



Transforming for Excellence

22 things you may not know about Mid Yorkshire

January 2019

E-Consultation's prevent 4,000 outpatient appointments

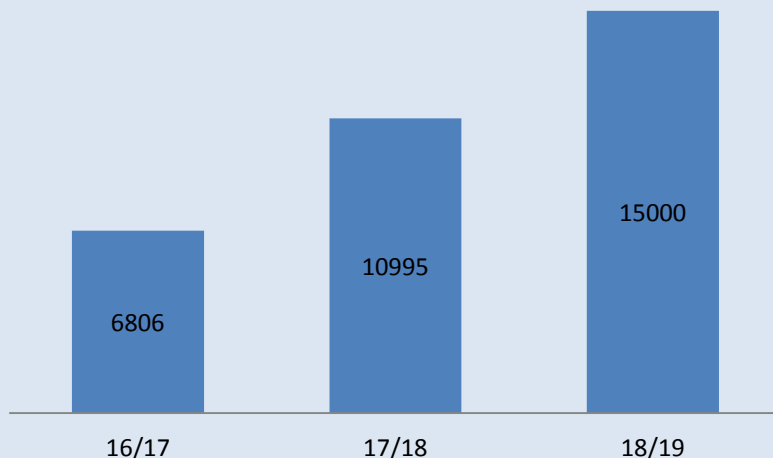
What have we done?

- Implemented e-consultation service in 14 specialties for GPs to ask questions to consultants about patients.
- The GPs & Commissioners requested this transformation as an alternative to referral to a Consultant appointment.
- The Trust is forecasting to complete 15,000 e-consultations this year.

What has been the impact?

- The Trust's commitment to change in this area has resulted in a forecast outturn position of 4,000 consultations in 18/19 over plan.
- The extra commitment in 18/19 alone has either prevented 4,000 patients being added to the waiting list or saved commissioners £0.575m in 1st outpatient appointment costs.

E-consultations



Future Roll Out:

Quarter 4 of 18/19

- Rheumatology
- Ophthalmology
- Medical Oncology

Planned for 19/20

- Dermatology
- Plastics
- ENT
- Neurology

"The benefits of e-consultation within Cardiology has been seen in: the improvement in primary and secondary care interaction; the improvement in the quality of referrals – we are seeing better work up prior to OPD when required and advise can be given about the real acuity of the referral; the reduction in OPD referrals – many potential referrals have been stopped by giving simple advise about medications, ECG 'abnormalities' and cardiac investigations or sometimes simple reassurance e.g. that most palpitation are due to ectopics and settle with lifestyle changes and an improvement in referrals cardiac investigations i.e. some vetting rather than pure open access.

All of the above are better provided within the rich environment of the GP record."

Paul Brooksby, Head of Clinical Service, Cardiology

Leads:

MYHT - Becky Richardson, Amy Evans, Tilly Poole

CCG - Julie Newman, Sharon Cook

Mid Yorks...

Striving for excellence

Pontefract Urgent Treatment Centre (UTC) improves performance

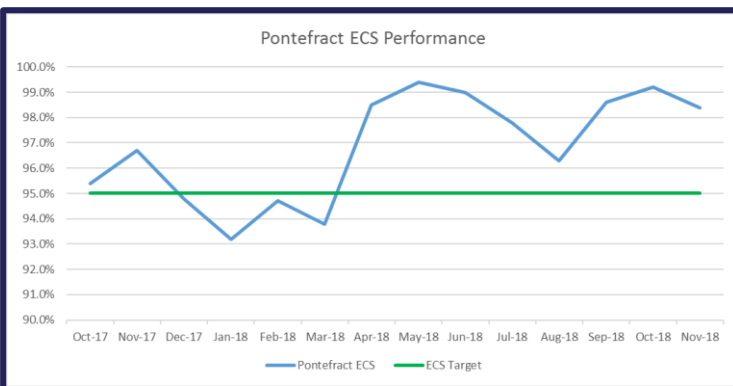
What have we done?

- Successfully implemented a GP Led, 24/7 UTC - April 2018.
- Improved performance with changed workforce model saving the health economy £1.9m.
- Developed strong Urgent Care System partnership working.
- Implemented direct booking from 111 into UTC.



What has been the impact?

- 98.5% seen within 4hrs YTD.
- Patients receive care in the most appropriate setting for their needs by skilled staff specialising in managing minor injuries and illness.
- Providing same day booked appointments and walk in urgent care services.
- The service contributes to the wider health system.



Dr Adam Sheppard, Urgent Care Lead (NHS Wakefield CCG):

"This is about making it more clear how urgent care services across the district fit together so that local people get the safest possible care when they have an urgent health need."

Dr Sarah Robertshaw, Consultant in Emergency Medicine (MYHT):

"Over the last eight months, Pontefract UTC has provided urgent treatment services for local people, and the booked appointment facility is a fantastic edition to an already well-established service."

Leads:

Jason Storey, Senior Programme Manager
Janet Bridges-Stacey, Deputy Head of Nursing /
Lead Nurse Pontefract Hospital
Dr Sarah Robertshaw, Head of Clinical Service
Dr Adam Shepherd, Lead of Urgent Care, WCCG

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Striving for excellence

Autism Spectrum Disorder Waiting Times Reduction - 100 to 16 weeks

What have we done?

- Total pathway redesign removing the need for GP involvement in referral – instead School Nurses can refer.
- Multi-agency involvement in recovery.
- Reduced waiting list size and times significantly.

What has been the impact?

- Children are now on the right pathway.
- Significantly reduced inappropriate referrals.
- Informed decision making at triage.
- First appointments have meaningful information.
- Providers in the community part of support, engaged in the process through completing the referral.
- Team have been asked to share their work with other health care economies.

“Before the new ASD recovery pathway started I would have a very stressed parent and their child in front of me at my practice and only 10 minutes to decide clinically if that child needed a referral for a ASD assessment. Now I can make sure the person that knows that child’s needs is completing a full and detailed referral and the quality of information I receive now back at my practice about the child is very much improved.”

Wakefield GP from Lupset General Practice

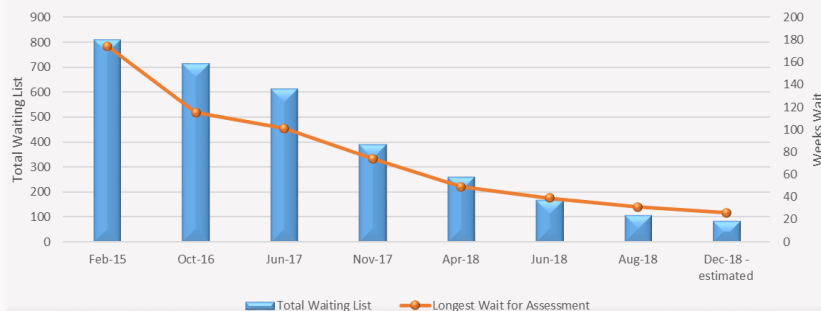


Leads:

Dr Allison Grove, Divisional Clinical Director, Families and Clinical Support Services

Louise Diamond, Business & Quality Manager

ASD Waiting Times Recovery



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Reduction of Super-Stranded Patients – Reduction of 27%

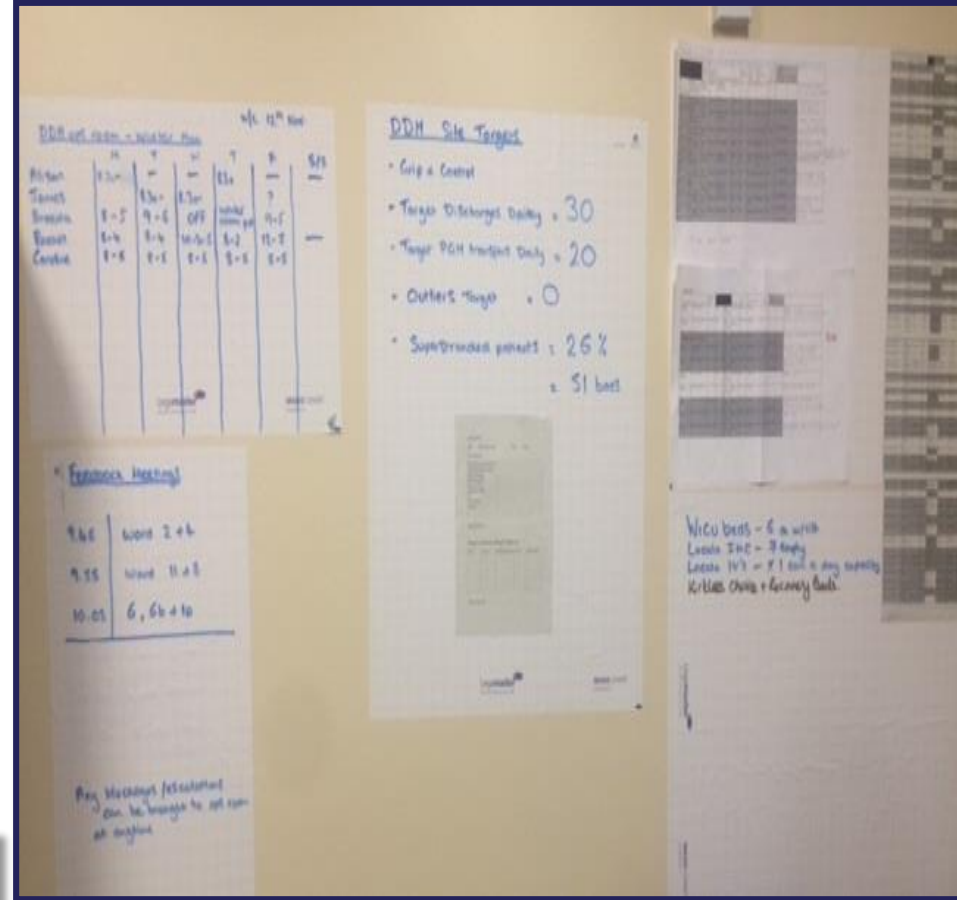
What have we done?

- Introduced an MDT and System-wide programme to reduce the number of patients who have been in hospital for >21 days. This includes ward specific meetings where areas of pressure are identified.
- This was a national scheme to deliver a 26% reduction in this cohort of patients, and significant progress has been made.

What has been the impact?

- Daily management of long stay patients reducing overall LoS on wards.
- Focus on patients > 100 days has reduced this cohort to < 15 Trust-wide.
- Increased ward engagement at Board Rounds.
- Improved collaboration with social care partners.
- Median SSP reduced from 206 to 190 patients.

Daily number of occupied beds by adult patients in an acute hospital for 21+ days



Leads:

Alison Grundy, Director of Operations

Erika McGinnes, Head of Urgent Care Programme

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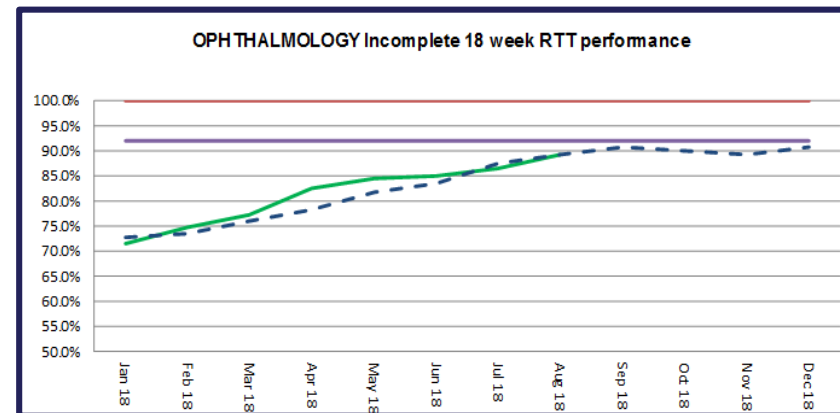
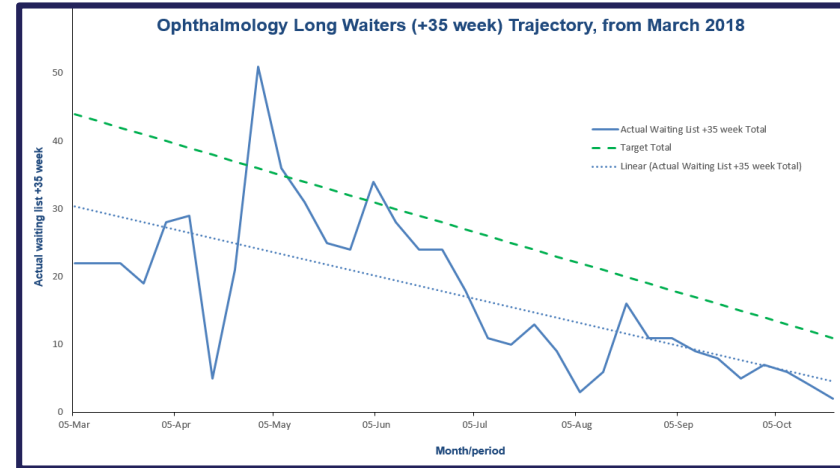
Ophthalmology Developments Improve RTT

What have we done?

- Successfully implemented a service improvement programme focussing on the follow-up backlog, pathway redesigns and workforce strategy.
- Better utilisation of staff skills and expertise so patients are seen by the most appropriate staff and in a more timely manner.
- Ophthalmology open day /engagement event on 13th November.

What has been the impact?

- Improvement in RTT performance.
- Reduction in the follow up backlog.
- Collaboration with CCG and local Optometry.
- Development of Nurse led intravitreal injections and Glaucoma clinics.
- Extended Optometrist roles into glaucoma, medical retina and acute clinics.
- FFT - 87% of our patients would be 'extremely likely' or 'likely' to recommend our service.
- Showcasing of ophthalmology with a recruitment brochure.
- Dedicated rapid access clinics seeing 40 acute patients per day.
- Redesigned the macular clinical reducing clinical risk associated with long waits.
- Macular team were shortlisted for the 'Outstanding Clinical Initiative Team of the Year' award.



Leads: Atul Varma, Head of Clinical Service
Sue Barron, Patient Service Manager

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End of Life Fast Track Discharge - 13 days down to 21 hours

What have we done?

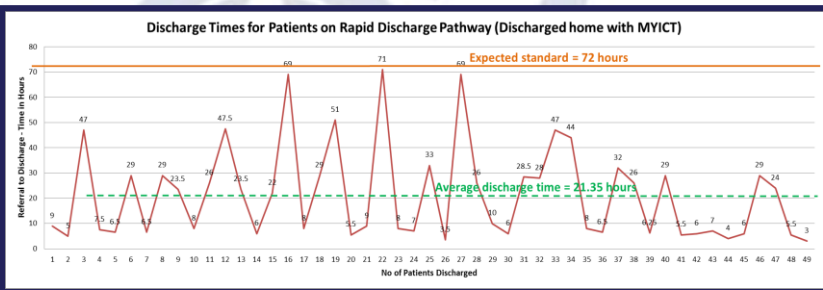
- Rapid discharge pathway for end of life care.
- Fast track Pharmacy TTO process for anticipatory medicines being dispensed within an hour.
- Delegated authority for senior discharge nurse at weekends to authorise a fast track discharge and send confirmation of funding to nursing homes/care providers.

What has been the impact?

- 96% of the patients discharged home achieved their preferred place of care and death.
- Patients discharged either back to a care home or to a new Nursing Home – the average discharge time is 44.46 hours.
- Patients discharged home with a package of care – the average discharge time is 21.35 hours.
- Patients discharged to a hospice – the average discharge time is 34.58 hours



Metric [units of measure]	Baseline	Target to be confirmed by sponsor	Final	30 days 27/11/2017 04/01/2018	60 days 04/01/2018 08/02/2018	90 days 06/02/2018 13/03/2018	12 months 30/10/2018 TBC	% Change against baseline [improvement/deterioration]
Lead Time 19814 Mins = 13 days 18 hours	19814	75%	1/425 2/4320		900	943		95%
Sub Lead Time: (mins) Complete Fast Track tool & Continuing Health Care form, MDT document	73	50%	15		15	15		79%
Sub Lead Time: reduction in time for CHC to make and communicate funding decision = 1 day 12 hours	2160	50%	480 (tbc)		0	480 tbc		78%
Work in Process (WIP) [units observed in process]	3		1		10	10		
% of patients who do not have fully complete EOL fast track documentation within 24hrs of EOL decision being made*	100%	0%	0% (tbc)		0	0		100%
% Patient where clinically appropriate who don't die in their preferred place of care	80%	0%	tbc 30,60,90		0	0		80%
% of Fast Track Process to that does not follow standard work	100%	0%	0%		0	0		100%
% of patients who do not meet specific criteria for ICT	100%	0%	0%		0	0		100%
% of faxed documents with no allocated person for sending and receiving	100%	0%	0%		0	0		100%



Leads:

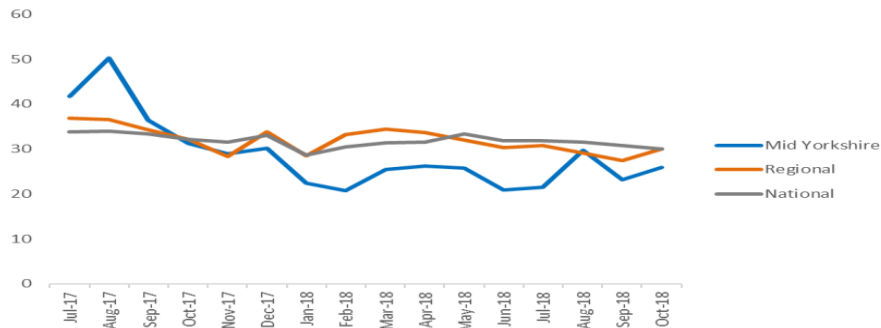
- Dawn Parkes, Deputy Director of Nursing and Quality
- Mel Bagot, Deputy Head of Kaizen Promotion Office
- Jason Matthews, Deputy Director of Finance

Fractured Neck Of Femur Pathway Transformation Improves BPT

What have we done?

- Introduced 7 day geriatrician service and therapy service.
- Introduced a SOP for anti-coagulation reversal.
- Implemented the Golden Patient process.
- Implemented Anaesthetic Trauma Hot Week Rota.
- Clinical priority review enabling clinical risk priority of theatre schedule.
- Implementation of ward check list.
- Anaesthetic review prior to theatre listing.

Time to theatre - Regional and National benchmarking



What has been the impact?

- Time to Theatre - Moved from being the worst regionally and nationally in Aug 2017, to being the best in Oct 2018.
- In 2017 we achieved 48% BPT compliance, YTD in 2018 we have achieved 83% compliance.
- In Oct 2018 we achieved 92.7% BPT compliance.
- The majority of our patients are admitted to the designated Fractured Neck of Femur ward in 2 to 4 hours.
- Hip Fracture Improvement Group won the Team of the Week award.
- Dr Paddy O'Connor (Consultant Anaesthetist) won Clinician of the Year in the Trust's annual Celebrating Excellence awards in Apr 2018.
- Gate 42 'cohort' scheme resulted in achieving in excess of 50 days without a patient having a fall on the ward.

The Ortho-geriatric team on Gate 42 recently won 'Team of the Week'. The nominee said of the team;

"They regularly go above and beyond their roles, working with staff, relatives and patients to an incredibly high standard at what can be a very worrying and sometimes frightening time."

Leads:

Dr James Murgatroyd, Dr Paddy O'Connor, Pauline Howley



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Striving for excellence

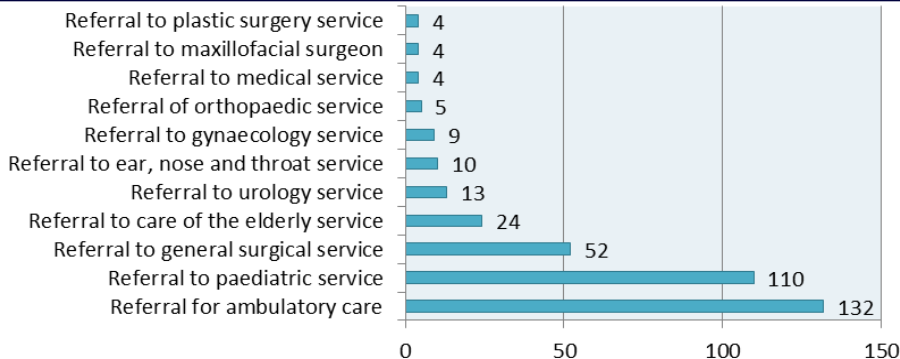
Reduction in Emergency Admissions due to Alternative Facilities

What have we done?

- Unit open 14 hours a day 7 days a week.
- Consultant led-care supported by ANP team.
- Takes GP direct referrals via the Ops Line reducing the number of patients being sent to the Emergency Department.
- Reduced the number of 0 day LoS patients attending the Acute Assessment Unit.
- Set up AEC service development forum with both CCGs to extend scope and role of AEC further.
- <https://www.midyorks.nhs.uk/ambulatory-care>

What has been the impact?

- Improved ECS performance.
- Reduced conversion rate.
- More patients benefitting from same day (day-case) care reducing the impact on the bed-base.
- AEC regularly receiving upwards of 132 GP calls per week.



“What ambulatory care enables us to do is deliver the same care we have always delivered to patients, fast, effective, safe care but without having to be confined by the number of beds we’ve got. Patients have less of a wait, they don’t have to come through the emergency department, if the GPs referred them they don’t have to wait there they come directly to the specialists and have the tests, have a medical opinion and have the treatment done.”

Dr Richard Shepherd, Head of Clinical Service, Acute Medicine

Leads: Dr Richard Shepherd, Head of Clinical Service
Linzi Thackeray, Deputy Director of Operations

Virtual Fracture Clinic Reduces Wasted Appointments

What have we done?

- Implemented a virtual fracture clinic where patients are screened prior to appointment booking.
- Installation and commissioning of Bluespier software to support VFC.
- Implementation of a consultant led rota with ANPs working with consultants to run weekday VFC.
- The clinic rooms have been transformed using the 5S methodology.

What has been the impact?

- All patients are clinically triaged within 72 hours of ED attendance.
- In the first two weeks 175 patients were reviewed with 22% discharged not requiring face to face appointment.
- Where required patients referred to the most suitable clinician, reducing wasted appointments, streamlining the pathway and getting patients to the right professional first time.

Leads: Karen Simeson, ANP; Sarah Dewart; ANP.

Mr Jim Newman, Head of Clinical Service; Mr Jason Eyre, Trauma lead; Marc Smith, Deputy Director of Operations; Zoe Bland, PSM.



“We have been thanked by a number of patients for the information given to them, have been able to offer reassurance when they have had questions about their injury, patients have commented that they are happy they do not need to come to a face to face clinic when we have explained self management of their injury and we have been able to arrange appointments that are easier to access for patients.”

Karen Simeson , Advance Nurse Practitioner

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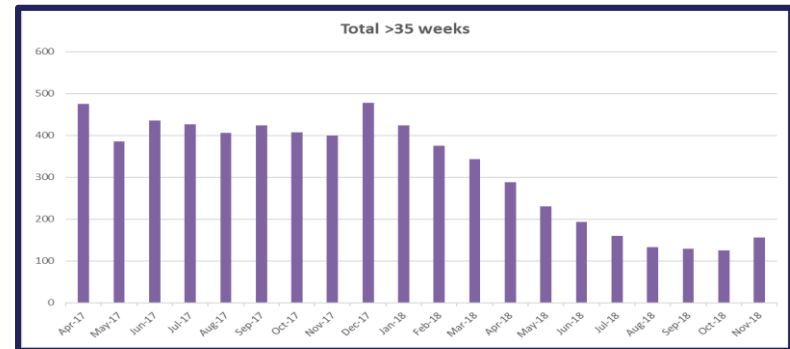
Striving for excellence

Referral to Treatment Performance Improvement by 8.6%

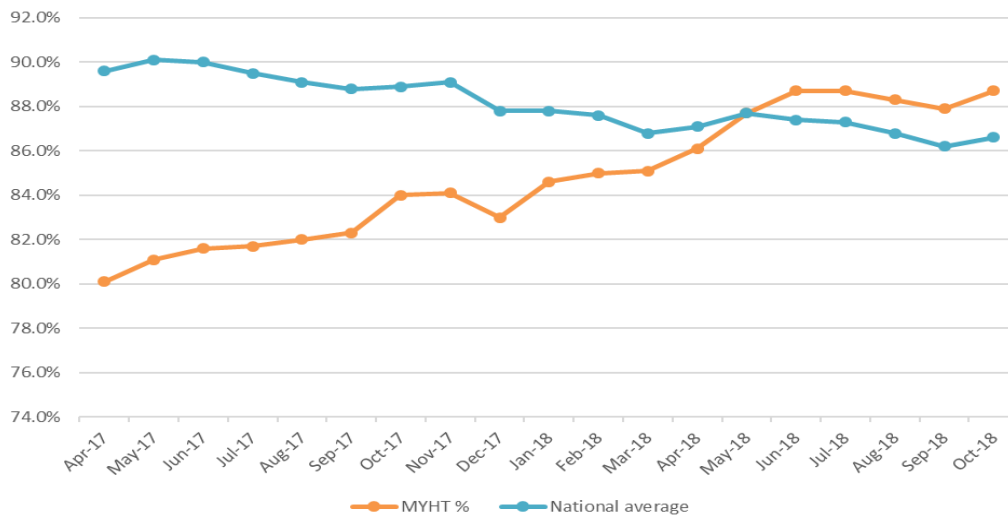
What have we done?

- The Trust has improved its RTT performance by 8.6% over the last 18 months.
- This improvement is against the backdrop of a worsening national performance position.
- The Trust has improved its national ranking position from 184/189 to 110/182.
- The Trust has significantly reduced the number of very long waiters in the same period, improving the experience of patients waiting for treatment.

September 2018 - Incomplete - Yorkshire & Humber Performance				
YORKSHIRE & HUMBER - Providers	Pathways	Median (Weeks)	% within 18 Weeks	52+ Week Patients
Barnsley Hospital NHS Foundation Trust	12,472	5.8	95.1%	0
The Rotherham NHS Foundation Trust	14,492	6.2	94.1%	0
Calderdale and Huddersfield NHS Foundation Trust	28,853	6.2	93.0%	0
Sheffield Teaching Hospitals NHS Foundation Trust	45,118	6.3	92.0%	0
Airedale NHS Foundation Trust	8,064	6.3	92.0%	0
Sheffield Children's NHS Foundation Trust	7,530	6.3	92.0%	0
Harrogate and District NHS Foundation Trust	14,768	6.3	90.6%	0
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	33,831	7.7	88.0%	3
Mid Yorkshire Hospitals NHS Trust	34,459	8.2	87.9%	0
Leeds Teaching Hospitals NHS Trust	54,358	7.5	87.1%	137
York Teaching Hospital NHS Foundation Trust	27,497	7.9	83.1%	1
Hull and East Yorkshire Hospitals NHS Trust	56,039	7.6	81.7%	21
Bradford Teaching Hospitals NHS Foundation Trust	31,106	10.1	75.1%	3
Northern Lincolnshire and Goole NHS Foundation Trust	29,230	10.5	69.3%	297



RTT National Performance Position



“We’re so proud to be part of a team who is focussed on reducing waiting times for patients and know that this is going to continue in the year to come.” Trudie Davies, Chief Operating Officer

Leads: Jo Halliwell, Director of Operations
Tilly Poole, Head of Planned Care Improvement

Mid Yorks...

Striving for excellence

Continence Pathway Redesign Increase Value Added Activity to 98%

There was a substantial amount of time and inappropriate referrals for our patients who were waiting for continence assessments within our community services. Due to this wait within the system our patients had to purchase their own continence products, costing a considerable amount of funding. There was an assumption that as a result of this our patients were potentially at risk of related harms.

Improving the continence service currently offered to patients in Adult Community Services (ACS), using a Rapid Process Improvement Workshop (RPIW).

The Mid Yorkshire Hospitals NHS Trust

The problem

- There was an issue in understanding what the service was; a product service or a continence assessment service.
- There was a substantial amount of inappropriate referrals to the service.
- There was a minimum 12 week waiting time for assessment
- There was a potential risk of related harms to patients: urinary tract infection, moisture lesions, dehydration, hospital admission and reduced dignity.
- Patients experience of the service was poor.
- An initial review as part of the RPIW showed waste within the service of 98.5% and benefit to patient at 0.5%.
- Initial waiting list of 229 patients

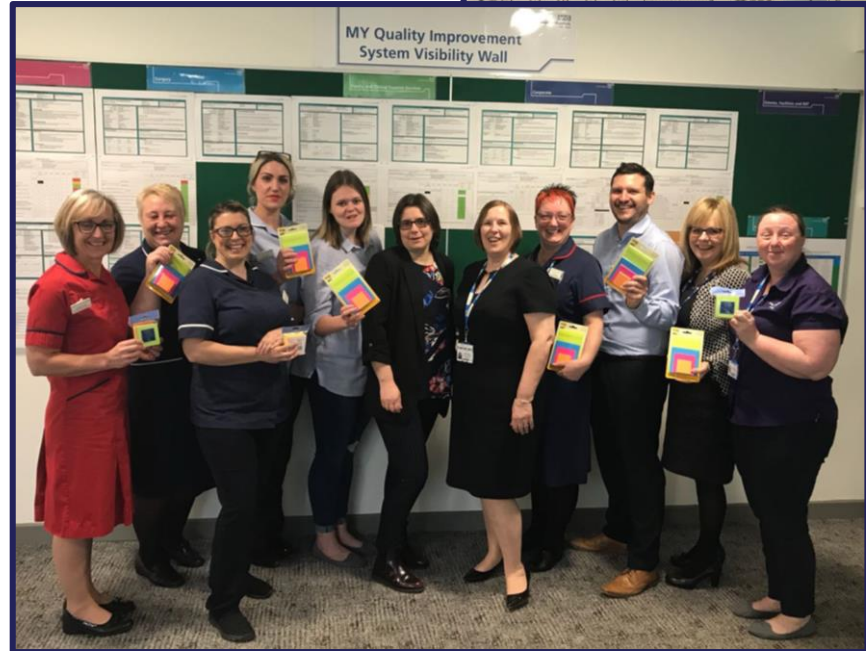
The approach

- The Mid Yorkshire Quality Improvement System (MYQIS) is a toolkit designed to help maximise quality and eliminate waste. It is used to help improve the quality and value of services by looking at existing activities that add value.
- An RPIW event includes one day of training designed to generate ideas on how the identified process can be improved. During the remainder of the week many of these ideas are implemented.
- A team, which included district nurses, team leaders, locality matrons, directors, CCG representatives, care home representatives, continence specialist nurses and a patient representative worked on the week-long RPIW.

Target Progress Report

Sponsor: Dawn Parkes | Date: 23/04/2018 | Updated: 23/07/2018
 Locality: Community (Wakefield) East | Service: Community continence assessment service | TAKT Time: 4 referrals per day/divided by time available of 450 mins = 112 mins
 Process Summary: The overview for this RPIW is on the community continence pathway from the GP referral to the patient receives the continence products delivered to their home, the scope also includes the assessments that are completed during the pathway.
 Process Owner: Julia Saralla
 Workshop Leader: Mel Bagot
 Team: eader, Debbie Newton

Metric [units of measure]	Baseline	Target to be confirmed by sponsor	Tue Wed Final	30 days 25/07/2018	60 days 02/10/2018	90 days 09/10/2018	12 months 23/04/2019	% Change against baseline [imp- improvement/ det- deterioration]	% Change 12 months against 90 days [imp- improvement/ det- deterioration]
Lead Time 69 days	31082	90%	1350	2250	1900			94%	
Sub Lead Time patients to be contacted within 1 working day	22575	98%	450	900	450			98%	
Sub Lead Time patients seen within 2 working days of contact for assessment	1440	37%	900	900	700			49%	
Sub Lead Time patients receive start of treatment plan within 2 working days following assessment	7801	88%	900 day 3	900	750			90%	
Work in Process (WIP) [units observed in process]	122		122	25					
Quality (defects) [%] click to add or remove rows	0								
2nd assessment re-arranged due to no fluid balance chart	30%	0%	0%	0%	0%			70%	
Patients currently have no contact within the first week of re-ceiving treatment plan	100%	0%	0%	0%	0%			100%	
Patients currently have no follow up appointment at 12 weeks / 6 weeks	100%	0%	0%	0%	0%			100%	
Patients assessments currently re-arranged due to no equipment available	5%	0%	0%	0%	0%			100%	
Patients currently do not receive their fluid balance chart of contact with GP	100%	0%	0%	100%	100%			0%	
There is currently no scheduled work with visibility to all	100%	0%	0%	0%	0%			100%	
To define what the assessment service is	N/A								
Time of Distraction	TBC								
Efficiency Gain [time, cost, WTE]									
There should be an indication of how gain is related to other targets									



What has been the impact?

- The lead time has reduced from 69 days to 4 days showing an overall 94% reduction.
- Patients are now contacted within 1 working day showing an overall reduction of 98%.
- The value added activity now is 98% this demonstrates a service redesigned totally around patient need.
- The RPIW demonstrated integrated working with our CCG and GP's partners.

Leads:
 Mel Bagot, Deputy Head of Kaizen Promotion Office
 Debbie Newton, Director of Community Services

Pharmacy-led switch to biosimilar medicines generates system savings

What have we done?

- Pharmacy team members have led collaborative work with clinicians, clinical nurse specialists and patients to safely switch to biosimilar medicines.
- Switching patients can be challenging and effective clinical project management has been required.
- 3 switches have been completed for CCG. commissioned medicines: Infliximab, Etanercept, and Rituximab.
- A fourth switch starts in December 2018 for Adalimumab.

What has been the impact?

- Savings to the health economy, providing increased value for money and supporting the use of new innovative medicines.
- Annual savings: Infliximab £498k, Etanercept £581k and Rituximab £342k.
- Projected annual saving Adalimumab £2.1m.

Example of Impact:

- 2017/18 expenditure on Adalimumab was £3.6m.
- Adalimumab switch is the most complex and largest project so far due to the large number of patients on this medicine (over 400), multiple clinical specialities and a large number of stakeholders.
- Patients feel well informed and are in agreement to the switch.

The Care Quality Commission and NHS Improvement said in their “Use of Resources” report for MYHT (December 2018):

“The trust works collaboratively with system partners across a number of areas including medicines management”

“As part of the Top Ten Medicines Programme the trust has over delivered on its target in delivering on nationally identified savings opportunities, achieving 138% of the savings target at March 2018 which is in the top (best) quartile nationally”

The Pharmacy team who were most involved were:

Ruth Rudling, Advanced Clinical Pharmacist Specialty Medicine

Kate Norton, Lead Pharmacist Medicines Information & Commissioning

Sharon Stead, Specialist Pharmacy Technician, Homecare



Mid Yorks...

Striving for excellence

Embracing cerebral palsy prevention in pre-term births

What have we done?

- The West Of England Academic Health and Science Network demonstrated the impact on patients, families and the health economy of administering magnesium sulphate to pre term babies to reduce the risk of cerebral palsy.
- MYHT have been giving this injection, at a low cost, to eligible patients since 2017/18. We have so far injected 22 babies since Sep 17.

What has been the impact?

- The numbers of eligible babies is small (ave. 4 /month) however the impact is significant when cerebral palsy is prevented.
- The estimated lifetime cost per patient with cerebral palsy (including health care, productivity and social costs) is £720,000 for men and £670,000 for women. Therefore, the projected reduced financial impact of PreCePT over a 5 year period may be in the region of £1.75 million.



Mid Yorkshire Maternity services has recently joined the PReCePT Programme, which aims to improve compliance with NICE Guidance NG25 & increase the proportion of women offered magnesium sulphate.

- We will be adopting a network approach to implementing the PReCePT programme.
- We will use a range of standardised resources.
- We will implement clinical PReCePT champions in the workplace.
- We will set a target of 85% (stretch target 95%) of which eligible mothers will receive magnesium sulphate by March 2020.
- We will reduce the incidence of cerebral palsy in babies born preterm.

PReCePT Mission

To give every eligible woman
the choice
To enable every baby to reach
their full potential



Leads

Corrina Tindle, Matron for Maternity Inpatient Service
Sarah Brennan, Delivery Suite Manager

Dedicated 24/7 Children's Emergency Department

What have we done?

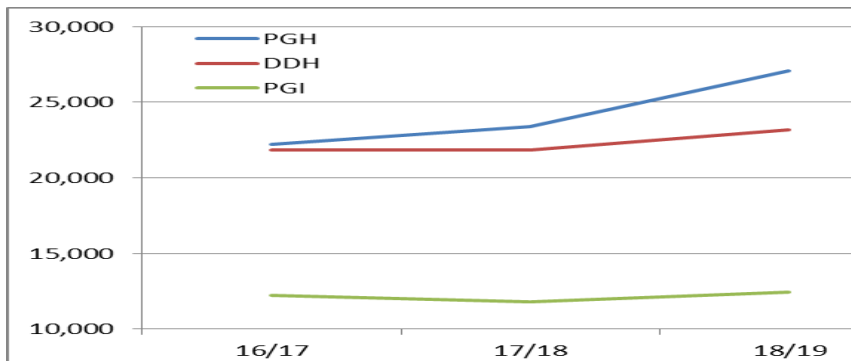
- Opened a 24/7 Children's ED at PGH – Sept 17.
- Complete revamp of all six paediatric cubicles at DDH ED – Nov 17.
- Dedicated area for paediatric patients to be seen by specialist clinicians, thus avoiding short stay admissions.
- Close working with Children's Assessment Unit.

What has been the impact?

- Paediatric ECS performance consistently >90%.
- Reduction of non-elective admissions.
- The Trust has invested in this service and is forecasting to reduce spend by the CCG of £0.82m by year end.
- Improved patient & carer experience.
- Reduced overnight overcrowding in the adult Emergency Department supporting improvements in adult EC performance.

Activity

N.B 18/19 FOT based on M9 YTD activity



"I took my son to A&E after a head injury that took place at school this week, I waited no longer than an hour before he was taken to the A&E booths. The A&E staff at the time (12 midnight) were extremely friendly towards me and my son and thorough with checking what exactly happened and what will happen next." Anonymous



Leads:

Dr Allison Grove, Divisional Clinical Director, Families and Clinical Support Services

Dr Sarah Robertshaw, Head of Clinical Service, ED

Sue Langworth, Head of Nursing, Paediatrics

Mid Yorks...

Striving for excellence

Significant Agency Spend Reductions

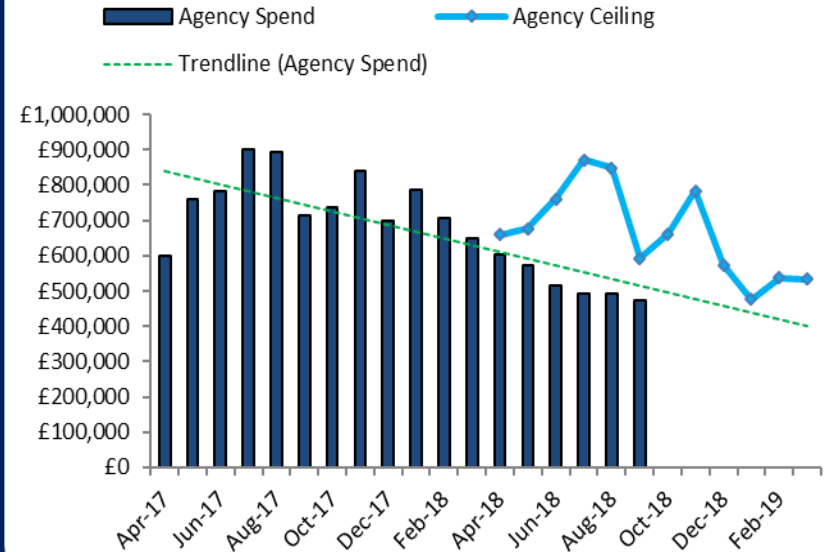
What have we done?

- Reduced the Trust's reliance and spend on medical and nursing agency usage.
- Where temporary medical or nursing staff are required, ensured the procurement of such staff represents best value for money.

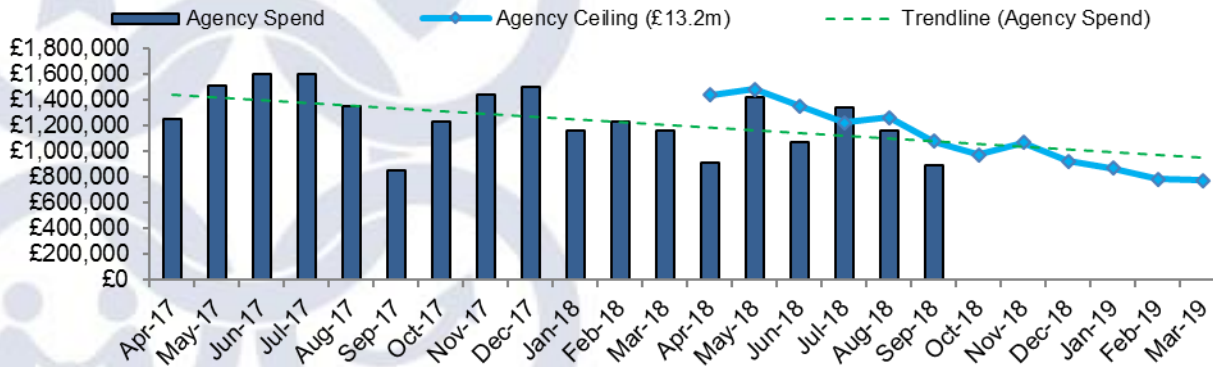
What has been the impact?

- Reduction in medical agency spend.
- Reduction in nursing agency spend.
- Increased Direct Engagement compliance.
- Increased fill rates.
- Migration of agency to bank.
- Zero agency spend on unqualified nursing workforce.

Nursing Agency Pay Spend (April 17 to September 18)



Medical Agency Pay Spend (April 17 to September 18)



Clarity **NHS**
Professionals

Leads: Dawn Parkes, Ian Carr
Lee Lane & Jen Beckett

Mid Yorks...

Striving for excellence

Adult Community Services – Improved CQC rating to ‘Good’

What have we done?

- Improved staff engagement – valued.
- Implemented a pressure ulcer improvement plan.
- Redesigned dressings pathway in partnership with the CCG.
- RPIW for the continence assessment pathway.
- Engaged with system partners through Connecting Care, PCH & NMOC.
- Established a joint leadership model with the local authority.

What has been the impact?

- CQC rating of Good for community nursing and inpatients (WICU).
- Improvement in qualified nursing staff numbers from 2017 to 2018 of 9.75 WTE (7.52%).
- The number of pressure ulcers has decreased significantly by 32%.
- Reduction in sickness from 10.59% to 5.17%.
- Community nurses recommending the Trust as a place to work – from 14% in 2016 to 43% in 2017 (un-validated as 57% for ACS in 2018).
- Reduced the wait for a continence assessment from over 6 months to 5 working days and totally eliminated the waiting list from over 300 to zero.
- On average 98.4% of patients in our community beds would recommend care.
- Savings for CCG on the cost of dressings.
- BBC news televised connecting care.



*“I cannot stress how impressed I was at the commitment all staff displayed to improving such an important service and the dedication to getting the service right first time for the patient”
Patient representative on the Continence RPIW*

Leads: Karen Benstead, Assistant Director of Nursing working with colleagues from the CCG and Adult Social Care

Mid Yorks...

Striving for excellence

National Awards & Accreditations



In 2018 MY Project Search was a Finalist in the **Healthcare People Management Association (HPMA)** national awards for Excellence in HRM in the category of the University of Bradford Award for Cross- Sector Working.

Nick Barlow named Yorkshire and North Trent's Radiographer of the Year **UK Radiographer of the Year awards 2018** in November



Patient Experience team were shortlisted for the Improving End of Life Care Experience category in the **Patient Experience Network National Awards 2017**.



Margaret Taylor, volunteer guide nominated for an **NHS Heroes Award**.



National Joint Registry (NJR) Quality Data Provider

Dr Rebecca Ellis, a senior clinical psychologist recipients of the Rising Star medal, at the annual **Spinal Injuries Association's Rebuilding Lives Awards**



Freedom to Speak Up Guardian, Kirsty McMullan, runner up in one category and winner of another in the **National Freedom to Speak up Awards** at the end of 2017



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National Awards & Accreditations

Four of our nursing teams were shortlisted in the 2018 **Nursing Times Awards** in November:

- Quality and Safety team - shortlisted in the 'Patient Safety Improvement' category
- Deteriorating Patient Group - shortlisted in the 'Data and Technology in Nursing' category, for their Deteriorating Patient Data Dashboard
- SAFER team, led by Matron Mike Williams- shortlisted in the 'Team of the Year' category
- Patient Experience Team - shortlisted in the 'Enhancing Patient Dignity' category

Nursing Times Awards

Ian Petrie, Macmillan Alcohol Liaison Nurse, was shortlisted for the Innovation award at the **2018 Macmillan Professionals Excellence Awards**, for his work with our Head and Neck Cancer team.

WE ARE MACMILLAN.
CANCER SUPPORT

Community and Vascular Nursing teams were Highly Commended for their work at the **HSJ Awards** in November 2018

HSJ

Shortlisted in 3 categories - Best UK Employer of the Year, Preceptorship of the Year, Workforce Team of the Year - in the **Nursing Times Workforce Awards**

Nursing Times Workforce Summit & Awards



MY Burns Club, run by Tracy Foster (play specialist), received a **Duke of York Community Initiative Award** at a ceremony hosted by HRH The Duke of York in April



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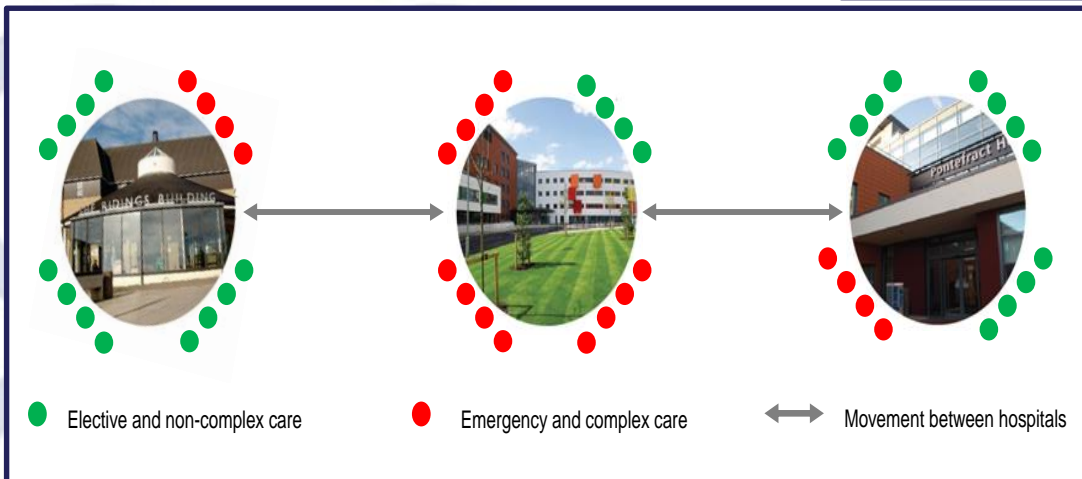
Meeting the Challenge – Acute Hospital Reconfiguration

What have we done?

- Implemented the SoS approved reconfiguration.
- Largest reconfiguration of services since commissioning of new hospitals.
- Delivered services as described in FBC with additional two new Frailty Units at PGH and DDH.
- Centralised acute medicine, surgery, obstetrics and paediatrics and ICU at Pinderfields.
- £22m refurbishment of estate at PGH and DDH.

What has been the impact?

- Reduction against 'do nothing' bed base of 80 (including 50 Intermediate Care).
- Improved mortality rate (Division of Surgery).
- Improved RTT performance.
- Reduced length of stay, surgery, acute medicine .
- Reduction in SI's in division of medicine.
- Increased planned activity at DDH.
- Recurrent saving of £5.6m against target of £9.4m (in larger bed base than planned).
- Reconfigured effectively within higher than planned growth and higher LOS than planned.
- Improved staff morale at Dewsbury.
- Improved CQC ratings.
- Better pathways meaning patients are appropriately transferred to ARCU, allowing us to reduce ICU activity.



Leads: Matt England
Divisional Clinical Directors: Mark Freeman, Jamie Yarwood, Alison Grove
Obstetrics: Tulika Singh

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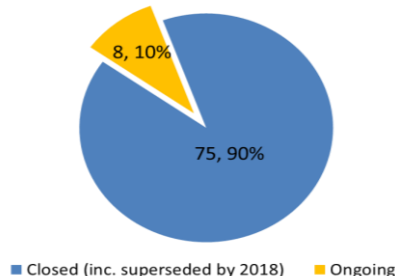
CQC – 2018 Inspection Rating – An Improving Trust

What have we done?

- Nearly 70% of our ratings were Good, including a Good rating in the two categories of effectiveness and caring. Overall the Trust has remained at a rating of Requires Improvement.
- We are now at the top end of Requires Improvement and, if we continue our present rate of improvement, we would stand a good chance of achieving an overall Good rating next year.

2017 Must and Should Do Actions

- 90% completed / closed (75/83)
- 8 on-going actions - plans in place to deliver end of Q4



2018 Must and Should Do Actions - 62 actions for improvement to be delivered by July 2019

	Must	Should
Trust level, trust wide	7	-
Urgent and Emergency	7	13
Medical Care (incl. older peoples)	7	16
Maternity	2	2
Critical Care	1	2
Outpatients	2	3
TOTAL	26	36

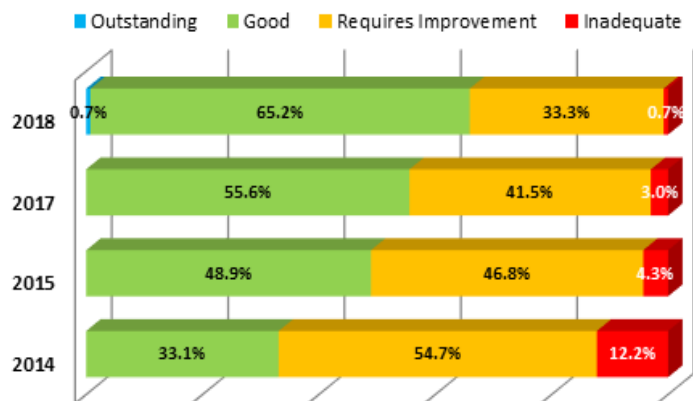
"I am very proud of all our staff, who continue to drive improvement across the Trust, taking us closer to achieving our ambition of achieving an excellent patient experience each and every time."

Martin Barkley, Chief Executive

CQC Ratings - Trustwide (incl. Community)



CQC Ratings - Hospital Services



Leads:

David Melia, Director of Nursing and Quality
Michelle Chadwick, Quality and Regulation Manager

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Financial Improvement

What have we done?

Between 2011/12 – 2017/18;

- Reduced the Gross deficit by £7.4m (from £33.2*m to £25.8m)
- Reduced the underlying deficit by £4.4m (from £37.6m to £33.2m)

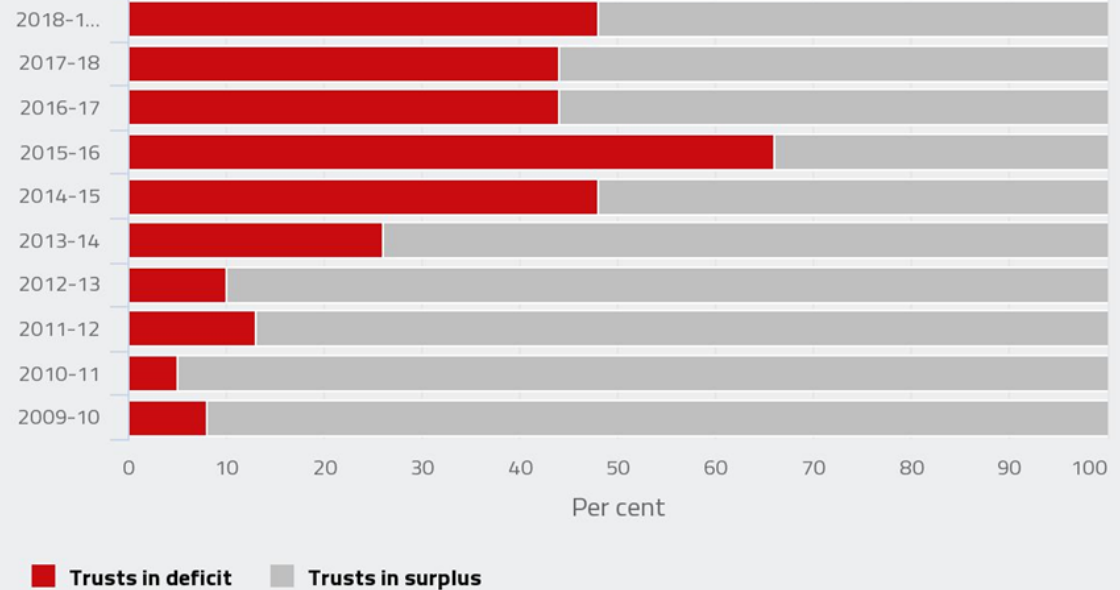
**deficit excludes any benefit of financial support*

- In 2010/11, just 5% of providers were in deficit.
- By 2015/16, 66% of trusts were in deficit as the slowdown in NHS funding took its toll.
- In 2017/18 44% of trusts overspent their budgets (90% were acute trusts).
- The NHS provider sector as a whole ended 2017/18 with a deficit of £960 million.
- However, at the halfway point in 2018/19 NHS trusts are forecasting to end the year £558 million in deficit.

“Financial performance at MYHT has improved in the context of a significant national deterioration in the Provider sector financial performance.”

Jane Hazelgrave, Director of Finance

Proportion of NHS trusts in financial deficit



© The King's Fund

Lead:

Jane Hazelgrave, Director of Finance

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MY Digital Future

What have we done?

- Replaced **over 500 PCs** across the Trust to support the increasing digital demand and agile working.
- Implemented **Netcall Liberty into Outpatient Therapy Services** to more effectively manage staffing and calls from patients to meet patient demand.
- Implemented a **patient reminder service** to send text messages to patients Upgraded **SSDMan** (Sterile Services) and **Theatreman** (Theatres).
- Upgraded **Symphony** (A&E).
- Reduced the number of fax machines in the Trust - **14 areas** are now **fax-free**.
- Supported the **Connecting Care Multi–Agency Hubs’** vision of “Making sure people get the right care, in the right place at the right time by the right person” using **SystemOne** for sharing information across the agencies in the Hubs.



What is next?

Next 3 months:

- Replace another **350 PCs and 50 Laptops** that are out of warranty.
- **HSCN** – to replace the N3 network and enhance the secure sharing of information between organisations.
- **Infrastructure refresh** – to provide a robust and sustainable infrastructure to support MY Digital Future.
- **NHSMail2** – to provide more space and improved security between NHSMail account users.
- **Printer rationalisation** - to reduce the cost of printing and facilitate efficient working.
- Implement **digital appointment letters**.
- Audit the PCs, laptops and other mobile devices used in the Trust to ensure the right kit is in place to support **agile working**.

6 – 12 months:

- Roll out **eMeds** across inpatient areas.
- Implement **PPM+** to provide us with EPR functionality and opportunities for further digital implementations.
- **PACS upgrade** – to facilitate collaborative working across the region for Radiology.
- **Axe the Fax and Paperlight 2022** – to continue to transform the way we work.
- **Scan4Safety** – implementation of barcode technology to improve patient safety.

Leads:

Leanne Goddard, Louise Southey, Hannah Wray, Javid Hussain, Karen McGee, David Hall, Scott Dutton, Justin Holt, Steven Birch, David Swyer, Tom Mitchell, Tajinder Bola, Rebecca Cook, Alan Gibb, Gareth Robertshaw

Workforce improvements – MYHT the People’s Place to Work

Staffing numbers

- Risen by 411 or 302 wte between Dec 2017 and Dec 2018
 - 118 in nursing workforce
 - 86 in medical and dental workforce
 - 119 in our ancillary workforce
 - 45 in administrative and clerical workforce
- Vacancies reduction of 163wte between Nov 2017 and Dec 2018, including 86 newly created Apprentice Nursing Associate posts.
- Absence – lower than previous years, emphasis on managing long term sickness with the new sickness absence management team (SAMS)

School of Nursing at DDH

- With the University of Bradford, MYHT opened their new School of Nursing & Healthcare Leadership, with new bespoke Clinical Skills Suite and Laboratory.
- The School received national recognition gaining NMC validation and having Jane Cummings (Chief Nursing Officer for England) undertake the opening ceremony.
- 28 students signed up for the year 1 intake.

Ruth Girdham, Head of Nursing and Healthcare Leadership at Bradford University, said:

“We are very proud ... this is an exciting collaboration.”



Improving staff survey results

Staff FFT Q2 2018/19 results show:

- **10% improvement** since Q2 2016/17 to 68% who would recommend the Trust for standard of care
- **8% improvement** since Q2 2016/17 to 57% who would recommend the Trust as a place to work
- **7% improvement** since Q2 2016/17 to 81% who would recommend their own ward/unit/department for standard of care



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