

CMAST Briefing

August 2022

ICB Update

Covid Booster Vaccine Roll-out Announced for Autumn

People living in Cheshire and Merseyside will soon be among the first in the world to receive the new Covid-19 vaccine, when the autumn booster programme begins this month.

Care home residents and people who are housebound will be vaccinated in the first phase of the campaign (from September 5). The National Booking Service will also open as part of the wider rollout, due to start on September 12, for those most susceptible to serious illness from Covid-19 and those aged 75 and over to book an appointment for their jab.

COVID Testing

Patient-facing healthcare staff who have no symptoms of a respiratory infection are no longer required to test for COVID-19 on a regular basis.

Routine asymptomatic testing for patient-facing healthcare staff should only continue where local healthcare organisations have sought appropriate advice to undertake this testing as part of broader infection prevention and control measures.

This could be, for example, to asymptotically test staff who may be in close contact with patients who are at higher risk of serious illness from Covid-19. Patient-facing healthcare staff who *have* symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work, should take a Lateral Flow test as soon as they feel unwell..

Virtual Wards

Cheshire and Merseyside is leading the way in the development of virtual wards – to support people who would otherwise be in hospital to receive the care and treatment they need in their own home.

Support delivered through Virtual Wards is clinically supervised and can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters.

Mobilised during the pandemic in response to COVID-19, virtual wards have since been expanded by Cheshire and Merseyside clinical leaders to support other conditions and acute respiratory infections, including COPD, Bronchiectasis and community-acquired pneumonia.

A heart failure virtual ward pilot is now operating in Liverpool University Hospitals NHS Foundation Trust,

while frailty virtual ward experience is being applied from Wirral University Teaching Hospital NHS Foundation Trust. Both are set to be expanded to all sites across Cheshire and Merseyside by the end of 2022-23.

Increasing Capacity this Winter

Investment of over £13m has been agreed to support several schemes across Cheshire and Merseyside which will see an expansion of the hospital, community, and care home bed-base this winter, totalling more than 200 additional beds. For more details contact ICB Director of Planning and Performance [Anthony Middleton](#).

Super September

Nearly 80% of our waiting lists are made up of patients who will be treated as outpatients. There is a pressing need to recover services for these patients, transforming them in the process to improve access to and experience of outpatient care.

To support us do this, NHS Cheshire and Merseyside is participating in Super September, a national initiative that will enable us to focus on outpatients in the most impactful way. For 2 weeks, from 26 September, we'll be taking 'action on outpatients' by working together to implement and accelerate the use of a range of interventions.

Introducing Christine Douglas MBE

Christine Douglas was welcomed to the ICB Executive team in August, taking up the role of Director of Nursing and Care. Chris brings her passion for ensuring safe, personal and effective care to Cheshire and Merseyside, along with a wealth of experience – something which was recognised when receiving an MBE in the Queen's New Year's Honour's list in 2021 in recognition of her services over more than 40 years. For full details of the ICB's leadership team [visit here](#).

CMAST Development

CEOs and Chairs met on 2nd September as the CMAST Leadership Board. The meeting had both a developmental and operational focus.

The Leadership Board discussed final proposals for the proposed CMAST Joint Working Agreement and Committee in Common as had been progressed through the summer. Final comments were provided, which, mainly related to requests for enhanced definition to ensure consistent understanding. The Board sponsored and supported consideration by Trust Boards through September and October with a view to securing system wide agreement to this timescale.

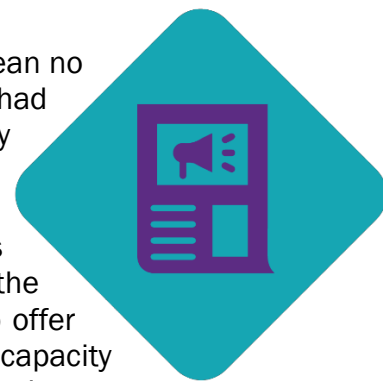
The Leadership Board also took the opportunity to receive, discuss and explore full updates on all CMAST workstreams.



Elective Recovery and Transformation Programme

Waiting List Backlog

- We achieved a zero capacity breach position at the end of July, which mean no 104 week waits at that time. Agreed exceptions related to patients that had opted to wait longer for their treatment (patient choice), and some very complex cases that were excluded from that national target.
- We continue to focus on maintaining that position of zero 104 breaches and are on track to ensure that continues to the end of September. This is still very challenging, but trusts are committed to that end and the programme team are working very closely with waiting list managers to offer support. Support includes facilitating mutual aid, identifying additional capacity through independent sector, and support in waiting list management techniques.
- The next focus is on eliminating over 78 week waits by end of March 2023. We currently have 3252. We will need to ensure all OP waits are down to 78 weeks by December to allow for any ongoing surgical requirements to progress before the end of March or they will tip into the 78 week category.
- Liverpool University Hospital remains the highest risk Trust across the system as they will lose capacity due to operational changes. The PTL team are working closely on all actions with the Trust including mutual aid and identifying alternative capacity.
- We have completed a review of the independent sector (ISP) capacity and processes. We are taking forward actions from that review and have now extended the same waiting list monitoring to the ISP sector with weekly waiting list review meetings.
- Streamlining mutual aid systems and processes is a priority for the system. We have developed a mutual aid Standard Operating Procedure which is due for full release over the next few weeks. This will bring together a system wide approach to long waiters at speciality level.

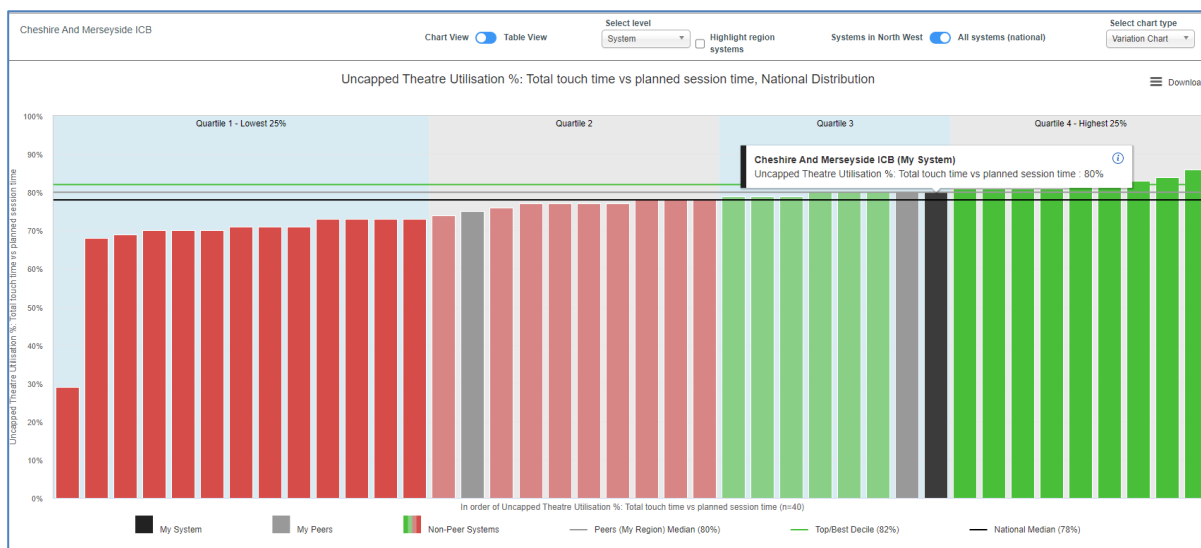


Elective Hubs

- Broadgreen procedure room plans are now signed off, and the unit is to be ready in December and open for system access in early January 2023. This will largely focus on upper limb orthopaedics work in the first instance.
- Clatterbridge hub (phase 1) is two modular theatres. There has been a slight delay in opening with projected full opening at the end of September/early October. Timetables and Consultants allocations have been agreed with the Countess of Chester Hospital who will be using the facility as well as Wirral. A business case for 2 additional theatres is being taken through the national approvals processes.
- Liverpool Women's Hospital have offered a theatre for system usage and we have had 2 expressions of interest (COCH and Warrington and Halton). We are aiming to develop the timetable and case mix to be signed off in next 2-3 weeks and plan to open in early December (due to recruitment timelines).
- Mid Cheshire Hub on the Victoria Infirmary site has now completed the work on its business case. The team will take this to the national panel in mid-September.
- We have reserved funding for a hub on the North Mersey geography. Options are being developed to determine the best use of this funding. The scheme will be in (2024/25)

Theatre Productivity

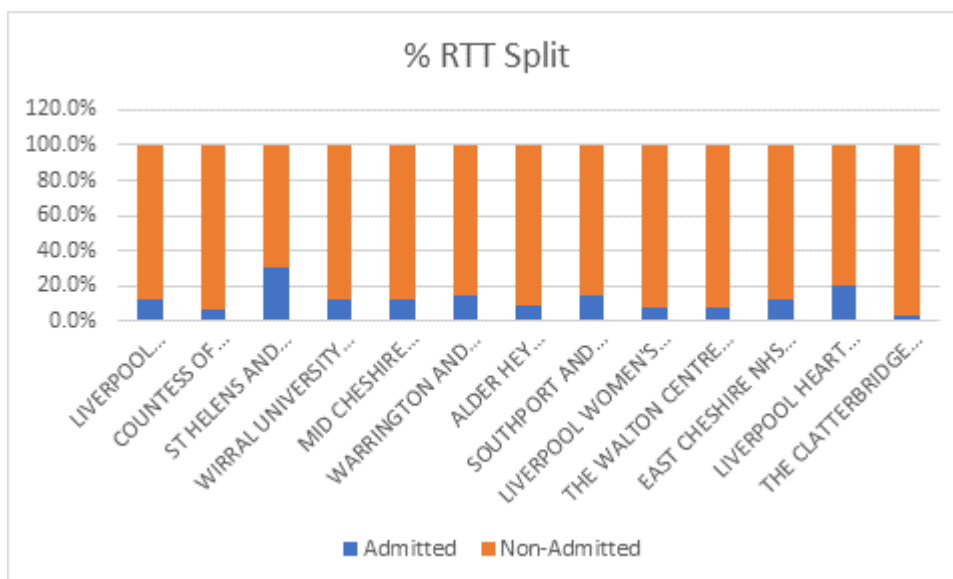
- A formal programme of work has been launched for theatre productivity to identify and address opportunities for improving the throughput and utilisation of our theatres.
 - We are currently performing well against the national picture, but there are still opportunities. There is variation between trusts with some performing better than others. Cheshire & Merseyside theatre utilisation is shown in the black bar below.



- A theatre productivity check list has been launched across C&M, and this has now been shared with the NW region and NHSI to roll out further.
- “High Volume Low Complexity” pilots are being launched in August to try and focus on more dedicated HVLC lists which will lead to greater efficiencies. There will be further roll outs in November.

Outpatient Transformation

- Outpatients forms majority of our waiting list now, and now requires significant focus, as shown below.



- The OP Programme continue to focus on the national “Action on Outpatients: Super September” Initiative. This includes 3 main areas of focus:
 - **Specialty Level – Ophthalmology:** We will use Super September to expedite our Glaucoma Community Follow Up pilot. This will help us to release OPFU capacity within the acute setting and allow trusts to redirect capacity where it is needed most.
 - **Intervention Level – Patient Initiated Follow Up:** We will expand our current PIFU offering to include a priority focus on dermatology PIFU for Long Term Conditions. This will begin a process of moving suitable patients onto PIFU and ensure OPFU slots are used by the most urgent patients.
 - **Trust Level – Countess of Chester:** We will work closely with our colleagues at COCH and Consultant Connect to drive forward a project to validate and prioritise the longer waiters (focus on 50-60 week waits – that have not been subject to the weekly PTL validation exercises). This will focus on ENT in the first instance.

- These projects are progressing well and will give the system an opportunity to provide proofs of concept, gathering the evidence of impacts for specific interventions required to support wider roll out.
- Colleagues from across the system will attend a series of 4 NHSE/AQuA practically focussed workshops during September and October to help systems with the delivery of the Personalised Outpatient Programme as part of the wider elective recovery effort.
- The roll out of Gastroenterology Referral Pathways across primary and secondary care is now underway. This project is being led by the Elective Programme, in partnership with the Endoscopy Network and primary care forums.

Clinical Pathways

Orthopaedics



The system wide Orthopaedics Alliance will hold its inaugural meeting in early September. Phase 2 of the project for Orthopaedics – the Options Appraisal will conclude in early October with a second workshop scheduled.

A final Orthopaedics specialty review report will be completed for the end of October which will conclude the review for Orthopaedics. The implementation roadmap e.g., recommendations and next steps will then be handed over to the Orthopaedics Specialty Clinical and Project Leads.

Programme Phasing

A prioritisation matrix approach was used to support programme phasing, using a heatmap of key high-level indicators by speciality supporting the decision-making process. Scoping and mobilisation work will begin in the next two specialities, Dermatology and ENT, in August with the first workshops for these workstreams due in November.



Diagnostics Programme

Community Diagnostic Centres (CDCs)



- CDCs are delivering a run rate of 110,000 tests per year. We have 5 CDCs operational with plans for an additional 4 submitted. 3 of these 4 plans have been approved. Approval for Endoscopy provision in all sites has not yet been received as national funding has been redirected to fund NHS pay award.

June Performance Headlines

- C&M ICS is ranked 13th out of 42 ICSs for diagnostic waiting time performance. Improved as was 16th in April 2022.
- C&M ICS sustained its position of delivering the 3rd highest level of diagnostic activity. C&M ICS has the 4th largest population.
- In the following tests, we are delivering more activity than we were before the pandemic – CT, MRI, Colonoscopy.
- The number of patients waiting over 13 weeks has reduced by 202 but there are still 5699 people waiting more than 13 weeks for a test.
- CT – The number of patients waiting has reduced by 1492 and activity across the system is at 117% of that in 2019/20.

Echocardiography – a system recovery plan is in place.

- System support is required to:
 - Purchase a networked Cardiac Reporting system which would link to overall electronic records, reduce duplication of tests and result in greater productivity.
 - Fund Independent Sector capacity on a short term basis to aid recovery.
 - Over recruit to Cardiac Physiologist trainee placements so that we have an improved pipeline of trained staff who wish to work in this area. There are national staff shortages, an issue impacting on Cheshire & Merseyside.
- The majority of C&M trusts had implemented British Society of Echocardiography standards for appointment slots, 3 Trusts which were using longer appointment slots have been asked adhere to these standards.
- 5 trusts (where waiting times are within the 6 week target) have been asked to provide mutual aid within existing capacity to other trusts who have longer waiting times, 3 trusts have put plans into place to begin to provide this system support.

Pathology – COVID temporary staffing.

- Confirmation that Pillar 1 funding for hospital laboratory testing staff will be provided after September 2022 has not been received. Trusts have been asked to prepare to cover these costs until the end of 2022/2023 so that capacity to cover covid testing in autumn and winter is not lost.

Imaging – Collaborative contract for the provision of a single Picture Archiving Communication System (PACS) across C&M

- Trusts will be asked to sign off this collaborative contract for a networked PACS solution and agree which trust hosts and manages the contract.

Workforce

- A proposal for a Collaborative C&M Diagnostic Staff Bank has been supported by C&M Chief Executives. This will help to grow our workforce, reduce use of agency, insourcing and outsourcing and ensure less capacity is lost due to staffing shortages.

Digital

- 3-year digital roadmap applications have been made to NHSEI for £24M of capital funding over 3 years that will connect and standardise much of our imaging and pathology worlds. This will prevent duplication, speed up working practices and allow for mobile delivery.

System Capacity

- For most diagnostic tests, system capacity exists in a neighbouring trust which could bring down waiting times and reduce variation. Trusts are asked to respond to requests to provide support (within existing activity levels) to neighbouring trusts to improve system performance.



Urgent and Emergency Care – Gold Command

- Acute Trusts remain pressured in terms of continued high occupancy. C&M G&A occupancy average for July was 96% (range 93%-100%), with majority of Trusts consistently over 95%.
- Overall COVID occupancy and COVID G&A occupancy has slowly decreased over the course of the month;.
- C&M Acute Trust COVID related staff absence reduced from 20% of all sickness absences at beginning of August, to around 14% at end of the month.
- Type 1 and All Types of A&E Performance remained challenged throughout August, with high numbers of both ambulance handover delays over 60 minutes and patients waiting over 12 hours from decision to admit to admission. Latest data (July 2022) for proportion of patients who waited less than 4 hours from arrival in A&E to admission, transfer or discharge was 71.1% for C&M, against the 95% standard (NW 69.2% and England 71.0%).
- Focus currently on winter planning; Weekly C&M ICB Winter Planning Operational Meetings commence 07.09.2022, with initial C&M Places' Winter Assurance Framework drafts due submission 06.09.2022.



Finance

The financial position to July, month 4 sees CMAST reporting a £44m deficit compared to a plan of £36m deficit with 8 organisations requiring improvement in their run rates to return to plan by the year end. To support early action to manage this before all attention shifts to the winter, a workshop will be scheduled led by Claire Wilson.

Work is going in the following areas:



- **Assurance** – regular CMAST and organisational level revenue, capital and cash reports including KPIs to drive transparency and target areas for attention.
- **Strategy** – developing a CMAST approach to specialised commissioning delegation as part of the ICB response.
 - Establishing the Collaboration at scale priorities including prescribing, productivity, premium pay rates and corporate services and early discussions to resource this work to ensure delivery.
- **Governance** – establishing the ways of working and principles which organisations will work to, aligning to the MOU and including risk and reward share, how we collaborate and how we make investment decisions.

Other updates:

- Elements of the finance and workforce streams are brought together to leverage traction through the CFO/CPO networks.
- Data on workforce growth by Trust circulated to support understanding and identify options and issues. Continued links with Chair sponsor, Ian Haythornthwaite.

