitment campaigns across C&M.	Ensure we do it 'once and well' attracting staff to their preferred trust.	Reduce vacancy rates.
Implement actions following 'stay conversations'.	Ensure we adjust to help staff remain in post.	Reduce use of bank and agency staff.
Work with regional and national partners to maximise training opportunities for hard to recruit roles.	Ensure that we have a pipeline of staff coming into our system.	Ensure we have resilience for years to come.

# Efficiency at Scale

Senior Responsible Officer: Ged Murphy  
Programme Director: Nina Russell

## Scope

The Efficiency at Scale Programme (E@S) spans both provider collaboratives and works in partnership with the ICB to support the delivery of a key collaboration opportunities across the system with a keen focus on core expectations within the NHS planning guidance:

- Develop robust plans that deliver specific efficiency savings and raise productivity.
- Put in place strong oversight and governance arrangements to drive delivery.

The stakeholders have identified a vision, a set of targets and key goals which have supported the creation of a prioritised work programme.



**Vision: Work with system partners to identify and reduce unwarranted variation, ensuring quality and value for money benefits realisation with a focus on corporate services and system collaboration.**

## Delivery

The opportunities for collaboration across Cheshire and Merseyside are extensive, whilst the programme has not wanted to limit itself to just corporate services transformation, it has had to take the decision to limit the initial areas of focus.

The service functions which have been selected based on quality improvement opportunity, national priorities, operational pressures, and possible level of efficiencies. The initial areas of focus:

Function	Workplan
Finance	<ul style="list-style-type: none"> <li>• Single financial ledger</li> <li>• Automation opportunities</li> </ul>
HR/Workforce	<ul style="list-style-type: none"> <li>• E-Rostering</li> <li>• Workforce planning</li> <li>• Scaling people services</li> </ul>
Legal	<ul style="list-style-type: none"> <li>• Development of C&amp;M knowledge hub</li> <li>• Legal Collaboration (LUHFT/LWH/LHCH)</li> <li>• C&amp;M insurance review</li> </ul>
Medicines Optimisation	<ul style="list-style-type: none"> <li>• Individual medicines review projects</li> <li>• Medicines optimisation</li> <li>• Drug rebates</li> <li>• High-cost drugs and homecare</li> </ul>
Procurement/Purchase at Scale	<ul style="list-style-type: none"> <li>• Supply chain</li> <li>• Procurement rolling contracts workplan</li> <li>• C&amp;M wide strategy/digital opportunities</li> <li>• Energy/estates/digital</li> </ul>
Risk and Governance	<ul style="list-style-type: none"> <li>• Infection control</li> <li>• Governance IT systems</li> <li>• Risk Management/Corporate Governance</li> </ul>



# Efficiency at Scale

Estates & facilities and digital; are core functions included in the system purchase at scale opportunities, with a category deep-dive taking place in early 2024 to support the development of detailed workplans going forward.

All providers in Cheshire and Merseyside committed to completing the national corporate services data collection in July 2023 which allowed the system to complete a detailed benchmarking exercise and highlight variations for further examination.

The programme is focused on achieving a cross section of results which support the system. The programme work is governed through the following structures:

Each focus area has an executive level senior responsible offer plus programme manager/director, with a significant number of C&M providers having direct attendance and representation at the E@S board.



Photo courtesy of Liverpool Heart and Chest Hospital NHS Foundation Trust HIMSS Team

The programme is using the National Corporate Services Transformation Programme to support the workstream development and benefits realisation.

and during 23/24 identified and adopted the following aim and core principles to support delivery:

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



## Simplify

Develop improved work methods that maximise output whilst improving quality and reduce costs



## Standardise

Services, policies, process and procedures to support delivery of efficient service and enable at scale opportunities across the system



## Harmonise

Co-ordination of corporate services across the ICS to support cost effective, resilience and efficient services.



## Automate

Processes and task to reduce duplication, increase efficiency and reduce/avoid errors.



## Collaborate

Services across partnership organisations to achieve economies of scale, improved service delivery, increased service resilience and reduce cost



## Purchase at Scale

Good and services purchased at scale across the ICS to ensure the system and NHS get best value for money

The programme is keen to build on the successes of 23/24 which saw the rapid development of an evolving workplan which led to the delivery of:

- Medicines optimisation combined E@S and Place programmes achieved £18.5m savings.
- C&M collaborative schemes (excludes individual trust procurement CIPs) saved £3.8m FYE.
- C&M collective approach to the national energy contract will realise £8m of savings from April 2025 when the contract comes into effect and £20m over the life of the contract.

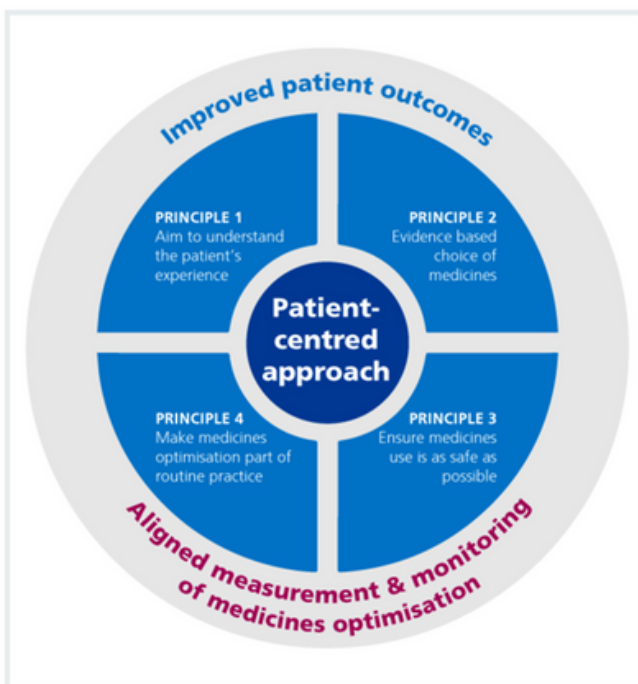
# Efficiency at Scale

## Medicines Optimisation

Cheshire and Merseyside have a very established ICB Medicines Optimisation and Pharmacy Group which has clear set of priorities and has created a C&M Medicines Improvement Group to support delivery. This group is chaired by the ICB Chief Pharmacist and now has a track record for successful delivering quality and efficiency schemes.

Medicines optimisation looks at the value medicines deliver, making sure they are clinically effective and cost effective.

The focus is to ensure that people are getting the right choices of medicines, at the right time, and are engaged in the ongoing prescribing process by their clinical teams. Cheshire and Merseyside are aligned with the NHS England Medicines Optimisation programme and has adopted the following core principles to support delivery:



(NHS England » Medicines optimisation)

In July 2023 the NHS England Medicines Optimisation Executive Group (MOEG) released guidance describing 16 national medicines optimisation opportunities for the NHS in 2023/24. ICBs were recommended to select at least 5 opportunities to focus and deliver on alongside their local medicines optimisation priorities. The ICB, providers and Specialist Commissioning have worked collectively to develop the 24/25 workplan whilst ensuring the system meets its requirements regarding the nationally recommended opportunities and the following areas of focus have been selected as part of the E@S programme:

- Addressing problematic polypharmacy
- Improving uptake of the most clinically and cost-effective medicines
- Using best value biologic medicines in line with NHS England commissioning recommendations
- Using best value direct-acting oral anticoagulants

It is important to note that further medicines optimisation and pharmacy improvement schemes are being completed within the ICB Medicines Optimisation and Pharmacy Group and will cover off other national priorities.

Core workstreams in 24/25 will include:

- Individual Medicines Review Projects
- Polypharmacy optimisation across C&M
- C&M wide oral nutrition review
- High-cost drug review with a focus on using best value biologic medicines
- Homecare improvement and optimisation
- General medicines optimisation and drug rebate management

# Efficiency at Scale

## Procurement and Purchase at Scale opportunities

C&M has a very established procurement network which supports C&M purchase at scale opportunities throughout 23/24. The team are excited to build on these opportunities in 24/25 whilst developing a local procurement and supply chain strategy which is aligned to the national NHS commercial strategy.

The core aim of the NHS is to deliver safe, effective, productive, and efficient healthcare to patients will be supported by procurement/commercial functions by delivering the following strategic commercial outcomes:

- Building the foundations of a best-in-class commercial organisation
- Embedding a resilient commercial and supply chain operating model
- Enabling the delivery of medium and long-term NHS priorities
- Improving patient pathways and healthcare outcomes
- Securing cash-releasing, total cost efficiencies
- Delivering a social value aligned to the national procurement policy

The delivery of these outcomes will benefit patients, our people and NHS suppliers.

Core workstreams in 24/25 will include:

Development of a single C&M procurement and supply chain strategy

Supply chain optimisation

Purchase at scale rolling contract workplan

C&M digital opportunities

C&M estates opportunities

Implementation of national contracts as appropriate





# Efficiency at Scale

## Finance

C&M have prioritised the following workstreams during 24/25:

- Development of a business case for a single financial ledger
- Optimisation of appropriate automation opportunities within finance sub-functions.

These are continuing to build on the work that has taken place in 23/24 and are seen as key enablers to support the long-term financial strategy of the system.

## Legal

Following a review of the 19 legal opportunities highlighted within the National 'Corporate Services: Improvement Opportunities and Resources Report' the system has identified the following opportunities and is continuing to progress these in 24/25:

- The implementation of the legal service collaboration across LUHFT, LWH and LHCH.
- Continue to explore the opportunities relating to additional indemnity insurance policies across Cheshire and Merseyside with a focus on purchase at scale and rationalisation where appropriate.
- Develop an implementation plan for a single Legal Knowledge Hub across Cheshire and Merseyside in partnership with the national team.

## Workforce/HR

The E@S programme will support the wider Scaling People Services agenda which is being led by the ICB and HRDs and two specific workstreams have been identified to be hosted by the E@S programme:

- E-Rostering procurement - Alignment of roster contracts to support potential for future single C&M contact for roster provision.
- Workforce Decision Intelligence Project - To use innovative ways to address our workforce challenges and meet our population's needs.



Photo courtesy of Aintree University Hospital Urology Team



Photo courtesy of Wirral Diagnostics Centre

# CMAST

## Development

We recognise that effective collaboration and system working is not about resting on your laurels and standing still but evolving, developing, improving and partnering to further embed progress and capacity within the ICS and providing more and better care to our residents and patients.

CMAST was delighted to be selected as one of the Provider Collaborative Innovators and to secure the exposure to national policy thinking and peer support and challenge that this programme provided to us.

We were also delighted that the work our of system through our elective recovery and transformation programme was recognised by the HSJ and our peers as their Provider Collaboration of the Year 2023.

## Governance

CMAST operates at several different levels of activity as may be required by the task or focus required of it.

CMAST also operates and facilitates a federated model of collaborations, connections, and networks across our system through its professional groups. These provide a vehicle through which work can be progressed, initiated, or delegated (from the Board) and encourage and support collaboration across professional disciplines.

Where decision making is required which is beyond the responsibility of a professional group or the combined authority of the CMAST CEOs, CMAST has the ability to initiate a committees' in common process to support combined and aligned system decision making across each of our statutory trusts or a subset of these. Depending upon the views and inputs of CMAST Trusts and their Boards' our decision-making framework allows for these decisions to be taken by either CEOs or CEOs with Trust Chairs.

We have been pleased over the last year to take a number of significant system decisions which have moved us forward on our collaborative journey. These have included individual board decisions related to the system implementation of a laboratory information management system (LIMS) which will now be implemented as a system, once, with CMAST and programme responsibility and the continued development of our pathology hub model.

During the year ahead we remain committed to exploring and consolidating our contribution toward ICS and system leadership. This is an area we will keep revisiting and discussing with partners. There is undoubtedly more momentum to be gained through collaboration across all providers whether social care, primary and community care and mental health as well as acute providers.

Our work, priorities, values, and behaviours are set out within our Joint Working Agreement and are refined and documented through an agreed annual workplan (this document) which identifies key milestones and provides a platform to begin to describe anticipated decision-making points associated with our programmes of work.

Our governance framework and connections with our programmes and professional groups are described in an annex.

Detailed delivery targets, metrics and detail have been developed and signed off by our leadership Board. These commitments will be periodically reported to the Leadership Board, throughout the year, and are reviewed monthly through CMAST's established programme governance.

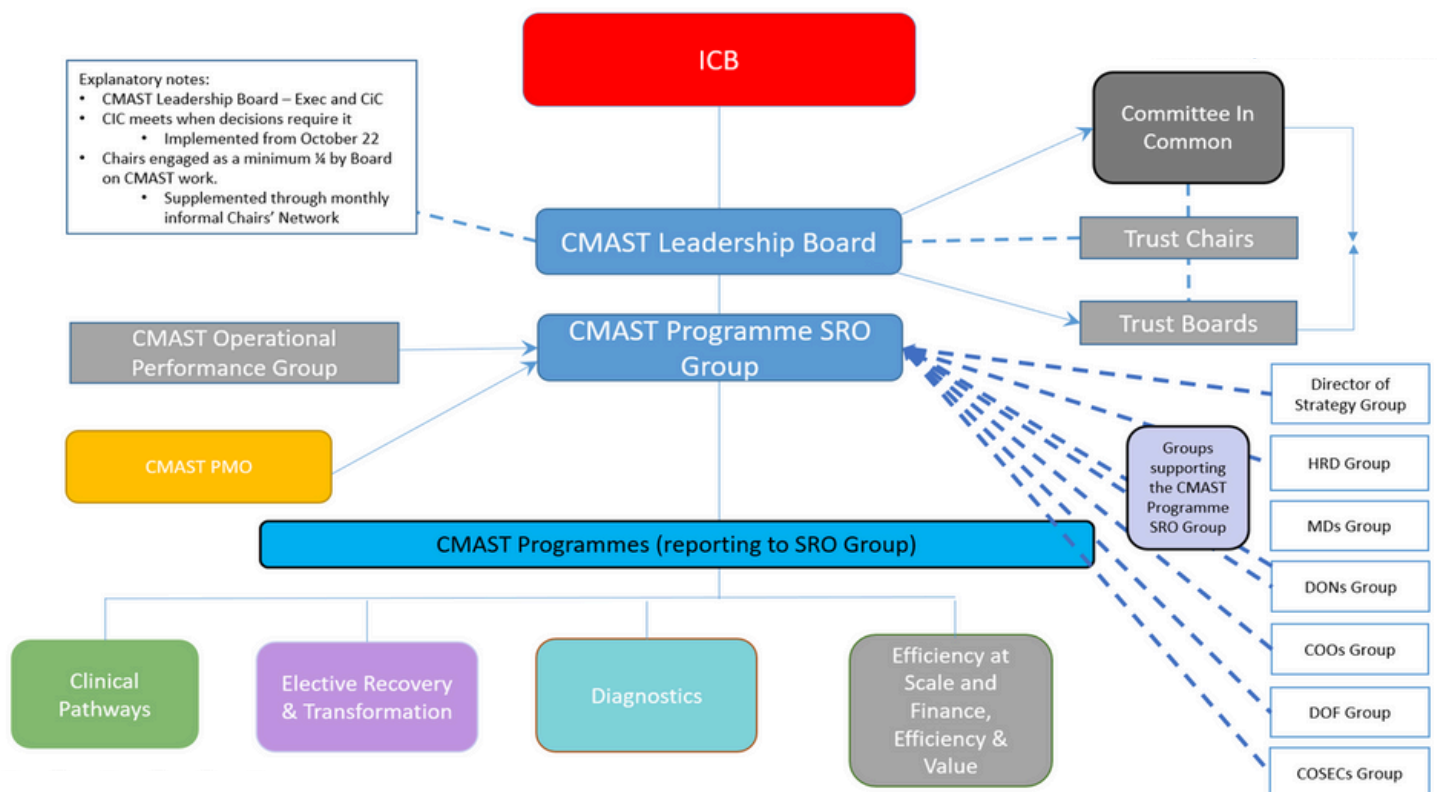






# Governance

## Annex one





# CMAST Annual Work Plan 2023/24

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