

CMAST Briefing

October 2022

Integrated Care Board Update

The latest NHS Cheshire and Merseyside Integrated Care Board meeting visited Cheshire East on Thursday, 27th October 2022.

In his Chief Executive report, Graham Urwin urged fellow board members to note the current staff consultation period and the “importance of understanding the difficult time currently being faced by staff across the organisation”.

The ICB thanked all involved in the COVID-19 booster campaign and encouraged everyone to promote the importance of the vaccine at every opportunity. The efforts of Liverpool University Hospitals NHS Foundation Trust colleagues on moving into the new Royal Liverpool University Hospital was recognised as was the hard work and dedication of all staff working across health and care, during what are very challenging times.

Board members approved a proposal from Medical Director Prof Rowan Pritchard-Jones to implement NICE’s recommendations for patients with Type 1 diabetes and some with Type 2 diabetes to be offered flash glucose monitoring.

A webcast recording of the meeting is available [here](#)

In month CMAST Leadership discussions

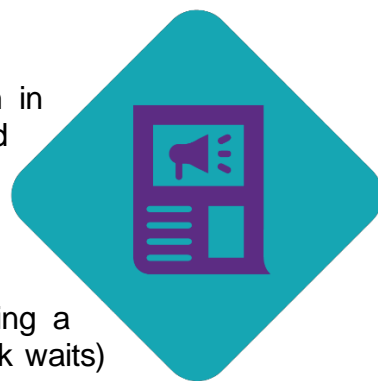
In November CMAST Leadership Board considered the system implications and opportunity for alignment with and from initiatives and priorities emerging from the Liverpool Clinical Services review. The Board also considered the implications and impact of the proposed BMA rate card and the need for further analysis and implications, for C&M, to be worked through. The Board also noted the importance of continued engagement and dialogue with the Trust medical community.

Further updates were received on system engagement during the month and delivery from key CMAST work programmes

Elective Recovery and Transformation Programme

Outpatients Programme

The C&M Outpatient Transformation Programme has undergone a refresh in response to the increased emphasis on non-admitted pathways. An updated programme plan will be communicated with stakeholders over the next few weeks and reflects newly formed governance and senior leadership. and dedicated clinical leads from both primary and secondary care.



Super September saw us driving forward several outpatient initiatives, including a pilot project to validate and prioritise the longer waiters (focus on 50-60 week waits) for ENT patients at the COCH. This resulted in 38% of referrals redirected back to primary care with specialist advice on further management of the patients. This will help us free up capacity for new appointments and to support patients more quickly.

The next 'Action on Outpatients' will focus on Referral Optimisation and will see 6 sessions run over 2 weeks in early December covering a range of topics, including terminology, NHS eRS support, clinically led sessions on lived experience and contracting/commissioning mechanisms. These sessions have been circulated to colleagues within the system and further information can be requested from england.actiononoutpatients@nhs.net.

Patient Initiated Follow Up (PIFU) is also increasing month on month. In September we had 35,600 patients on an active PIFU pathway, with a large proportion being delivered in T&O, physiotherapy and dermatology. This upward trend is supporting the system to release outpatient capacity and ensure patients are empowered to manage their own conditions with flexible support when needed.

Elective hubs

The Clatterbridge hub opened in October, with Wirral and the COCH using the capacity. Other trusts have been contacted to offer access to the capacity. A video about the hub is available on YouTube: [Cheshire and Merseyside Surgical Centre at Clatterbridge - YouTube](#)

The Broadgreen treatment room hub is due to open in early January. Initially this will be used by LUHFT, who have the biggest waiting list for these procedures. Access to this capacity is also being explored with the Walton Centre.

The Cheshire Hub is in operational planning stages, and a programme manager has been appointed to support development of options for a North Mersey business case.

Long waits

We have seen an improvement in the number of 104 week waits, with numbers down to 33. including specified exemptions for patient choice or complexity. All patients within this cohort continue to be reported weekly through system PTL meetings and progress is monitored through weekly returns.

There is a total of 3400 patients on C&M's waiting lists over 78 weeks. In order to meet the March target of eliminating 78 week waits we need to treat just over 1000 patients per week. We have achieved this for the last 3 weeks, and trusts are working hard to maintain this level of performance, achieving 2389 patients cleared in the last 7 days.

We continue to utilise all available Independent Sector capacity as well as facilitating mutual aid conversations where there are fallow theatres, or staff available.

Theatre utilisation

The NW region are hosting a theatre efficiency workshop on 1st December, invites have been sent out to all trusts. Cheshire & Merseyside have been asked to share our methodology and processes with colleagues across the NW.

We have now completed four check and challenge sessions with trusts to review theatre productivity plans.

The C&M uncapped theatre utilisation (a measure of total time used) is 83%, and we are in the upper quartile of performance nationally. This compares favourably with NW colleagues: LSC ICB at 73% and GM at 68%, both in quartile 1. The capped theatre utilisation (a measure against planned session time which excludes any overruns) is 76%, in quartile 3. LSC and GM are 68% and 63% respectively for this measure. NHSE have asked for the C&M to achieve 85% utilisation (capped) by end of November, work and support is focussed on those trusts who are furthest from target.

The programme is due to launch a booking module jointly with NHSE this month. The aim is to give trusts the tools to improve their booking teams and processes. 4 trusts have agreed to be included in the pilot. Data is now also being made available to support focus on day cases.

Clinical Pathways

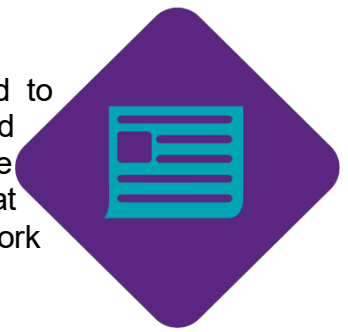
The second orthopaedics workshop has taken place and the report is being finalised ready for sharing with medical directors, CEOs, and clinical directors for orthopaedics. The key themes within the report are around improving performance against national standards such as GIRFT KPIs, and utilising cold sites wherever possible for elective orthopaedic surgery. The programme team are developing a dashboard for the Orthopaedic Alliance to use to monitor and manage performance.

ENT and dermatology are the next two specialties to be taken forward with the detailed review process. We have commenced the engagement process to set up meetings with clinical, operational and waiting list leads for each of the trusts and will be working on the current state pack and case for change over the next month. Workshops are scheduled for January/February.

Diagnostics Programme

Community Diagnostics Centres (CDC's)

CDC's are delivering 140,000 tests per year which has increased compared to previous months. We have 7 CDCs authorised. 5 are open. 2 (Halton and Southport) are due to open quarter 4 of 22/23. C&M CDCs have delivered the most activity in the Northwest. Our application for an endoscopy hub at Clatterbridge was not authorised due to new guidance. We continue to work through, scaled back activity, in line with a reduced revenue envelope



August Performance Headlines

- C&M ICS has improved its ranked position to 12th out of 42 ICSs for diagnostic waiting time performance (previously ranked 16th in April 2022 and 13th last month).
- The total number of patients waiting for a test has remained static at just over 70,000 patients.
- We are continuing to deliver more activity than we were before the pandemic in CT, MRI, Colonoscopy.
- For Gastroscopy and Non obstetric ultrasound we have increased activity to match pre pandemic levels.
- Key performance data on pathology turnaround times has begun to be included in system reporting.

Performance Improvement Plans

As per NHSEI request, a high-level plan has been submitted to ensure that 95% of patients are seen within 6 weeks by March 2025 and that no patient waits more than 13 weeks. Implementation plans for this are scheduled for discussion with Chief Operating Officers.

Diagnostics – Mapping of services

We do not have a comprehensive and complete picture of all diagnostic services in operation across C&M. Most knowledge is centred on our acute trusts. To understand fully the issues, opportunities and inequities that exist across C&M, a mapping exercise is to commence. This is a key requirement to enable us to then implement standardised pathways ensuring that patients in each of our places are referred for the same clinically appropriate tests based on the symptoms that they present with.

Diagnostics – Capital Slippage

A Diagnostics Programme capital underspend contingency list has been developed following a request from NHSE Oversight and sign off will be provided through the ICS Directors of Finance Meeting.

Cardio – Collaborative Cardiology Digital Imaging System

A proposal (jointly led by LHCT and the Imaging Network) for a unified system across C&M is in final draft. All providers will be asked to sign up to a single direction of travel that will enable image sharing (and therefore reduce duplication) for many tests including: Cardiac MR, ECG and Echocardiograms.

Pathology – Vitamin D

Information is due to be circulated to all healthcare providers (in line with NICE Guidelines) regarding the requesting a Vitamin D blood test. This will outline when, and for which patients', assessment should be arranged for. It should reduce unnecessary testing (50% reduction which is c500 tests per month projected) and appropriately manage demand.

Imaging – North West Imaging Academy

The NW Imaging Academy will launch on 24 November 2022. All are invited to attend the event which takes place at Edge Hill University in Ormskirk. Covering more than 9 different roles including Sonographers, Radiologists, Radiology Nurses, Mamographers and Enhanced Radiographers. The Academy will enable:

- Training to be expanded quickly and more cost effectively
- Innovation in training through rapid at scale adoption of technologies
- More geographical equity in the distribution of training and the health professional workforce.

Endoscopy – Mega Hubs

Work is underway to review capacity and demand requirements across C&M to bring about recovery and to plan for future requirements. A strategic plan will be constructed to detail options and recommend a way forward that can deliver endoscopy services in the most effective and efficient way for our geographically diverse population. One option, likely, to be considered is the development of 'mega hubs' to provide high volumes of activity for areas where this is required.

Digital Diagnostics

C&M is leading the way as the only ICS currently implementing plans that will connect pathology and imaging. Access to national funding streams is being maximised.

Urgent and Emergency Care

- Acute Trusts remain pressured in terms of continued high occupancy. C&M G&A occupancy average for September was 96%-97% (Acute Trust range 89%-100%), with majority of Trusts consistently well over 95%. Most weeks: 4-5 Trusts commonly reporting between 98-100% over several days.
- Long length of patient stays over 21 days 26%-29% for previous 4 weeks.). A high and increasing number of patients continue to occupy beds who are medically fit for discharge and no longer meet criteria to reside across the system.
- Overall COVID occupancy and COVID G&A occupancy peaked around the middle of October, however, now appears to be steadily reducing. 381 patients occupying Acute G&A beds; equating to 7% for C&M on 25.10.2022.
- Patients occupying Level 2 and Level 3 critical care beds have remained low throughout October and in single numbers. Numbers of delayed discharges from critical care units remain high; generally, 22-23 patients spread across C&M units.
- C&M Acute Trust COVID related staff absence was 14% of all sickness absences, as of 25.10.2022, following a rise to 16% mid-month.
- High front door demand continues to impact on flow through/from Emergency Departments. Trusts reporting large numbers of A&E attendances and high patient acuity leading to high admission conversion rates, crowding in EDs leading to episodes of corridor care. Trusts continue to report nursing and medical staffing gaps. These issues have contributed to most of the Adult Acute Trusts reporting at OPEL 3 daily throughout the last 4 weeks, despite all possible mitigations in place.
- A&E Performance remains challenged, with high numbers of both ambulance handover delays over 60 minutes and patients waiting over 12 hours from decision to admit to admission/spending 12 hours in ED from time of arrival.
- Weekly monitoring of UEC pressures continues to take place through Chief Operating Officers' Group, led by ICB Director of Planning & Performance.
- Focus continues on winter planning, with monitoring of progress of plans via weekly C&M ICB Winter Planning Group, chaired by the ICB Director of Planning & Performance/Associate Director of Planning.



Finance, Efficiency and Value workstream

The workstream name has been updated to reflect a broader remit in financial sustainability.

Month 6 position

The financial position for CMAST for month 6 is as follows:

| Month 6 | Plan £m | Actual £m | Variance |
|---------------------------|---------|-----------|----------|
| CMAST (deficit) | 43.8 | 61.1 | 17.3 |
| CM HLD (surplus) | 3.7 | 3.7 | |
| Total Providers (deficit) | 40.1 | 57.4 | 17.3 |
| Total systems (deficit) | 30.2 | 55.0 | 24.7 |

Significant risks are building in the system with 5 CMAST providers accounting for the variance from plan. At this stage no organisation is forecasting non delivery of plan.

The full ICS month 6 system report was circulated to the CMAST Leadership Board on 4th November and will be discussed at the scheduled workshop on the 18th November along with options to support full delivery of plan.

Assurance

The draft financial report will be discussed at the 18th November workshop.

The agenda will cover update on performance, forecast, risks and consequences incl. limitations on access to additional resource; regional oversight and enhanced minority; delivery and sustainability including CIP; principles for intra-CMAST support and investment prioritisation.

Strategy – value and efficiency

The Collaboration at Scale work will be delivered with support from MIAA and led by Ged Murphy, CEO East Cheshire Trust, as SRO for the planned programme board. In the first instance the four priority areas identified are: procurement, financial systems, pharmacy and drugs and workforce, including collaborative bank and premium pay. Once the terms of reference have been finalised, they will be shared with CMAST and reported monthly.

Specialised commissioning

The pre-delegation assessment framework (PDAF) was submitted to NW Region on the 4th November. C&M have indicated that delegation agreements will need to be in place by 31st March 2024. Out of the 42 ICBs, only 2 are planning to request delegation from April 2023 (London)

NW Region are now reviewing the submissions before a recommendation to the NHSE Board in December. In the meantime, work will continue particularly once more detail on the allocation formula shift is provided.

Workforce

The Workforce Programme led by Kathryn Thompson is holding a workshop for Chief People Officers on Friday 9th December, the purpose of the session is to review project initiation documents and identify a number of priority programmes which the workstream will give their immediate focus to.