

Meeting:			
Meeting Date	06 September 2021	Action	Receive
Item No.	12	Confidential	No
Title	Bury Care Organisation Elective Care Improvement Programme - Orthopaedics		
Presented By	Ian Mello, Director of Commissioning, Bury CCG Penny Martin, Director of Operation, Bury Care Organisation, NCA		
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Clinical Lead	Howard Hughes, Clinical Lead Elective Care, Bury CCG		

Executive Summary
<p>This briefing paper provides a summary of an improvement programme NHS Bury CCG has commenced with the Bury Care Organisation (BCO) in Orthopaedics. The improvement programme of work aligns to the wider Elective Care Transformation Programme, co-developed and delivered with Northern Care Alliance (NCA), for which the Strategic Commissioning Board (SCB) received a comprehensive briefing in June 2021.</p> <p>As at the end of June 2021, there were 22076 Bury patients waiting to commence treatment across all specialties and providers and of these, 2821 (13%) were in orthopaedics, making this the second highest waiting list for Bury patients with only gastroenterology being slightly higher. At 246 in June, orthopaedics also has one of the largest number of patients who have waited more than 52 weeks to commence their treatment though this marks a notable improvement from 383 in February. 82% of Bury's orthopaedic waiting list is held within the NCA whilst 6% are waiting at Wrightington, Wigan & Leigh (WWL) with the remainder split across several other providers and we will need to engage and work with these providers going forward. Further performance detail can be found within the main body of the report.</p> <p>The programme of work with our BCO colleagues aims to support the recovery of the Orthopaedics speciality. It also has a distinct focus on inequalities and gaining a greater understanding of the needs of individual with orthopaedic conditions. It has brought together partners within Bury, including patients, to drive forward a programme of change interventions, where through a Bury system approach, changes to existing pathways and processes will be 'tested.' The programme aims to improve patients access and experience of 'care,' including self-care, and to support the recovery of this speciality.</p> <p>It is intended that the learning from the 'tests of change' will be reported into the Elective Care Transformation Group with NCA, to inform the wider transformation work at a trust level. It will also support the scaling up of successful initiatives across the other localities within the NCA footprint, and across other specialties. Recognising the impacts of the pandemic on waiting times, supporting patients to 'Wait Well' is a key element of the work programme. The learning we experience as an integrated system team will be captured so that we can progress and develop our collective system wide understanding of the nature and impact of inequality for individuals; their families and how this shapes outcome affecting their daily lives.</p> <p>Through their engagement at the Elective Care workshops, where several of the improvement areas were identified, Horizon PCN is supporting this programme of work. Using the practices within the PCN as a test bed it will enable the development of a 'blueprint' that can be rolled out across the other PCNs in Bury at pace. We are hopeful that other PCN colleagues will join us in this work in future.</p>

The briefing provides a summary of the work to date with BCO and Bury partners and shares the programme action plan, which sets out an ambitious aim to have all the initial change ideas trialled by the 31st March 2022.

- To note the content of the briefing and work to date.

Links to CCG Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						

Implications						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome

Bury Care Organisation Elective Care Improvement Programme - Orthopaedics**1. Introduction**

- 1.1 Following the report that came to the SCB in June 2021, updating the Board on the NCA and CCG Elective Care Transformation Programme, Bury CCG have developed a programme of improvement work in Orthopaedics with Bury Care Organisation (BCO).
- 1.2 The programme, supported by a range of system partners, is primarily focused on developing a greater understanding of the inequalities facing patients with orthopaedic conditions.
- 1.3 Gaining a greater level of understanding of what is driving these inequalities will help to identify changes that can be made to the current models of care to improve outcomes for patients and support recovery of this speciality.
- 1.4 Orthopaedics has been selected as a 'test bed' as the service is delivered in whole through the BCO, giving Bury Commissioners greater scope to work with the Operational Director and wider Orthopaedics Team to implement change at pace.
- 1.5 Orthopaedics is also a high-volume speciality that has been significantly impacted by the pandemic, resulting in large number of patients waiting for surgical interventions for extensive periods of time.
- 1.6 The CCG is engaged in the development of the GM 'Waiting Well' web base platform, which will have pathways to local 'Waiting Well' information. In Bury this will be via the Bury Directory and other sources to ensure equity of access.
- 1.7 A multiagency Task Group, including patient representation, has been established to co-produce the local 'Waiting Well' offer for Bury. Through the BCO Orthopaedic Improvement Programme, bespoke 'Waiting Well' information will be developed for orthopaedic patients as a 'test of change.' This will provide a blueprint to develop 'Waiting Well' information across other specialities.
- 1.8 The improvement work programme will also include the technical efficiencies work being undertaken by BCO in Orthopaedics to support recovery.

2. Purpose of the Paper

- 2.1 This paper is presented for information, to brief SCB members on the Orthopaedic improvement programme with BCO.
- 2.2 It is also intended to evoke a discussion to consider how the SCB can support the learning from this programme of work to scale successful initiatives at pace across other localities and specialities within the NCA and the wider Bury Integrated Health and Care System.
- 2.3 The transformation and improvement programmes of work is running in parallel to support the scaling up of any successful improvement initiatives across the other localities and specialities in the NCA footprint through larger scale transformation.

3. The Golden Thread

- 3.1 As with the overarching Elective Care Transformation Programme, co-production and reducing inequalities is the 'golden thread' running through the Orthopaedic improvement work. Understanding our local population deeply, their individual and collective needs, their experiences and understanding

of of services and their ideas for positive sustainable change, is paramount to the success of the programme.

- 3.2 The work is supported by Public Health at the Local Authority, through the Public Health Consultant and the Patient Experience Lead at the NCA. It also has links into the Greater Manchester (GM) Elective Health Inequalities Task and Finish Group.
- 3.3 Partners are working collaboratively to consider a different approach to waiting list management in orthopaedics to address inequalities. This work is being driven by local qualitative and quantitative data and modelling coming from GM through the GM inequalities group.

4. Alignment to the GM, NCA and CCG Elective Care Transformation Programme

- 4.1 The improvement programme of work with BCO will support the wider transformational programme with NCA to achieve the desired 'end state' as outlined below and shared in the June 2021 paper that came to the Board:
 - Patients 'waiting well,' supported whilst on the waiting list to optimise their likely outcomes from surgery and any other form of treatment.
 - Patients prioritised in accordance with clinical need, urgency, likely degree of benefit and consideration for the wider impact on an individual's socioeconomic factors that may drive further inequalities from waiting for treatment.
 - A holistic approach taken to waiting list management to reduce inequality in access.
 - Parity of esteem achieved across pathways to support improvement in both physical and mental health outcomes for patients.
 - GPs and other stakeholder informed of expected waiting times for individual patients and the support available to patient whilst they wait.
 - Integration across pathways to allow the patient to be seen by the right professional, at the right time in the most appropriate place, including within the neighbourhoods.
 - All opportunities for non-surgical intervention explored, including those relating to social circumstances/social prescribing.
 - Re-engineered pathways that deliver better patient outcomes that may not result in an elective or planned procedure.
 - Enhanced pathways into non medicalised support to address socioeconomic factors, lifestyle, primary and secondary prevention and maximise Bury's community assets.
 - A tried and tested model of co-production that can be scaled to support transformation on a wider footprint and inform an overarching Bury Co-production Strategy.
- 4.2 All the above is within the current Greater Manchester Elective Care Recovery and Reform Board strategic direction, which in turn the Northern Care Alliance is a major partner in alongside other GM based providers.

5. Performance Context

- 5.1 In terms of elective care performance, the Bury position is outlined below.
- 5.2 For elective activity, the operational planning guidance for 2021-22 set a requirement for providers to reach 80% of the 2019-20 baseline by June and then to reach and sustain 85% across Quarter 2. This target is one of the key gateway measures associated with providers being able to access the Elective Recovery Fund (ERF). Across Quarter 1, elective activity for Bury patients was a little below the planned level though the national directive was for ERF monies to flow regardless. During July, NHS England announced that the target for Quarter 2 had increased to 95%. Data for Quarter 2 is currently

unknown though such an increase in target is likely to impact on providers being able to access the ERF monies. Outpatient activity in Quarter 1 is 34% above the planned level.

- 5.3 Performance against the Referral to Treatment (RTT) 18 weeks constitutional standard has been below target throughout the pandemic period and this position is reflected both regionally and nationally too. Performance of 63% against the 92% target is noted for Bury in Quarter 1 of 2021-22.
- 5.4 A month on month increase can currently be seen in the elective waiting list for Bury patients. The waiting list size stands at 22076 in June and marks a 17.1% (3223 pathways) increase when compared to March 2021. Across Quarter 1, the most significant increases have been in gastroenterology (+19.1%), Ear Nose and Throat (ENT) (+35.8%), ophthalmology (+24.1%), orthopaedics (+12.7%) and cardiology (+64.4%). There have been no significant decreases in waiting list size across Quarter 1.
- 5.5 For orthopaedics specifically, there were 2821 Bury patients waiting for treatment in June and this represents 13% of the total waiting list with only gastroenterology having a slightly larger list. 83% of Bury orthopaedic waiting list is at the NCA whilst 6% is at Wrightington, Wigan and Leigh (WWL) with the remainder spread across several other providers.
- 5.6 Despite the overall growth in the waiting list, the number of patients waiting longer than 52 weeks to commence treatment is reducing. There were 1316 such breaches in June, marking a 22.5% reduction (-381 pathways) when compared to March 2021. In particular, there has been a 33% (-121) reduction in such breaches for orthopaedics.
- 5.7 National data does now also include detail of waits exceeding 104 weeks. This figure has increased from six in April to 37 in June with the biggest numbers seen in general surgery, gynaecology, ENT, and urology.
- 5.8 Diagnostics performance for Bury remains significantly below standard across Quarter 1 though there has been some slight improvement. Both Bury CCG and Pennine Acute Hospitals Trust (PAHT) remain outliers when comparing performance with both the GM and England averages though the gap, particularly for the CCG, has narrowed a little. Performance at Bury's other main NHS providers, Manchester University FT (MFT) and Salford Royal FT (SRFT) is in line with the GM average.

6. NCA Elective Care Recovery Strategy

- 6.1 NCA is in the process of finalising a strategy for the recovery of elective care services, to include Orthopaedics, which is currently being taken through the Bury system governance for locality input.
- 6.2 The aim of the NCA recovery strategy is to deliver the NHS constitutional standards for patient access by 2025 ensuring patient safety, excellence, and improvement in all known inequalities.
- 6.3 This will be achieved through focus in the following 5 key areas: pathway re-design, safety & experience of patients waiting, clinical & operational leadership, automation & standardisation of processes and engagement of trust staff, partners & patients.

7. BCO Orthopaedical Improvement Programme Working Group

- 7.1 An integrated working group has been established led by the Director of Secondary Care Commissioning at Bury CCG and Director of Operations at BCO. The group is made up of colleagues from Public Health, BI, Primary Care, Clinicians, PCN, NCA and Community.
- 7.2 The group is currently meeting fortnightly to establish the programme infrastructure, including the links into existing work taking place in the locality and at GM; ensure processes are in place to support coproduction with patients; and to finalise the action plan.

- 7.3 Over the next few weeks this group will morph into a Steering Group to oversee implementation of the plan that will be delivered through several multiagency Task Groups.
- 7.4 As members of the Steering Group also sit on the Elective Care Transformation Programme Group with NCA, this will ensure alignment of the two programmes.

8. Orthopaedical Work Programme

- 8.1 The Driver Diagram in appendix 1 has been agreed with system partners. It sets out the overall aim of the improvement work to; *'Deliver effective system demand and waiting list management by March 2022.'*
- 8.2 The key drivers to support delivery of the project aim align with the priorities and expectations set out in the NHS Long Term Plan and GM Elective Care Priorities around referral optimisation, supporting patients waiting and managing capacity and demand.
- 8.3 The outputs of the Elective Care Matters series of workshops, co-delivered by CCG and NCA colleagues as part of the transformation programme, generated several 'ideas' for potential areas of work that could be considered 'quick wins.'
- 8.4 These ideas fall within 'business as usual,' with a focus on improvement, as opposed to larger scale transformation and lend themselves to tests of change in Orthopaedics. These have been included in the driver diagram.
- 8.5 Existing GM and nationally driven initiatives, such as Waiting Well and Primary Care Networks, that can be accelerated in the locality through a focused 'test of change' in orthopaedics, have also been brought into this programme of work and are reflected in the driver diagram. It is intended that the benefits gained in orthopaedics can then be replicated in other specialities.
- 8.6 Also reflected in the driver diagram are existing initiatives such A&G, PIFU, Care Navigation. Within the locality these have been implemented in part but are believed to have a greater potential. The test of change in Orthopaedics will provide the platform to develop a 'blueprint' and evidence base to support these key pathway components to be embedded across more specialities in NCA and at other points across the pathway, championed by local clinicians and patients.

9. Programme Action Plan

- 9.1 The change ideas within the driver diagram have been further developed through a series of multi-agency meetings and translated into an action plan that can be found in appendix 2.
- 9.2 Named leads have been identified to drive forward elements of the action plan and will be accountable to the Steering Group. Where required the Leads are developing Task Groups to ensure the right expertise is available to support delivery of the change idea.
- 9.3 A Data Analysis Task Group has been created to act as an overarching group, providing analysis to inform the development of the 'tests of change' and to monitor the impact of the initiatives.
- 9.4 The Task Group brings together CCG and NCA BI, Public Health, NCA Patient Experience, Primary Care and VCFA to get a system wide baseline for orthopaedics.
- 9.5 An integrated system wide Elective Care Performance Group will also be established in September to monitor the recovery position within Orthopaedics and model this to eventually cover other NCA specialities and other elective care provision. This group will be run with colleagues from our OCO

Performance Team, our locality system partners.

10. Governance

- 10.1 The improvement programme of work sits in the Elective Care Programme in the Secondary Care pillar of the OCO.
- 10.2 As a component of the Elective Transformation programme, the improvement programme will report into the Bury Integrated Delivery Collaborative Board and Bury CCG Governing Body.

11. Recommendations

SCB to:

- Note the content of the briefing and work to date.

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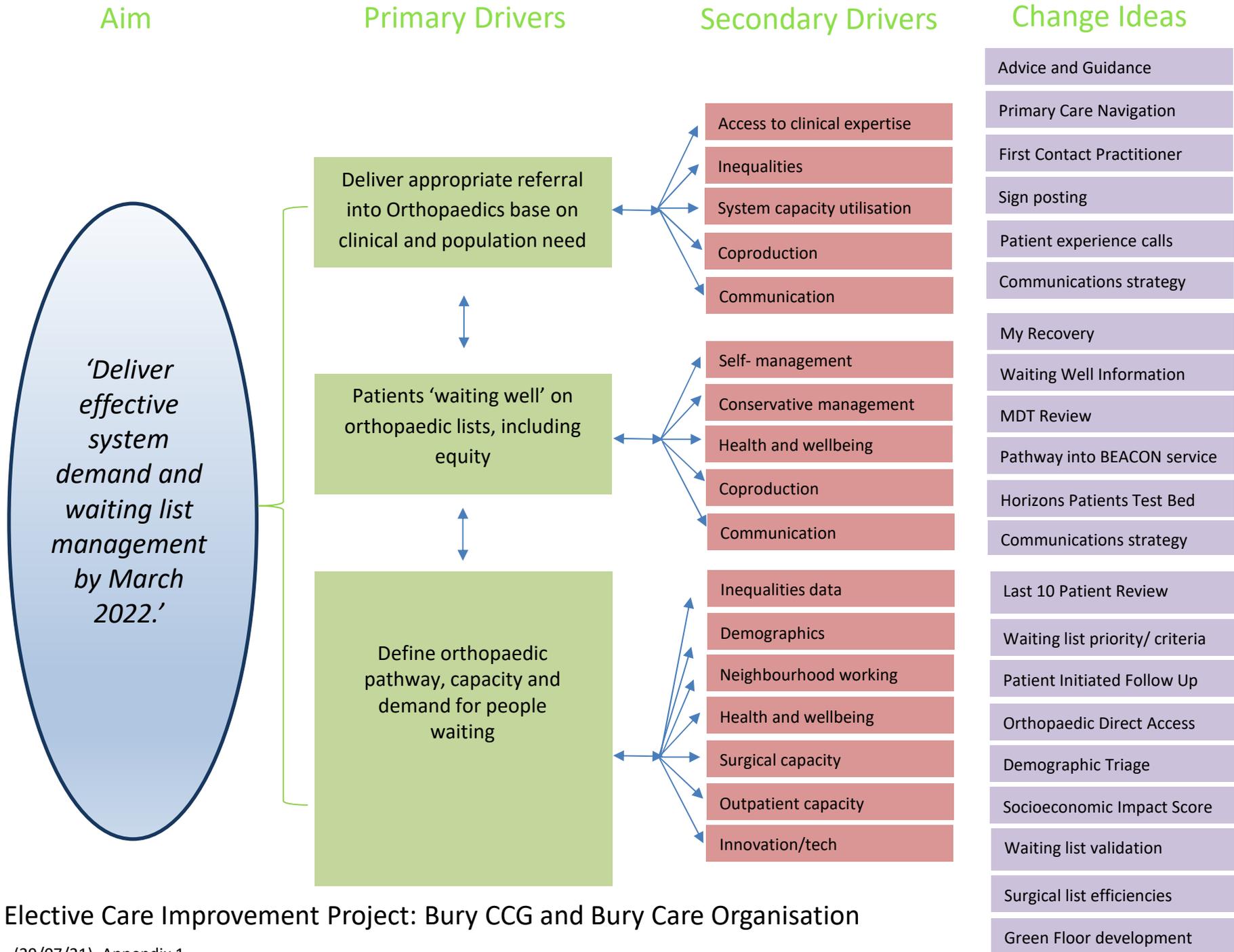
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Elective Care Improvement Project: Bury CCG and Bury Care Organisation

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Appendix 2

Bury Care Organisation Improvement Project - Orthopaedics - Project Plan - DRAFT (27.07.21)

Change Idea and Key Milestones		Task group Lead and Lead for Key Actions	Timescale	Update	Status
1. Data Analysis		Lead : Angela Partington	(July 2021 - Aug 21)		
		Milestone Owner:			
1.1	Collate and review Orthopaedics triage data and admitted data	Katy Alcock	02.08.21		in progress
1.2	Identify areas for improvement	Katy Alcock	02.08.21		in progress
1.3	Identify quantitative metrics to monitor impact of 'test of change'	Angela Partington, Joe Keane	16.08.21		
1.4	Identify qualitative metrics to monitor impact of 'test of change' - including Last 10 Patient Review	Tracy Shaw, Mike Ryan	16.08.21		in progress
1.5	Develop and implement monitoring dashboard	Angela Partington, Joe Keane	01.10.21		
1.6	Agree frequency and mechanism of reporting	Angela Partington, Joe Keane	30.07.21		
2. Governance		Lead: Cath Tickle	(July 2021 - Aug 21)		
		Milestone Owner:			
2.1	Meeting of key stakeholders for initial exploratory meeting	Cath Tickle	08.07.21		complete
2.2	Agree Driver Diagram for work programme	Cath Tickle	23.07.21		complete
2.3	Develop and agree action plan for implementation of schemes	Cath Tickle	30.07.21		in progress
2.4	Arrange schedule of meetings to deliver work programme	Cath Tickle	29.07.21		in progress
2.5	Identify chair and vice chair	Ian Mello	02.07.21		in progress
2.6	Agree project support	Ian Mello, Penny Martin	13.08.21		
2.7	Agree reporting framework	Cath Tickle	13.08.21		
2.8	Agree programme governance	Ian Mello, Penny Martin	13.08.21		
3. Patient Experience - Socioeconomic Impact Reviews		Lead : Laurence Bond	(July 2021 - Aug 21)		
		Milestone Owner:			
3.1	Agree objectives for patient experience calls	Penny Martin	29.06.21		complete
3.2	Agree questions for patient experience calls	Tracy Shaw	09.07.21		complete
3.3	Align script for calls with Last 10 Patient Review process	Laurence Bond, Mike Ryan	13.07.21		complete
3.4	Pull dataset for calls	Joe Keane	09.07.21		complete
3.5	Obtain patient consent for data use	Tracy Shaw	24.07.21		in progress
3.6	Agree alignment to Last 10 pt Review	Cath Tickle	24.07.21		in progress
3.7	Develop and present summary report	Tracy Shaw	31.08.21		
4. Waiting Well		Lead: Damian Aston	(July 21 - October 21)		
		Milestone Owner:			
4.1	Develop task and finish group/patient inclusion	Damian Aston	31.07.21		in progress
4.2	Scope current support services/capacity/Involvement	Damian Aston	20.08.21		
4.3	Review of current patients waiting and new patients	Katy Alcock	30.07.21		in progress
4.4	Design develop Bury GM Waiting Well page (support services/acute contacts to address patient concerns)	Damian Aston	31.08.21		
4.5	Design/develop localised Waiting Well Platform /Bury Directory	Damian Aston	17.09.21		
4.6	Development a bespoke orthopaedic waiting well web page (specific needs)	Damian Aston	10.09.21		
4.7	Trial orthopaedic waiting well materials with patients waiting (Horizons PCN link)	Damian Aston	24.09.21		
4.8	Develop implementation plan - Web pages/comms etc	Damian Aston	07.09.21		
4.9	Launch Bury's Waiting Well Pack	Damian Aston	01.10.21		
4.91	Explore My Recovery App Opportunities	Aqueel	31.08.21		
5. System Navigation		Lead: Damian Aston	(July 21 - Feb 22)		
		Milestone Owner:			
5.1	Review and share current role of primary care navigators	Lisa Lucas	02.08.21		
5.2	Develop signposting materials for orthopaedics patients	Damian Aston	20.08.21		
5.3	Develop navigation framework for Orthopaedics	Lisa Lucas	31.08.21		
5.4	Implement revised navigator framework	Victoria Moyle, Zoe Alderson	06.09.21		
5.5	Evaluate new navigator pathways	Lisa Lucas	04.02.22		
6. Pathway Re-Design		Main Lead: Katy Alcock	(Aug 21 - March 22)		
		Milestone Owner:			
6.1	Review referral criteria and pathways for orthopaedics	Katy Alcock	20.08.21		in progress
6.2	Develop revised referral criteria and Pathways for orthopaedics	Katy Alcock	24.09.21		
6.3	Implement new referral criteria and pathways for orthopaedics pathway as 'test of change'	Katy Alcock	01.10.21		
6.4	Review referral criteria and role of FCP	Katy Alcock, Victoria Moyle	20.08.21		
6.5	Develop revised referral criteria and pathways for FCP	Katy Alcock, Victoria Moyle	24.09.21		
6.6	Implement new referral criteria and pathways into and from FCP as 'test of change'	Katy Alcock, Victoria Moyle	01.10.21		
6.7	Scope local services to support orthopaedics conditions	Damian Aston	20.08.21		
6.8	Review existing pathways into 3rd services	Damian Aston	03.09.21		
6.9	Implement revised referral criteria and pathways into 3rd sector, LA and community services as a 'test of change'	Damian Aston	01.10.21		
6.10	Evaluate new pathways	Katy Alcock	04.02.22		

6.11	Proposal for next steps	Laurence Bond, Cath Tickle	04.03.22		
7. Communications/Data		Lead: Angela Partington	(July 21 - Oct 21)		
		Milestone Owner:			
7.1	Collate and review waiting time data for orthopaedic waits	Angela Partington, Joe Keane	30.07.21		
7.2	Liaise with primary care to understand information required by general practice	Cath Tickle	20.08.21		
7.3	Agree data reporting fields for orthopaedics waiting times to GP	Angela Partington, Joe Keane	17.09.21		
7.4	Agree and cascade comms for GP re: waiting times for orthopaedics and programme of work	Caroline Dearden	30.07.21		
7.5	Agree reporting schedule for GP data and comms	Caroline Dearden	30.07.21		
7.6	Draft dashboard continuing orthopaedic waiting times data for via Tableau as a 'test of change'	Angela Partington, Joe Keane	01.10.21		
7.7	Trial database	Angela Partington, Joe Keane	01.10.21		
8. Referral Management		Lead: Laurence Bond	(Aug 21 - March 22)		
		Milestone Owner:			
8.1	Review Rockwood / Oxford or other appropriate functional assessment scores	Laurence Bond, Steven Senior	30.09.21		
8.2	Define demographic info required in referrals	Laurence Bond, Steven Senior	30.09.21		
8.3	Agree process to obtain demographic info in primary care as 'test of change'	Zoe Alderson	30.09.21		
8.4	Develop process for use of socioeconomic score in Orthopaedics	Victoria Moyle, Laurence Bond	30.09.21		
8.5	Develop local combined scoring algorithm for local assessment score and clinical prioritisation	Laurence Bond, Steven Senior	01.10.21		
8.6	Trial of assessment score in Horizon practices	Victoria Moyle, Laurence Bond	01.10.21		
8.7	Trial utilising combined score to prioritise waits and report findings	Laurence Bond, Steven Senior	01.10.21		
8.8	Develop proposal for next steps	Laurence Bond, Cath Tickle	04.03.22		
9. Last 10 Patient Review		Lead: Mike Ryan	(June 21-Aug 22)		
		Milestone Owner:			
9.1	undertake data protection impact assesment for the review	Mike Ryan	9-16th July	DPIA submitted 14/07/21	In progress
9.2	Identify pathway for analysis	Mike Ryan	Complete	Agreement that Arthritic Knee pathway would be focus	Complete
9.3	agree MDT membership	Mike Ryan	Complete	Reps identified from: GP, PH, INT, FCP, Acute - patient reps to be identifi	In Progress
9.4	Agree review process	Mike Ryan	Complete		Complete
9.5	pull first set of 30 patients	Mike Ryan	Complete		Complete
9.6	call first set of 30 patients to to identify a core 10	Mike Ryan	Complete	Called by Susan Howard (PAT). 10 booked in for interview	Complete
9.7	analysis of individual pathway journey of the core 10 to identify variation	Mike Ryan	19-23rd July	To be done by Katie Alcock	To start
9.8	semi-structured interview with each of core 10 to gather experiential data	Mike Ryan	19-23rd July	To be done by Katie Alcock	To Start
9.9	data analysis to identify themes	Mike Ryan	23rd-30th July		To Start
9.10	MDT workshop to understand variation and identify areas for action	Mike Ryan	WC 2nd August		To Start
9.11	MDT outputs shared with the wider programme	Mike Ryan	WC 16th August		To Start