

# CMAST Briefing

April 2023

## ICB Update

NHS Cheshire and Merseyside's latest Board meeting was held at the Lewis's Building in Liverpool on Thursday, March 30th.

In his Chief Executive's Report, Graham Urwin noted that Cheshire and Merseyside were set to narrowly miss the national elective recovery 78-week wait target – by about 80 patients due to events beyond the system's control – but acknowledged that getting to this position remained "a phenomenal achievement".

Responding to a national survey showing satisfaction in the NHS is currently at an all-time low, Board members noted that the primary issue is access to care – not care delivery. Strong public support for NHS staff remains.

Director of Nursing and Care, Chris Douglas MBE updated on the annual conference of the Beyond programme, which reaffirmed NHS Cheshire and Merseyside's commitment to ensuring the health and care of children and young people has parity with that of adults.

At the end of the meeting Chair Raj Jain and Chris Douglas MBE led the presentation of the national Chief Nursing Officer awards to the following colleagues:

- Denise Roberts – Silver Award
- Julie Tunney – Gold Award

The Chief Nursing Officer and Chief Midwifery Officer Awards reward the significant and outstanding contribution made by nurses and midwives in England.

## CMAST Update

The Leadership Board met on 31 March. A number of key system issues were discussed this month:

The Board started its meeting by receiving a verbal update on the areas discussed at the ICB meeting which had taken place the day before. Both the ICB and the Leadership Board received an update on the financial position within the ICS based upon the current status of the cumulative draft plans. The projected gap had been closed significantly to in the region of £200m. More focussed work is required to continue to reduce any deficit contained within the plan alongside the combined focus of system Boards. The national focus on projected ICB deficits was recognised as intense.

An update on the progress made in respect of clearing patients waiting over 78 weeks for treatment was received. The Board acknowledged the significant progress made in reducing the numbers waiting. 558 patients were treated between 20<sup>th</sup> and 29<sup>th</sup> of March with the progress made over the preceding 29 weeks meaning 39,576 less patients are waiting in this cohort. At the time of the meeting, it was not possible to say whether the target of having no patients waiting above this threshold would be met but the impact of industrial action across the NHS was also recognised.

Following a review on progress toward the achievement of the 78 week wait target the Boards received updates on the shaping of its critical work on Efficiency at Scale, and recognised that the identification of a Programme Director was critical to the required and expected delivery from this programme. The Board also received an update on the work of its Directors of Strategy and Medical Director Networks and a number of joint initiatives that they had cultivated.

The Board considered and were asked to provide feedback on a draft CMAST Annual Plan. This plan had been developed in response to a request from the ICB for the delivery of CMAST to be described and quantified alongside the development of the system's Plan, but also the ICB Joint Forward Plan, which is required to be developed and discussed with NHSE from 31 March through to the end of June.

CMAST Leadership Board next meets at the start of May. Chairs are due to be invited to June's meeting.

## **Elective Recovery and Transformation Programme**

### **PTL and long waits**

Whilst facing unprecedented operational challenges, the system has successfully reduced waiting times down to the required 78 weeks, leaving a small margin of patients remaining to be treated.

As a system we have cleared over 40,000 long waiting patients in the last 30 weeks.

At the end of March, Cheshire and Merseyside acute providers had only 58 patients waiting longer than 78 weeks, with a small number of legitimate exemptions around patient choice and highly complex procedures. Within this cohort 6 patients have been waiting over 104 weeks, and these are all due to patient choice.

The next target is to reduce waiting times down to 65 weeks by the end of March 2024. This will be a significant challenge for the system with over 180,000 patients to clear (including all patients who may reach 65 weeks by the end of March).

All of the programme processes and infrastructure will continue, to support achievement of that target, with stepped-down local trajectories. The team are currently reviewing the level of support offered to trusts to build on learning from the last year.

### **Outpatients**

A digital validation project is underway, with 5 trusts establishing text-based patient validation. Based on other areas we expect there will be a cohort of patients that no longer require their surgery – in some cases this could amount to around a 10%. In addition, we will be asking them whether they would be interested to be treated in other locations – to support our mutual aid planning.

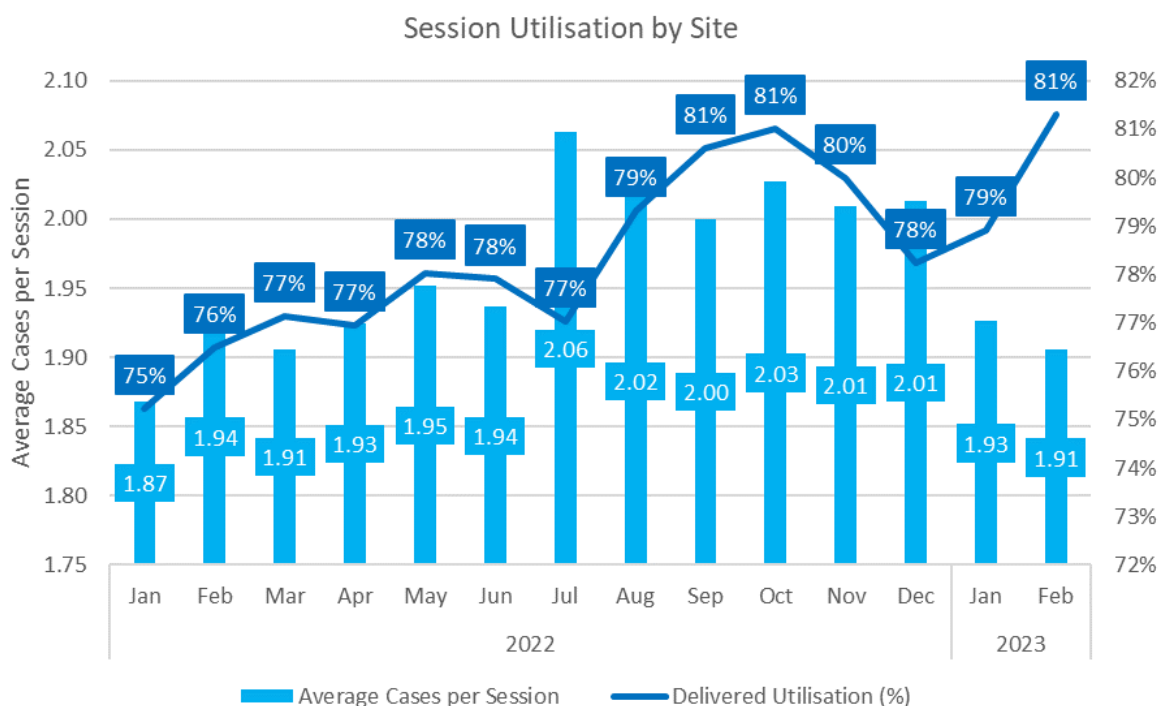
- An outpatient workshop focusing on medical specialties was held in March and was attended by around 50 clinical and operational outpatient leads from C&M. The workshop



was also attended by 3 national clinical directors who presented on different aspects of outpatient improvement. A number of challenges were explored, including Patient Initiated Follow Up (PIFU) and the required reduction in follow up appointments. The national directors gave really good feedback on the programme delivery and our outpatient dashboard. C&M are not yet achieving the 5% PIFU target, but performance continues to improve. Tailored support is being offered to trusts to support clinical engagement in PIFU.

## **Theatres**

Significant improvements in uncapped theatre utilisation have been achieved over the last year. Industrial action impacted performance in January through to March, along with a focus on complex cases to clear the backlog, however, overall utilisation has improved month on month.



There has been very good engagement across the system with the 121 sessions looking at opportunities across the range of specialties and even down to clinician and individual theatre level. Teams are responding to the challenges well, and we can already see improvements.

A new Theatre Academy programme is being launched in Cheshire & Merseyside to up-skill local teams in the theatre improvement methodology. All trusts have signed up, and the programme launched commenced at the beginning of April; 28 people in total are being trained over the next 6 months.

## **Elective Hubs**

Work continues to develop schemes across the North Mersey, and likely focus will be Ophthalmology and Gynaecology which are the most pressured specialties that do not currently have surgical solutions in place. A business case is being developed to support the TIF capital funding process and this will be ready in draft in early May.

South Mersey hub: Clatterbridge Surgical Centre is being put forward for the national elective hub accreditation process, led by Professor Tim Briggs and the national GIRFT team. We are hoping this will become the next fully accredited elective surgical hub in the NW.

The paediatric network have been successful in securing funding to establish a high volume low complexity (HVLC) paediatric dental network. This will fund paediatric dental lists in several locations across the system, starting with Whiston. Weekly sessions will continue throughout April and May, to focus on the high numbers of children waiting for extractions and other dental procedures from both community and acute providers.

## **Clinical Pathways**

### **Dermatology**

The dermatology network have been holding virtual meetings to build on the actions and outcomes of the first dermatology workshop. The second workshop will take place on 26<sup>th</sup> April, unfortunately this had to be rescheduled due to industrial action.

The purpose of the second workshop is: to refine the priorities and agree how to progress they key themes around:

- Referral and prioritisation
- Right person, right place
- Commissioning and funding
- Collaborative network
- Cross system digital infrastructure
- Primary care

### **ENT**

An ENT roadmap and implementation plan is now in final draft and subject to engagement and a sign off pathway.

The CPP team will continue to support the development of the ENT network to deliver the implementation plan. Exploration of system wide work streams and alignment potential will also continue.

### **Orthopaedics**

KPI Dashboard development is progressing with a User Group being established.

There is a meeting with the ICB CIO to discuss the current challenges with information sharing in order to see 'Out of Area' cases and address the issues as well as looking at more strategic solution.

A development of generic cross trust SOPs is in progress based on learning from Clatterbridge/COCH and STHK/Ormskirk. Review meetings with trusts focussed on the GIRFT improvement plan are also underway.

# **Diagnostics Programme**

## **Latest Performance Headlines (January data)**

- C&M ICS ranked position improved to 11th out of 42 ICSs for diagnostic waiting time performance. Was ranked 12th in Dec 2022, and 20th in Nov 2021.
- Levels of activity increased from 91,088 tests completed in Dec 2022 to 103,532 in Jan 2023.
- Over the entire year both Colonoscopy and CT activity remains significantly higher (in excess of 110%) when compared to pre pandemic levels and activity levels in MRI, Ultrasound and Gastroscopy have equalled or exceeded pre-pandemic activity levels.



## **Performance Improvement Plans**

NHSEI asked all ICSs to submit plans to improve the percentage of patients seen within 6 weeks. C&M has ensured that all patients waiting for a surveillance test are included in the figures. We have submitted a plan with the aim that no patient waits longer than 40 weeks by the end of June 2023, we are on track to meet this milestone and will be asking for Chief Operating Officers to commit to:

- alerting the programme prior to declaring a breach of this milestone so that we can find alternative solutions for all long waiting patients.
- ensuring that all cancer referrals are flagged and booked within target timescales.

## **NHSEI Priorities & Operational Planning Guidance**

A system level summary has been submitted to outline how we will meet the key asks for diagnostics which include:

- Increase the number of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%.
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs.
- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs.
- Deliver 10% productivity improvement in pathology and imaging by 2024/25 through digital investments and meeting optimal test throughput rates.
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion.

## **Community Diagnostic Centres (CDCs)**

C&M CDCs are forecast to deliver 340,000 tests per year. The majority of activity will be CT, MRI & Ultrasound. We are currently 116% above plan. As at 26 Feb 2023 we had provided 137,000 tests compared to 39,785 at the same point last year. We are providing the highest levels of CDC activity in the North West and the 3rd highest level out of 42 ICS regions. We now have 9 CDCs authorised, 6 are open. Southport opened on 16 Jan 2023 (providing CT, MRI, Echo, and Ultrasound). The following are due to open: Runcorn Shopping Centre (due to open late Q1 23/24), Halton (due to open late Q1 23/24) & Liverpool Paddington (due to open late Q1 23/24).

## **Pathology**

The Transformation Unit are working with the Pathology Network to reset the work of the network, develop a critical path for transformation and outline the key deliverables for this year and future years.

## **Imaging – Burns and Plastics**

A pilot is now live in LUFHT for burns and plastics images to be available on mobile devices so that all clinical teams can view the information.

## **Cardiology Digital System**

A project delivery group is being set up with clear lines of governance to obtain funding for and progress the roll out of a unified C&M Cardiology Digital System. Each trust will be asked to sign an MOU containing a commitment to a single networked solution so that the benefits for all our patients can be realised. Benefits include reduced duplication of images, faster testing, higher quality images and availability of tests across site. Trusts will be asked to name a Clinical, Operational and Procurement Lead rep for the project to aid on boarding at each site.

## **Endoscopy – Productivity Focus**

Focus on Did Not Attend (DNA) rates has resulted in a reduction for 4 consecutive months from a starting position of 10% to 6.60%, with further work planned to reach a 5% target. Focus on Hospital Cancel on the Day rates has resulted in a reduction from 5%+ to 3.05% with further work planned to reach a 3% target.

## **Endoscopy – Digital Reporting System**


5 out of 9 trusts are live with Solus, a digital booking, scheduling, report writing, imaging capture system.

## **Endoscopy – Collaborative Staff Bank**

Recruitment has begun! We believe that this is the first collaborative diagnostics staff bank in England.

## **Digital Diagnostics**

A Digital Diagnostics Steering Group met for the first time on 4 April 2023. Thanks to John Llewellyn for chairing this group. The group has begun to look at clear project documentation which can then be shared with Chief Information Officers, Chief Operating Officers, Directors of Finance and Heads of Procurements in addition to those clinically and operationally linked to the work. It is hoped that increasing the engagement and reviewing these plans in detail will aid smooth implementation of these critical enabling projects. A detailed slide deck on Digital Pathology and Cardiology Digital System is now available.





## **Urgent and Emergency Care – Gold Command**

The urgent and emergency care system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside.

- Since mid-January most trusts have continued to escalate predominantly at OPEL 3 or better, however increased pressure has been observed since late February and into March, with several further OPEL 4 declarations in March and into April. Overall pressures are still consistent with a challenging winter situation.
- The delays in ambulance handovers at hospitals relate to overcrowding in emergency departments caused by a combination of high demand and insufficient bed capacity available within our hospitals to admit all those patients requiring a hospital bed. These delays often lead to patients having to wait for a bed in the emergency department or on an assessment unit, as can be seen from high number of patients experiencing a delay of over 12 hours from the point of a decision to admit, which although improved from the peak in December, remains very high at 3,761.
- The impact on ED of delays from decision to admit is crowding in department and in waiting areas and corridor care.
- The majority of C&M acute trusts with an Emergency Department continue to report bed occupancy in excess of 95%, typically in a range from 97%-100%, despite the opening of additional escalation beds.

Within acute Trusts, there continues to be a significant number of patients no longer meeting the criteria to reside in hospital. This had remained virtually unchanged since January, at around 22%. However, it should be noted that this fell below 20% for the first time since the Christmas period as of 09 April at 18.3%, and was 20.4% as at the 16 April report.

Within this there is significant variation across trusts. The number of patients not meeting the criteria to reside within trusts across Cheshire and Merseyside typically remains in excess of 1,000 on any given day with the majority awaiting packages of support to enable their discharge home. Long length of stay is also a significant factor in the persistently high levels of bed occupancy. Patients with a length of stay over 21 days account for 28% of occupied beds.

## **Finance, efficiency and value workstream**

The combined CMAST provider position is below plan with a net deficit of £64.3m (£59.3m deficit plan) with 4 providers worse than plan. The aggregate position is in deficit for CMAST trusts with surplus in the MHLDC collaborative and ICB bringing the system to planned deficit. The impact of lost work/ higher cover costs/ recovery for all industrial action in 22/23 should be reflected in the figures, though there may be a lag with some costs.

Month-12	Plan- (£m)	Actual- (£m)	Variance- (£m)	FYE-Plan- (£m)	FYE-Forecast- (£m)	Variance- (£m)
CMAST-(deficit)	(59.3)	(64.3)	(5.0)	(59.3)	(64.3)	(5.0)
CMHCD-surplus	9.3	21.9	12.6	9.3	21.9	12.6
<b>Total-Provider-(deficit)</b>	<b>(50.0)</b>	<b>(42.4)</b>	<b>7.6</b>	<b>(50.0)</b>	<b>(42.4)</b>	<b>7.6</b>
<b>Total-System-(deficit)</b>	<b>(30.3)</b>	<b>(29.6)</b>	<b>0.7</b>	<b>(30.3)</b>	<b>(29.6)</b>	<b>0.7</b>

The main focus of the finance workstream at present remains producing an acceptable financial plan. The March aggregate position showed a £206m deficit plan, following much more work with providers w/c 17<sup>th</sup> April the plan deficit reduced to £135m and this number was discussed at the meeting between ICB and NHSE on 21<sup>st</sup> April. A further reduction to £85m is required before NHSE will approve the plan. This means that enhanced oversight arrangements impacting all provides have been implemented.

- Full system balance sheet review for all providers
- Expenditure approvals in the highest deficit trusts
- Production of a three-year recovery plan
- Accelerate a number of system led improvement initiatives.

## **Workforce - key achievements this month:**

### **CMAST Workforce Programme**

- C&M Workforce development funding for 2023/24 has been confirmed and the projects have been advised how to drawdown the funds. The first project progress reports were submitted to HEE and the C&M People Board on 18/04.
- The reporting cycle for the CMAST Workforce Programme Board (PB) has been established and aligned with the C&M People Board submissions to streamline the governance and reporting processes.
- Key stakeholders came together at the end of March to discuss the systemic workforce issues which need to be addressed to ensure the long-term sustainability of the workforce across Cheshire and Merseyside.

### **Health Care Assistant Collaborative Bank – Phase 1 Scoping**

- Conducted engagement with key stakeholders across Cheshire and Merseyside – including DONs, HR Deputies and Temporary Staffing/Resourcing teams and conducted survey with DONs/HRDs to gather information
- Established required governance to underpin staff sharing arrangements – MOU and Bank Worker Agreement
- Commenced dialogue with external organisations e.g., Princes Trust and JCP to explore what is possible under Social Value commitment.

### **C&M AHP Workforce Lead**

- Evaluation for previous funding completed and available. New workplan for 2023-24 is being completed, incorporating C&M AHP Faculty team.

### **Development of Band 6 Ward & Department Nurse Roles**

- Project Lead has been confirmed and Terms of Reference drafted. First working group to be held in May.

