NHS
Mid Yorkshire Teaching
NHS Trust

Overview and Scrutiny Committee
Brent Kilmurray
Chief Executive
04 February 2026

Working together
making a difference

NHS 10 Year Plan

NHS 10 Year Plan for England

Transformational change:

- Retain NHS founding principles (universal, free, tax-funded)
- Shift to **patient-controlled, predictive, and preventative care**
- Become **AI-enabled, genomics-driven**, globally leading health system
- Tackle health inequalities explicitly

Three radical shifts:

- Hospital ➔ Community
- Analogue ➔ Digital
- Sickness ➔ Prevention

Key pillars of the plan

1 Hospital ➔ Community

- Launch **Neighbourhood Health Service (NHS)**
- Build **Neighbourhood Health Centres (NHCs)** as 1-stop shops
- Expand community pharmacy role
- Deliver urgent care outside hospitals
- End corridor care; restore 18-week RTT
- Same-day GP appointments, online-first

2 Analogue ➔ Digital

- Transform **NHS App into full digital front door**
- Implement **single patient record**
- Use **AI, digital monitoring, and HealthStore** for proactive care
- Free up staff from admin using AI scribes

3 Sickness ➔ Prevention

- Tobacco & vaping restrictions, obesity prevention
- Healthy food reforms, increased school meal access
- Expanded screening (HPV, lung cancer)
- Genomics population health service
- Health rewards & workplace health integration

Operating model changes

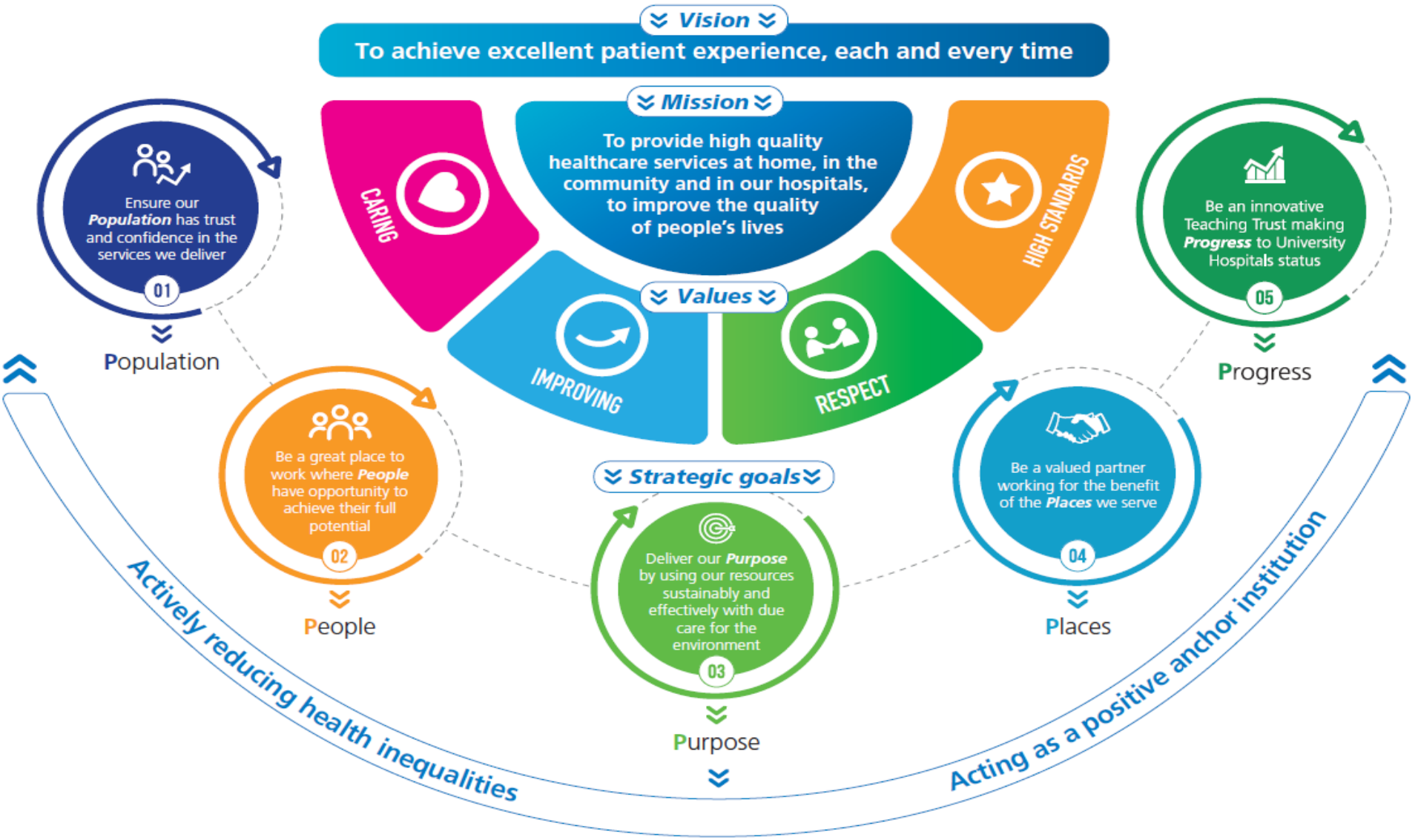
Reforms will push power out to places, providers and patients, underpinned by an explicit goal to make the NHS the best possible partner and the world's most collaborative public healthcare provider

- Merge NHS England + DHSC, reduce central bureaucracy
- ICBs become strategic commissioners
- Reinvent Foundation Trust (FT) model:
- Retain surpluses, flexible capital borrowing
- Opportunity to become **Integrated Health Organisations (IHOs)**
- Earned autonomy, performance-tied pay for leaders
- Continue using private sector capacity to expand NHS provision

TRUST STRATEGY

Delivering MY Future 2023-28

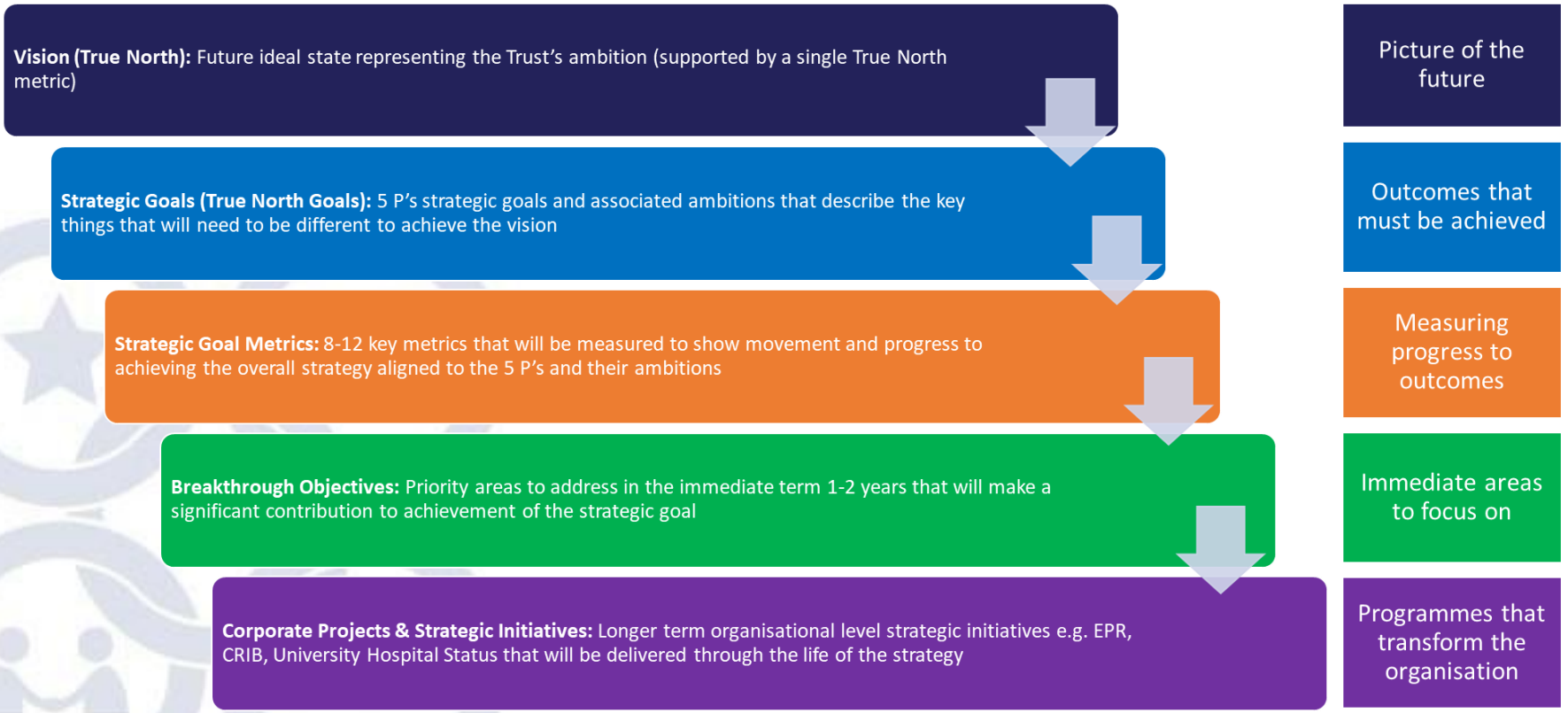
The Trust's Delivering MY Future 2023-28 Trust Strategy guides the strategic direction of the organisation, with alignment to the Trust's operating plan.



Strategy Deployment Approach

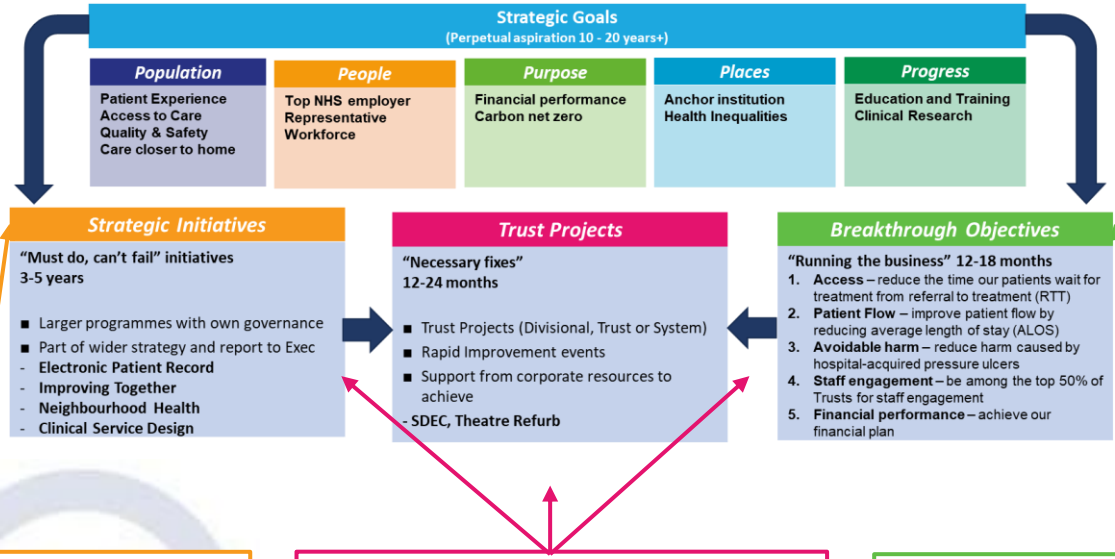
The new strategy deployment approach which 'signalled' throughout 2024/25 in shadow form, will enable the structure to be rolled out Trust-wide in preparation for full deployment in 2025/26, aligned to the Improving Together programme. The purpose of the new strategy deployment approach is to empower teams to lead on making improvements by collectively identifying a small number of high priority key 'breakthrough objectives', aligned to our strategic goals, that will have the greatest improvement benefits for our patients and our Trust. A review and assessment of the Trust's breakthrough objectives commenced in November 2024 and a key element of 'MY Operating Plan' will be to assess the outcomes and act on the results. Progress on delivery of plans will be managed through the monthly divisional progress groups, with key transformation programmes aligned to the objectives where appropriate.

The new strategy deployment approach structure summarised in the infographic below.



Improving Together

Strategic Goal Metrics – How are these analysed and subsequently delivered?
SGM Analysis leads to identification of various countermeasures to enable delivery of the goals. These countermeasures will be aligned to the delivery mechanisms based on the following:



Strategic Initiatives

- Through A3 analysis of SGMs, there may be SIs that are required as countermeasures to address commonality of root causes across multiple SIs (i.e. EPR)
- There is a significant piece of work that is required to deliver on 1 SGM with positive impact across others (i.e. Neighbourhood Health alignment to Care Closer to Home with additive benefits to Access Metrics)

Trust Projects

- Through SGM analysis, there may be root causes which are best addressed by countermeasures delivered as a project, typically with Trust corporate/cross divisional resource
- They can also be derived from individual pieces of work required to deliver SIs (i.e. Neighbourhood MDTs) or countermeasures that cannot be delivered only through CI (i.e. CT RPIW)

Breakthrough Objectives / Divisional Drivers

- Operational metrics that are derived from the top contributing areas/KPIs that can be cascaded through the organisation, e.g. Pressure Ulcers being the top cause of Harm or RTT being the greatest challenge in Access.
- These are cascaded to enable continuous improvement at multiple levels, but largely frontline driven

Neighbourhood Health Guidance 2025 – components and year-one asks for all places

Population health management
Using system-wide linked data to understand pop. need and stratify risk by complexity & future health/care resource use

Neighbourhood MDTs
Multi-agency teams jointly responsible for people with multiple complex needs, requiring coordinated access to a range of services – building on broader vision for integrated neighbourhood teams.

Standardising community health services
Describes the core components of NHS ICB funded community health services for adults and children and young people

Modern general practice
Together with the broader primary care choices that improve patient access including use of the NHS App and Pharmacy First.

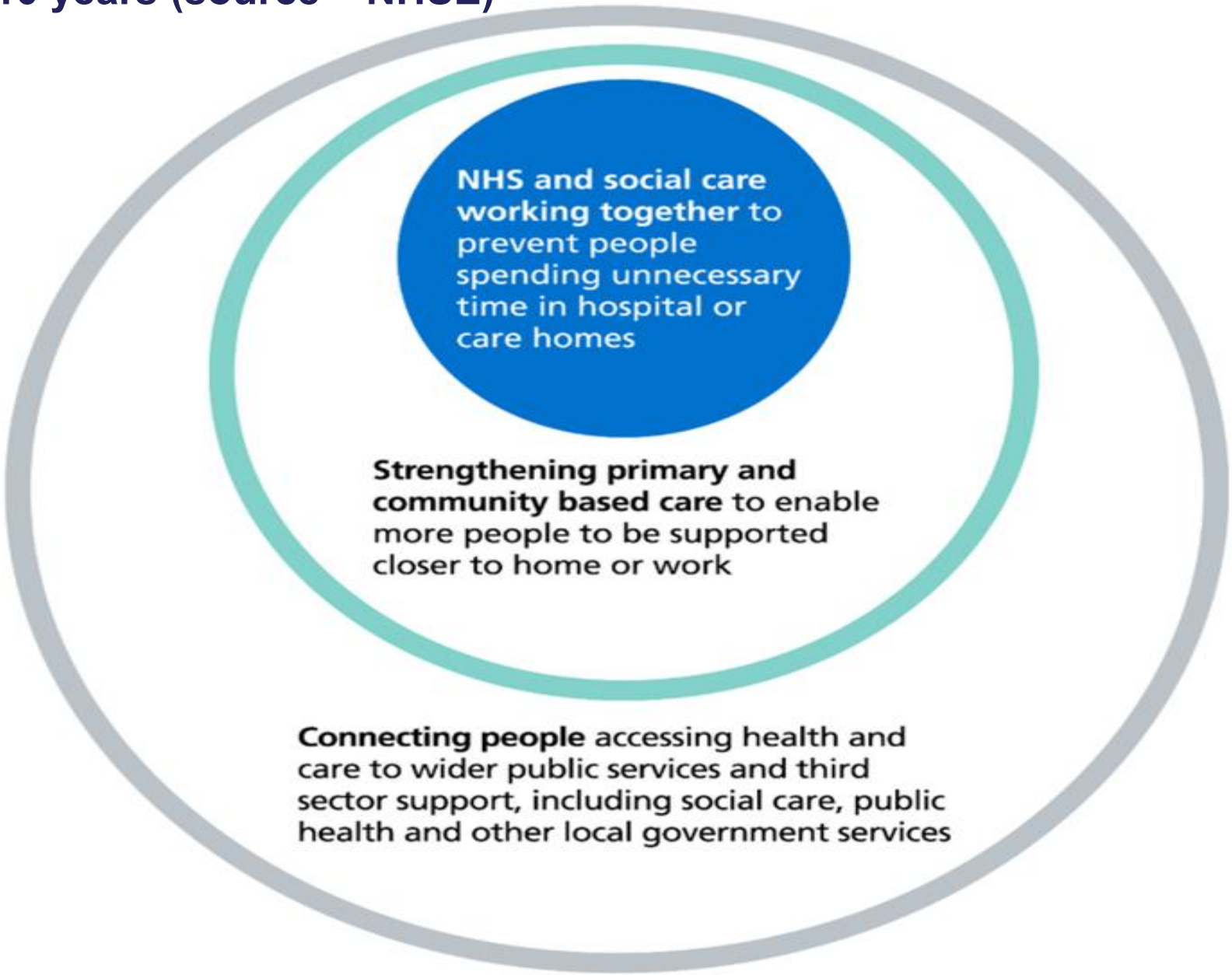
Integrated Intermediate Care
Short-term rehab/reablement/recovery offer for people with new/increased needs in the community (step-up) or on discharge (step-down) - including frailty.

Urgent neighbourhood services
Virtual wards and Urgent Community Response services accessed via a multidisciplinary single point of access for clinicians and professionals

Ask for 2025/26:

- **standardising 6 core components of existing practice** to achieve greater consistency of approach
- **bringing together the different components into an integrated service offer** to improve coordination and quality of care, with a focus on people with the most complex needs
- **scaling up** to enable more widespread adoption
- **rigorously evaluating** the impact of these actions, ways of working and enablers, in terms of both outcomes for local people and effective use of public money

Diagram showing the aims for all neighbourhoods over the next 5 to 10 years (source – NHSE)



Integrated Neighbourhood Teams (INT) – Kirklees Cohorts

The focused cohorts for Kirklees are:

- Frailty - looking at the local data, frailty presentation account for around 20% of ED attendances, ~30% of non-elective admissions and around 45% of non-elective occupied bed days.
- Mental Health
- Children and Young People – as an opportunity and mechanism to explore implementing the recent guidance around CYP MDT
- Currently this cohort is being identified via SystmOne searches and is broken down within each neighbourhood via a specific criteria. Eventually the cohort will be identified via a PHM tool.
- INTs will be asked to focus on a specific area based on the data/needs of the population.
- INT Progress: 1 INT Live July 25 - The Mast, 1 INT in shadow form – live 19th November – Tolson, 2 INTs in Development – Spen, Valleys, Discussions commenced with The Viaduct.

Neighbourhood Health Teams – Kirklees steps for INT implementation

Timescale	Total number of INTs mobilised	Progress
July 2025	1 INT	The Mast went live July 25
December 2025	3 INTs	INTs in development: ➢ Tolson – going live 19th November ➢ Spen – going live end of December
March 2026	5 INTs	➢ Valleys scoping meeting – 18th November with plans to go live January 25 ➢ In discussions with The Viaduct
September 2026	9 INTs	

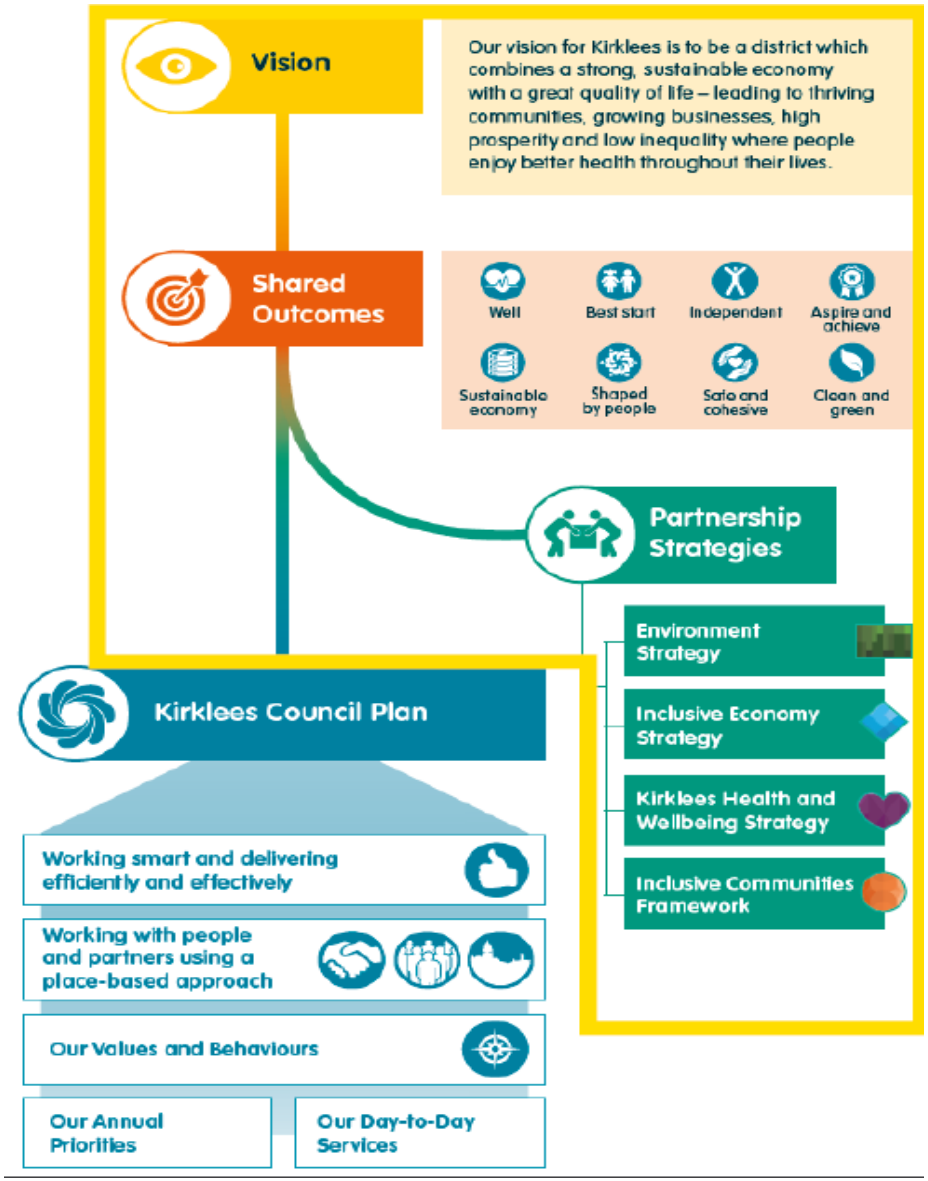
Kirklees Partnership Framework

MYTT is currently contributing to the Kirklees Partnership

Framework review through the Kirklees Partnership Exec and Picture of Kirklees.

Consists of Vision, Shared Outcomes and Partnership Strategies.

Sets out high-level framework for collaboration and communicating about how we work together.



Our role as an Anchor Organisation

Mid Yorkshire is a healthcare provider, but it is also:

Major employer

Major owner of land and buildings

Major purchaser

We influence the health and wellbeing of our communities simply by existing.

Our role as an Anchor Organisation

We recognise our opportunity, and responsibility, to:

use our influence to make a positive impact drive social value empower our communities

Male healthy life expectancy

- nationally is 61.5 years, 55.7 in Wakefield and 58.7 in Kirklees

Female healthy life expectancy

- nationally is 61.9, 55.8 in Wakefield, and 58.9 in Kirklees

Population that is economically inactive

23% in Wakefield, 24% in Kirklees

Percentage of children in low income families

19% in Wakefield, 26% in Kirklees

MY Community Promise

- Trust's anchor institution approach.
- Recognises that the wellbeing of our communities is about far more than providing healthcare services.
- Looks beyond healthcare, at the wider role of our organisation.
- Focus on partnership working for the greatest impact.

MY Community Promise – five areas of focus

Estate and Environment
work together with partners, using sustainable and green approaches to develop inclusive spaces.

Economy
work with partners to create social and economic benefits in our supply chains.

Education and Employment
create inclusive job and volunteering opportunities for our communities.

Equity and Engagement
working in partnership with our diverse communities to improve health and social inequalities, with easier access to resources available.

Working in partnership

“Work with partners in our role as an anchor organisation, creating social value by innovating and sharing learning with our communities”

Our ambitions:

Partner with anchors to develop a place-based anchor network

Partner with our communities to drive and expand volunteering opportunities

Partner with our communities by working with local businesses

Partners with our voluntary and community sector across Wakefield and Kirklees

MY Hospitals Charity
Dewsbury ★ Pontefract ★ Wakefield

WE ARE™ WAKEFIELD

NHS
Mid Yorkshire Teaching
NHS Trust

CKW place provider partnership model

- Part of the ask of the 10-year plan that all providers in a health and care system must work together to deliver transformation, integration and improvement
- Mid Yorkshire to lead the Wakefield part of the Calderdale, Kirklees, Wakefield provider partnership. SWYFT are planning to be the host for the Kirklees part of the partnership.
- Memorandum of understanding being drawn up
- Initial phases looking at community and out of hospital services, with a proposed phased approach to add more services over time as relationships build
- Continue to build our population health management approach, building on ICB work but also work done in Wakefield and Calderdale to enable provider collaboratives to move towards taking on population planning responsibilities

QUALITY & SAFETY

Temporary Escalated Patients

'As a Trust Senior Leadership Team and Trust Board, we do not accept care in temporary escalated spaces is inevitable and acceptable but on occasions it may be unavoidable due to surges in urgent demand. We have been proactive on taking a safety-first approach to this issue over the last 18 months.

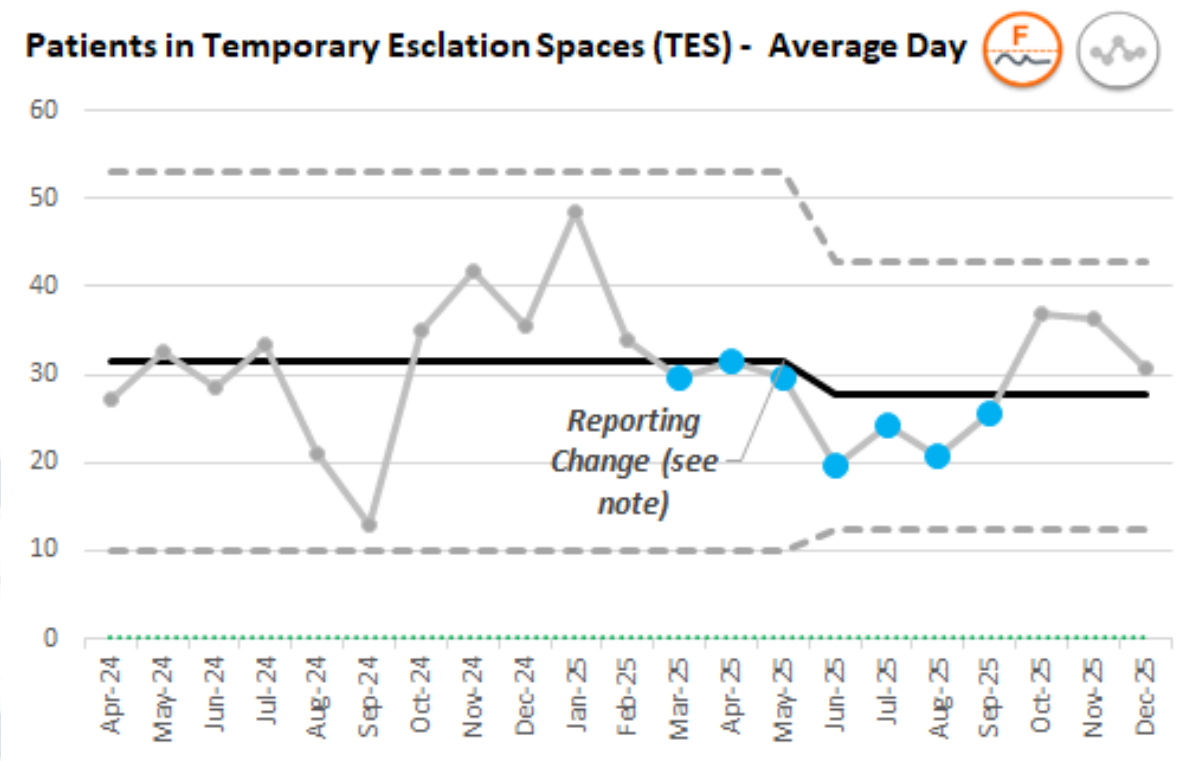
The risk of patients in TES, created by a lack of flow and a state of over capacity is well described and understood. However, we have interventions that are focussed on mitigation of harm once the patients find themselves in a TES. We do not want or encourage our staff to consider TES as an accepted practice.'

Talib Yaseen
Chief Nursing Officer

Richard Robinson
Chief Medical Officer

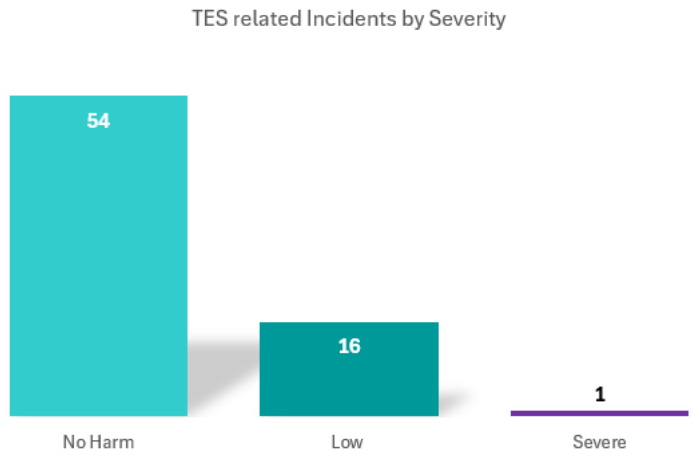
Temporary Escalation Spaces (Average Day)

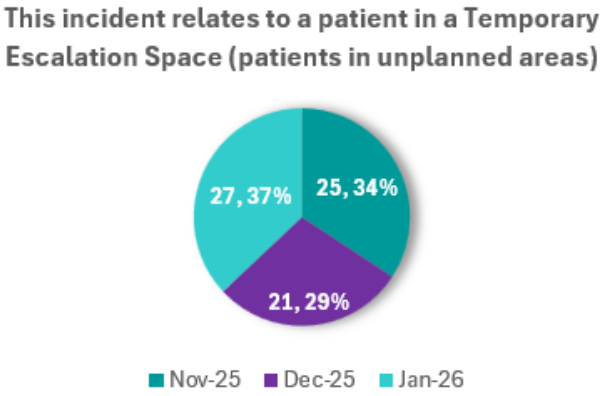
Whilst we do not accept care in temporary escalation spaces, surges in urgent care demand sometimes make this an unavoidable measure that we reluctantly take. The upturn in TES during October and November ’25 reflects how an increase in ambulance arrivals and ED attendances can reduce flow and create over capacity across our hospital sites.



From 22nd May’25 there was a change in reporting from Unplanned Care Locations to Temporary Escalation Spaces (TES) based on the national DSiT 8am census. Therefore, data is not comparable between these two periods.

Reporting and learning from TES Trust wide

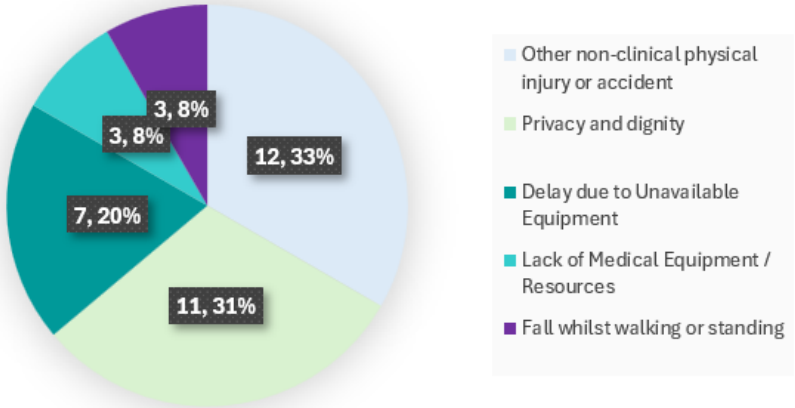




The majority of incidents resulted in no harm, accounting for just over three-quarters (76.1%) of all reported events. Incident s graded as low-harm made up 22.5%, while severe harm incidents, with only one case (1.4%) recorded

The most common theme was other non-clinical physical injury or accident (12 incidents), followed closely by privacy and dignity (11). Delays due to unavailable equipment accounted for 7 incidents, while lack of medical equipment/resources and falls whilst walking or standing were reported 3 times each.

The incident graded as severe is being investigated as a Patient Safety Incident Investigation (PSII).



Focus on DDH Services

The Dewsbury site includes:

- Emergency Department (ED) (Type-1) with Integrated GP Walk-in Centre
- Bronte Midwifery Led Birthing Unit (MLU)
- Acute Care of the Elderly Unit (DACE)
- Children's Assessment Unit (CAU) (12hours)
- Inpatient Rehabilitation, **including:**
  - ❖ Complex Neurorehabilitation
  - ❖ General Rehabilitation
  - ❖ Stroke Rehabilitation
- Infusion Centre and Outpatient Chemotherapy
- Diagnostic and Elective Treatment Centre **including:**
  - ❖ Centre of Excellence Specialising in Head & Neck Services, Plastic Surgery (including Skin Cancer) and Robotic Surgery
- Planned Non-complex Inpatient Surgery
- Palliative Care Day Support

Focus on DDH Service Activity

Dewsbury & District Hospital	
Point of Delivery	**24/25 Activity**
A&E Attendances	78,347
Walk in Centre Attendances	11,717
Accident and Emergency & WIC	**90,064**
Daycase	20,312
Elective Inpatient	1,274
Elective DC and IP Total	**21,586**
Emergencty Short Stay	710
Non-Elective	8,265
Non-Elective Non-Emergency	58
Same Day Acute Assessment	137
Non-Elective Inpatient	**9,170**
Maternity Antenatal	2,130
Maternity Post Natal	204
Maternity Non-Elective Non-Emergency	185
Maternity	**2,519**
Outpatient First Apt	25,691
Outpatient Follow Up Apts	40,742
Outpatient Procedures	26,818
Outpatients	**93,251**
Chemotherapy Inpatient	5,812
Chemotherapy Outpatients	2,465
Chemotherapy	**8,277**
Diagnostic Imaging - Outpatients	13,991
Direct Access Diagnostics	44,301
Discrete Diagnostics	12,995
Diagnostics	**71,287**
Non Elective Rehabilitation	1,482
Orthotics (Patient Appliances)	2,518
Outpatient - Therapies	22,662
Surgical Pre-Assessment	5,279
Other Points of Delivery	**31,941**
Total	**328,095**

Access to Services Closer to Home

Acute Hospital Reconfiguration (AHR) – Activity Metrics

Review of AHR baseline and targets by financial year (25/26 based on M5 forecast outturn)

Acute Hospital Reconfiguration (AHR)

Overall, there has been an 8.7% increase in activity delivered via Dewsbury compared to the 2016/17 baseline. Most of this increase is planned elective day case and outpatient, with day case seeing a 74.8% increase and outpatients a 12.4% increase against 2016/17 levels. A&E attendances have increased by 2.7% against 2016/17 levels and increased by 4,000 against last year.

		Baseline and Targets								16/17 v 25/26	
Focus Area	Indicator	2012/13 (FBC)		Annual Target	2016/17 Out-Turn	2022/23	2023/24	2024/25	2025/26		
DDH Site Utilisation	Outpatient Attendances	96,000	>	111,000	112,724	116,839	115,895	116,275	126,667	13,943	12.4%
	Elective Daycases	8,000	>	13,000	15,620	23,787	23,098	24,608	27,304	11,684	74.8%
	Elective Inpatients	1,500	>	2,500	2,051	1,206	1,102	1,274	1,182	-869	-42.4%
	A&E				91,607	92,087	93,834	90,054	94,041	2,434	2.7%
	Non Elective Admissions	21,847	<=	8,100	15,568	9,034	9,289	9,169	9,010	-6,558	-42.1%
										20,634	8.7%

The proportion of Kirklees patients using Dewsbury District Hospital

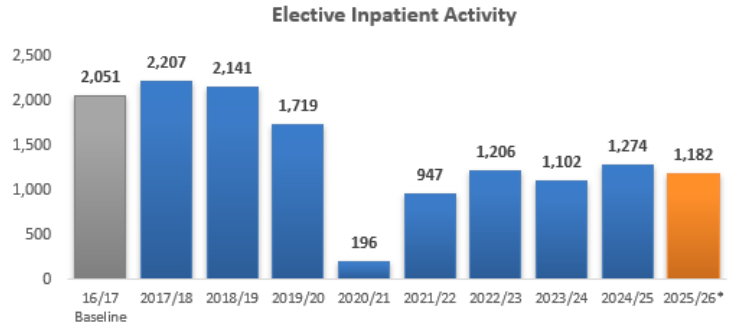
Of the services delivered at Dewsbury, 68% are Kirklees patients accessing their local services.

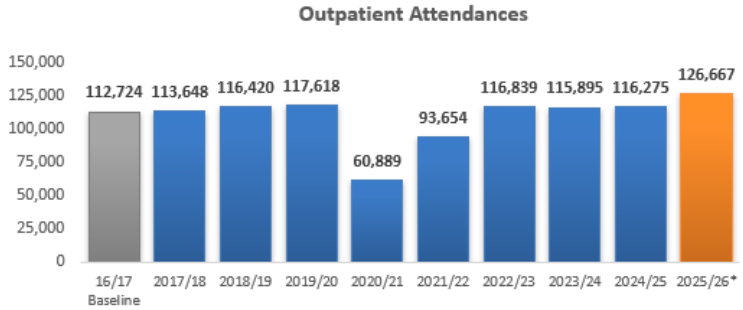
78% of Kirklees patients are using Dewsbury A&E, with 91.5% of patients attending Dewsbury for ante-natal appointments and 88% of patients accessing Dewsbury for discrete diagnostics.

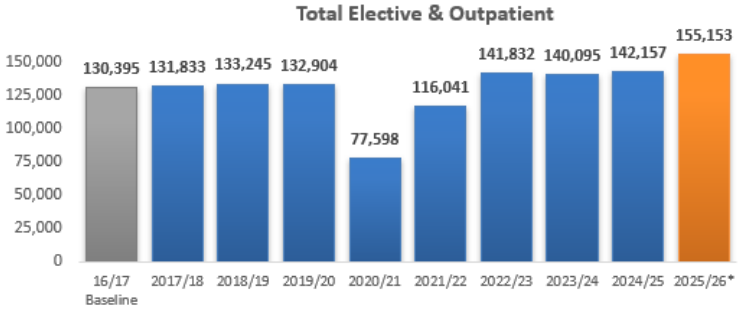
Of the activity delivered at Dewsbury, what proportion is for Kirklees residents		2 Year average - % activity proportion
Urgent Care	Accident and Emergency	78.1%
	Non-elective Admission (emergency and non-emergency)	81.8%
Planned Care	Direct Access	79.5%
	Discrete Diagnostics	88.4%
	Discrete Therapy	64.1%
	Elective Inpatient	33.9%
	Day Case	43.0%
	Outpatient First Attendance, Procedure or Ward Attender	63.2%
	Outpatient Follow Up Attendance, Procedure or Ward Attender	58.7%
Maternity	Maternity Pathway - Ante-natal	91.5%
	Maternity Pathway - Post-natal	83.5%
	Maternity Pathway - Deliveries	81.8%

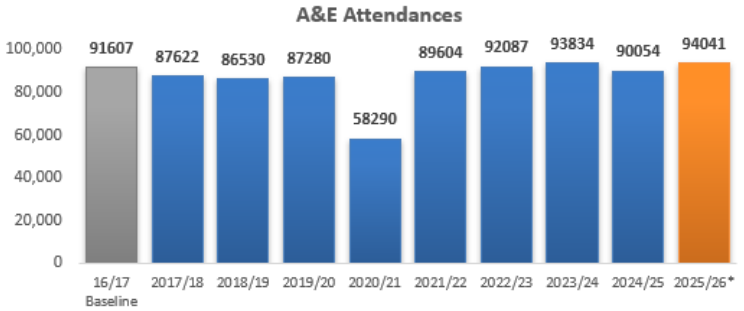
Access to Services Closer to Home

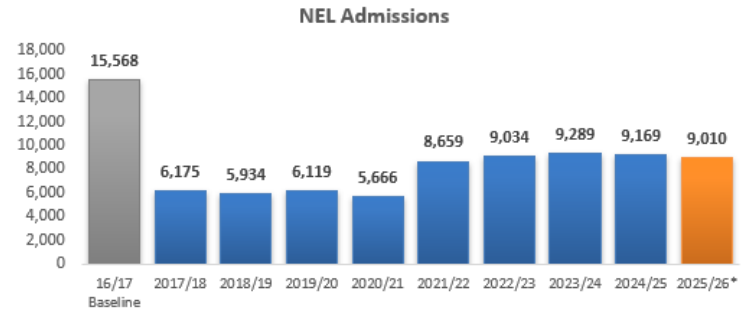
Activity delivered at Dewsbury District Hospital - historical trends











2020/21 and 2021/22 – impact of COVID-19

* *Based on month 5 forecast outturn for 2025/26.*

Volunteering Overview - DDH

- 157 active volunteers
- 18,053 volunteering hours in 2025
- Indicative financial value of £220K in National Living Wage terms
- Dedicated programme for 16 – 18 year olds
- Volunteers in 26 different roles
- Across many different locations and departments
- Initiatives include Volunteer to Career
- MY Café Dewsbury offers supported opportunities for volunteers with learning disabilities.

Unpaid by choice, not necessity — volunteers deliver unique patient experiences, colleague benefits, and community engagement

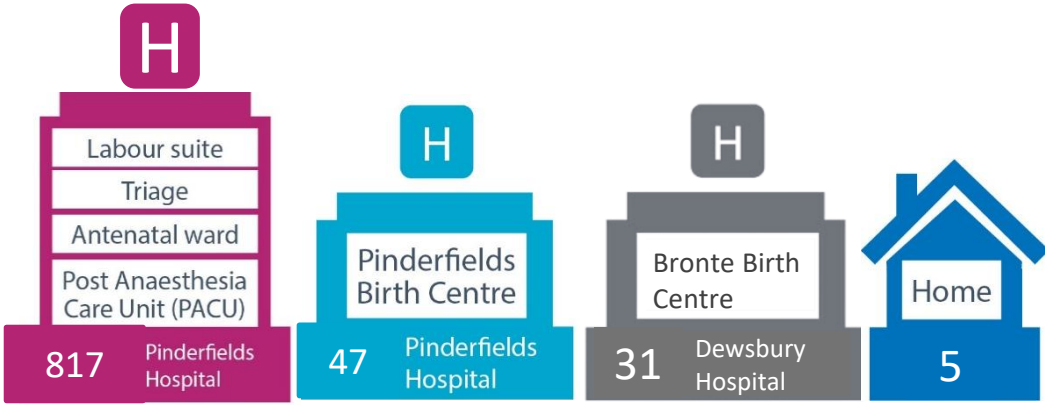
MY Maternity

Babies born in October and November 2025

NHS Mid Yorkshire Teaching NHS Trust

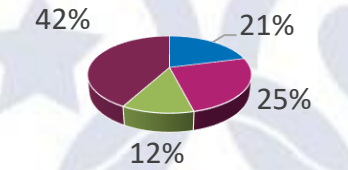
Total bookings: 896

Total births: 905

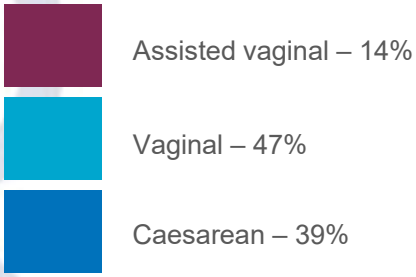


Born before arrival (BBA): 5

Type of delivery



Induced births - 295



This data includes all registerable births (over 23 weeks). This information is a snapshot taken from the Trust's maternity reporting data on 12.12.25. Born before arrival (BBA) – a baby born before arrival to Labour Ward or Birth Centre or, in the case of a planned homebirth, before the arrival of a midwife.

Clinical Safety Reviews and Improvements

As well as the 10 year plan the Trust is reviewing or taking forward the following major activities –

- Review of the Clinical Service Reconfiguration Model implemented in 2017
- Implementation of a new electronic patient record (EPR) – Nerve Centre
- Supporting the Place Based Partnerships and Provider Collaborative Models
- Maximising the new surgical hub on the DDH Site
- Reviewing the success of the Bronte Birth Centre at Dewsbury and District Hospital

Questions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QUESTIONS
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