

CMAST Briefing

August 2023

ICB Update

NHS Cheshire and Merseyside Annual General Meeting

NHS Cheshire and Merseyside's first Annual General Meeting will take place from midday on Thursday 28 September 2023, after its [September Board meeting](#). The AGM will provide an overview of performance and achievements from the NHS integrated care board's first year of operating after being formed on 1 July 2022.

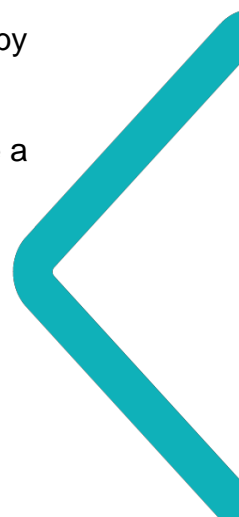
Anyone with an interest in health and care in Cheshire and Merseyside is welcome to come along to the event being held at Halliwell Jones Stadium, Mike Gregory Way, Warrington, WA2 7NE. A process for public questions has been published on the ICB's website

CMAST Update

The Leadership Board met on 1st September. The issues discussed included:

- Specialised Commissioning: including an update on a NW review of Women and Childrens' Services and the process of delegation of some functions to ICBs
- ICB Programme Clinical Leadership and approaches to funding this equitably
- An update on the recommended system approach to Laboratory Information Management Systems (LIMS) and imminent delivery of an OBC for the 5 'host' Trust Boards to support the next step in a consolidated C&M approach and the proposed delegation of the ITT process to CMAST
- The Board noted the recent conclusion of the Lucy Letby trial and future opportunities for system learning
- The Board also noted the development of a quarterly Cancer Alliance report for use by stakeholders

The Boards next meeting will include Trust Chairs where business is expected to include a review of programme delivery - year to date.



Elective Recovery and Transformation Programme

ERF / Activity improvement

Our recovery of activity levels is measured against the same period in 19/20. We are delivering more than 2% higher improvement than the England average, despite a disproportionate rate of industrial action impact. Performance contributes to our financial reward through the ERF scheme.

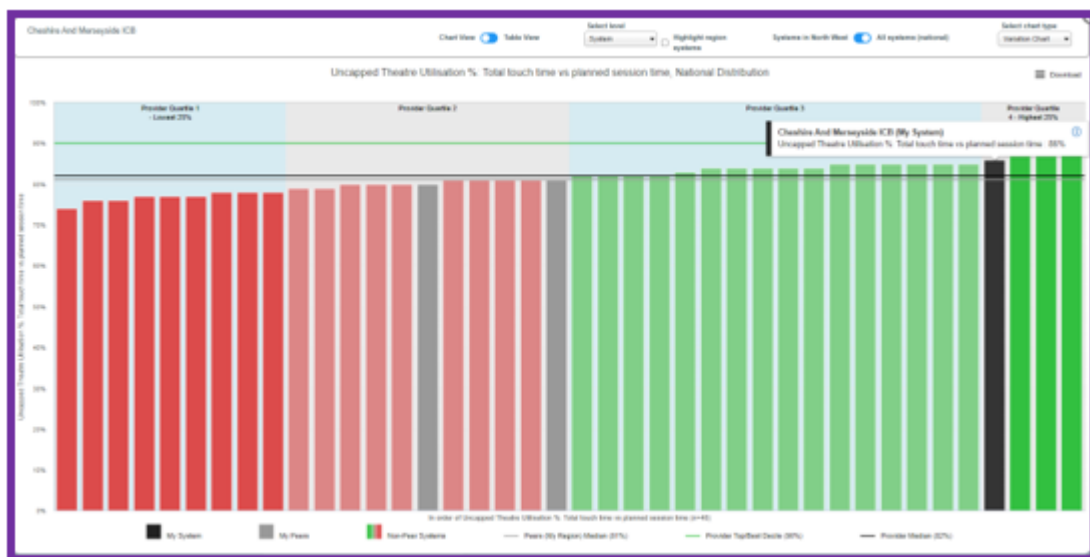
Waiting times reduction

We have eradicated 104 week waits and are making excellent progress eliminating the 78 week waits, with only a small number remaining – most relate to patient choice and clinically complex cases.

We have reduced the 65-week wait cohort by over 91,000 in the last 15 weeks and now have less than 90,000 to clear before the end of March. We expect our rate of reduction will slow down over the next few weeks due to industrial action and also the holiday period.

Theatres

Our theatre utilisation (capped) performance is now 4th best in the country. We perform slightly lower for uncapped performance which is due to some data anomalies that have been rectified and will show improvement from September.



The theatre academy training progress continues with good engagement. Another round will commence in September, which will be aimed at operational teams as well as theatre teams.

Outpatients

We have commenced technical text message validation for over 52 week waits, and a total of 10,385 patients have received a validation text. We have had a response rate of 76%. Patients are being asked to clarify whether they still need their appointment / treatment, and also if they would be willing to travel to another location for their care. So far 522 patients have responded to say they no longer need their appointment, and 15% of patients that have responded said they would be willing to travel.

We are focussed on clearing long waits for outpatients by the end of October to set us up for achieving the 65-week wait target by the end of March.



Clinical Pathways

ENT

Stakeholders from across Cheshire and Merseyside came together on 15th August to meet with Matthew Trotter and Frank Stafford from the GIRFT ENT National Team for a clinically lead system 'Gateway Review'. Over 60 colleagues from provider trusts, commissioners, places and community services joined for a data driven discussion to consider variation across the system and where there is opportunity to improve patient care. The national team will provide a set of recommendations which will be taken forward by individual trusts and via the ENT network. The network is meeting in-person on 21st September to review the GIRFT recommendations along with the planning and delivery of the CPP improvement roadmap.

Dermatology

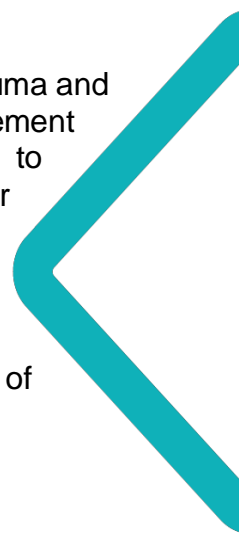
The dermatology roadmap has been adopted by the Dermatology Collaborative Alliance with 3 main workstreams: Primary and Community Care, Technology Enhanced pathways and Workforce development. This month we have been focussing on the technology enhanced pathways and in particular completion of a teledermatology implementation review. A teledermatology stocktake review report has been completed with three main issues that require a further option appraisal paper to identify an appropriate model to move forward to full implementation across the system. The option appraisal paper will be completed by end of September, initially for CMAST consideration. Issues remain in dermatology in relation to IT and digital infrastructure with several teledermatology platforms and routes for referral in place. It is recommended that the system consider completing an independent evaluation of available platforms and minimum specifications required for interoperability to inform the future procurement of a system wide solution.

Gynaecology

Gynaecology services has recently joined the CPP programme, and the team are currently pulling together the intelligence and data to support a high-level current state assessment with the clinical network leadership team. The intelligence pack will be ready to share by end of August and a collaboration workshop is planned for 14th September with all providers, Place level representation, local authority, and primary care stakeholders. This level of networking and collaboration for Gynaecology services is a new opportunity to look at the gynaecology service complexities and interdependencies in an effort to assess whole pathways across the system and focus on patient journeys in identifying gaps in current improvement plans.

Orthopaedics

The work across all of the orthopaedic providers in C&M continues through the C&M Trauma and Orthopaedic Alliance. Workstreams have been established to implement improvement opportunities identified through the collaboration and include promoting best practice to improve length of stay and waiting times for patients ensuring we optimise the use of our resources overall. The orthopaedic teams are working to implement clinical risk stratification methodology to enhance waiting list management and identify more opportunities for targeted 'pre-habilitation' for patients awaiting surgery to improve outcomes and experience. The Orthopaedic Alliance are also joining the National Orthopaedic Alliance on a trial basis to explore further collaborative working with the aim of sharing best practice and experience.

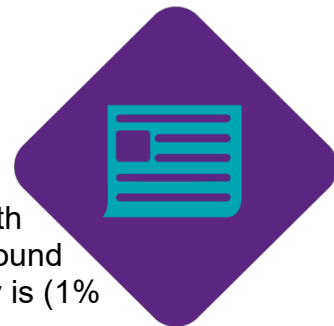


Diagnostics Programme

Key Performance Headlines

(June 2023 DMO1)

- 103,435 tests have been delivered in month; this is higher than last month (102,047). YTD over performance in CT is (8% higher than plan), Ultrasound is (5% higher than plan), MRI is (3% higher than plan) and Gastroscopy is (1% higher than plan).
- 79% of patients have waited 6 weeks or less for a test (maintained since May 2023).
- ICS ranking has dropped to 18th out of 42 ICSs even though waiting time performance has been maintained.
- 15,572 patients (21%) have waited 6 weeks or more (slight increase since May 2023).
- The total number of patients waiting for all tests is 76, 047 (relatively static).
- STHK has the highest number and percentage of patients waiting 6 weeks+ (5721 patients 38.8%).



(13 August WLMDs)

- Only 10 52 weeks+ waiters remain. 17 at COCH, 2 at Mid Cheshire, 1 at WUTH & 4 at WHH.
- Only 196 40+ waiters remain. All patients are waiting for an endoscopy, cystoscopy or urodynamics. 110 at Mid Cheshire, 69 at COCH, 1 at MWL, 13 at WHH, 3 at LWH.

Pathology

Target Operating Model Delivery Plan

A series of check in events have taken place with Trusts, Primary Care, C&M ICB and NHSE colleagues to set out the reset visions, principles and commitments including the proposed next steps for service configuration in C&M. These concluded on 25 July with over 80 colleagues attending the sessions. The information informs the TOM delivery plan.

LIMS (Laboratory Information Management System)

An options appraisal workshop was held on the 24th July to evaluate the options for LIMS and make a recommendation for the best solution: a network wide, pan pathology LIMS solution was identified as the preferred option. The preferred option has been supported by C&M DOFs and CMAST CEOs. The core 5 trusts (WHH, WUTH, COCH, MWL and LUFHT) will take an outline business case through their trust Boards. System financial modelling suggests benefits for all, but with cost pressures for some organisations. A system risk and gain share approach is required to help all trusts to agree.

Digital Pathology

An updated remedial action plan from Phillips has been accepted to resolve equipment supply issues.

CMPN Workforce Strategy

Engagement activities have commenced with staff across sites to understand what staff need to prevent them from leaving the service.



Histopathology Improvement Plan

The team has been mobilised to manage the system's histopathology review. The first Task and Finish Group meeting with trust representatives took place and project data outputs were agreed. Key deliverables include improved turnaround times and service resilience.

Endoscopy

- All trusts are now live on the SOLUS Endoscopy system.
- A system bid has been submitted for £15m to NHSE/I for the Endoscopy Transformation Programme – a short form business cases will now be developed.
- All AI polyp detection is now installed at every trust.
- The digital pre assessment has gone live at East Cheshire Trust.

Radiology

Medical Physics Service

The Band 8A Medical Physics Expert is in post and the Cheshire and Merseyside Medical Imaging Physics Service has started. Management of this service has been handed over to the medical physics team at Clatterbridge, the C&M Imaging Network is continuing to provide oversight and assistance for the service. Benefits management methodology has been completed. Monitoring to optimise MR capacity on the 19 scanners that are receiving MRI AAT has begun.


Interventional Radiology

C&M Imaging Network has taken the interventional radiology proposal to the COOs and the Diagnostic Delivery Board, there are plans to share the proposal with the Medical Directors, Directors of Strategy, Directors of Finance and CMAST. C&M Imaging Network has set a date for the IR Summit, 06/10/2023 at WUTH. We are also identifying and meeting stakeholders across the network to identify current issues and potential solutions or actions to resolve these issues.

Cardiology regional solution

A meeting was held with Countess of Chester to discuss onboarding as their current Change Health system is out of contract in October 2023. Information has been requested on their devices, size of echo, archiving potentials at local Trusts PACS. A proposal of works including costs needs to be sourced from Philips. The Countess of Chester have the funding to deliver the project.

Community Diagnostic Centres (CDCs)

- Activity has commenced at the Paddington site in line with revised plan.
 - CDC 2 at Congleton has been authorised and plan to rollout is in place (LoA and MoU remain outstanding).
 - 108% delivery YTD of plan.
 - Additional pathways and tests options relating to system performance, faster diagnostics standards, elective backlog and recovery have been submitted to NHSE for funding and delivery in Q3/4 of 2023/24
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Efficiency at Scale (part of Finance, efficiency and value)

Overarching Programme

The programme has been notified that the Patient Safety Incident Reporting Framework (PSIRF) bid to the ICB Transformation Committee has not reached the final stage, but the remaining three bids will be considered by the final panel in September.

Throughout July and August, the programme has attended a number of professional leadership forums including DOFs, CIO's, COOs, DOSs and Co Secs, this will continue over the coming weeks with plans in place for MDs and Directors of Estates in the coming weeks.

Discussions have continued with the national Corporate Services Transformation Programme team, and it has been agreed they will now have monthly meetings with C&M to support and develop core work programmes.

Finance/Legal

Discussions continue with the national team regarding the national financial ledger, supported by the ICB. A further meeting is planned for September and information gathering for the development of a business case has commenced.

Review of 'additional insurance' trust level returns across C&M, highlighted £3.1m expenditure across the system, £2.3m relates to property insurance. Report discussed with SRO and ICB. Discussions have now commenced with national leads regarding potential options.

Medicines Optimisation

The workstream has identified savings of £10m for 23/24 with a continued focus on Place level DOAC, ONS and AMD schemes, work is ongoing.

Further schemes have also been identified, specifically relating to providers for 23/24 with a focus on medicines value optimisation, for example high-cost drugs. New projects to support the Efficiency at Scale programme are currently being considered including medicines value post, Outpatient Parental Antimicrobial Therapy (OPAT) and homecare optimisation.

Procurement

Programme now has now identified 23 strategic projects with a FYE of £6.4m, further schemes are in development with a further £1m opportunity highlighted by the consumables group.

A reporting dashboard has been created with the support of MIAA and is being reviewed regularly by the E@S board and DOF forums.

Further meetings are planned with the Directors of Estates and Chief Information Officers over the coming weeks to discuss possible procurement programmes in these areas.



Workforce

CMAST Workforce Programme

The CMAST Workforce Programme Board met in August, Kathryn Thompson SRO chaired the meeting and has now officially handed over the role to Jan Ross, CEO The Walton Centre. The Board thanked Kathryn for her support to the CMAST Workforce Programme. an update presentation on the Allied Health Professional Faculty was received.

Development of Band 6 Ward & Department Nurse Roles

Members of the working group are currently drafting the key content to be included in the Development Toolkit. The group will meet again on 28th September to review a final draft of the toolkit with colleagues from across the system. In the meantime, group members are also exploring the opportunity to test the Development Toolkit within their individual organisations as a pilot site.

Midwifery - Trainee Nurse Associate (TNA) Role

This project is currently on hold, there is a requirement for the national team to review the regulatory element of TNA maternity. Discussions are taking place with regional and national chief midwives.

Allied Health Professionals Faculty

A workplan for 2023-24 has been completed and mapped against the C&M ICP Interim Strategy, meanwhile a funding bid has been submitted to the C&M People Board for an extension of the AHP Faculty Team until the end of March 2024. The key focus in the coming weeks will be to secure this funding for AHP Faculty team beyond October 2023.

Elective Recovery Workforce

A piece of work to support strategic workforce planning across theatres, surgical hubs and priority clinical pathway specialties. The work will consider future workforce model development and alternative / new role design.

Workforce Efficiency at Scale

A workforce data review has been completed and was presented to the July project board. Key information was presented and will be shared with Chief People Officers at their September meeting. A decision will then be made on key areas to progress.

Quality Focus

There are various pieces of work in place that have a focus on quality for our patients across Cheshire and Merseyside including:

- **Section 136 multi-agency Task and Finish Group-** A round table was held on August 21st with Directors and Deputy Directors of Nursing and Quality across 7 acute provider organisations to scope and agree actions required prior to the cease of the current Prometheus contract (ICB) on October 31st. Actions are focused on ensuring that there are alternative offers in place to support the observation of patients residing in Emergency Departments, meaning that the police can then be released to front line duty.

- **Industrial action after action review-** A task and finish group is in place, the first meeting is scheduled for August 24th when lessons learnt will be shared and actions agreed
- **Patient Experience work-** All Programme boards have added this as a regular agenda item, currently there are draft infographics in place for two programme boards and plans in place for the remaining three. These infographics will be presented at the CEO Leadership board and then to each of the programme boards.

Urgent and Emergency Care – System Control Centre

The urgent and emergency care (UEC) system continues to experience significant pressure across the whole of NHS Cheshire & Merseyside, with the majority of trusts across C&M consistently reporting at OPEL 3 during 2023 to date. The system has been escalated overall at OPEL 3, which is defined as 'the local health and social care system is experiencing major pressures compromising patient flow'.

C&M has shown improvement and greater stability over the last three months for patients admitted, transferred, or discharged within 4 hours. July published performance was at 73.8% against a year-end national recovery target of 76%, better than Northwest (73.0%) but lower than the England level (74%).

The percentage of beds occupied by patients with a length of stay over 14 days was 32.5% at the end of August 2023, whilst length of stay over 21 days continues to account for around a quarter of occupied beds against the 2023/24 Operational Plan of 17%. For the purposes of national UEC tiering a RAG rating is given, and again C&M is one of 4 ICB areas nationally rated as Red on this area. NCTR has NCTR position deteriorated slightly in August to 17.8%.

