Manchester University
NHS Foundation Trust

# Transforming Care for the Future

## 2017/18 Quarter 3 Report

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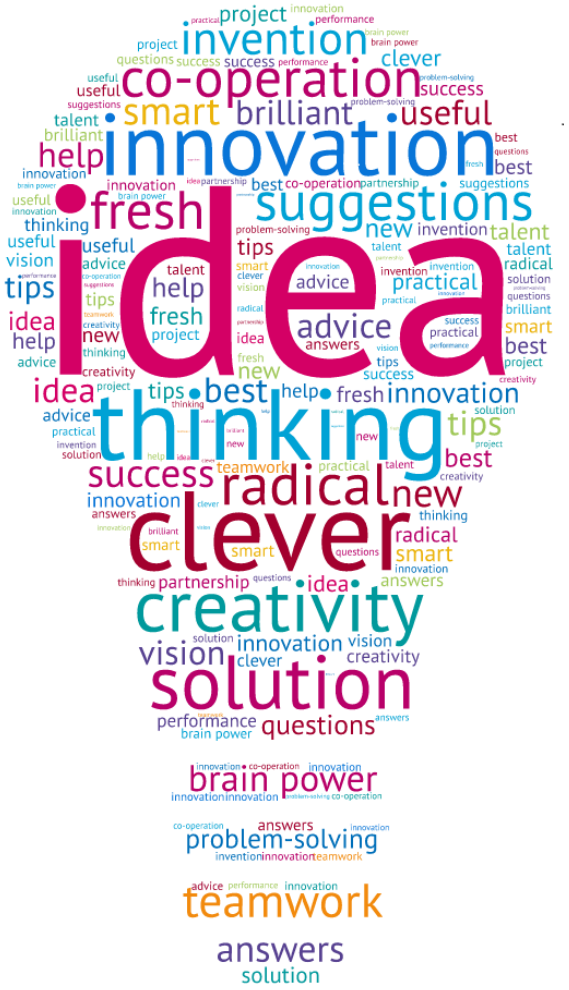
December 2017



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# Overview

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The MFT Transformation Strategy was approved by the Board of Directors on 19 September 2017. Our ambition is to lead healthcare in the NHS and therefore we need to be in the top decile for quality in its broadest sense not only on outcomes and safety but patient and staff experience and operational efficiency.

As a result we aspire to be recognised for excellence in patient and staff experience and use of technology, facilities and strong leadership are enablers for staff to change. This is the key driver for our transformation programme and in 3 years' time through a culture of clinically led change we want to achieve:

Operational excellence across all hospitals and community services, alongside being recognised for excellence in quality, patient and staff experience

Fully integrated single hospital services

Effective partnerships with our Local Care Organisation, Devolution Manchester, Shelford Group and other key stakeholders

The aim of our transformation strategy is to ensure we:

- ✓ Continue to build upon and strengthen the transformation work already in place
- ✓ Continue to build the capability of staff to ensure a culture of continuous improvement.
- ✓ Ensure we are making best use of existing resources and corporate teams to support improvement and support the clinical teams and divisions / hospitals in a coherent way.
- ✓ Continue to co-ordinate projects to ensure lessons are shared .

The Transforming Care for the Future Programme objectives for the next 3 years are:

| | |
|---|---|
| Culture for change | Continue to create the right culture across each Hospital and Division to deliver change through embedding the values and behaviours and leadership |
| Build Capability | Continue to build staff capability in leadership and change using a single methodology to support continuous improvement |
| Delivery | Through collaborative working achieve operational excellence and excellence in patient and staff experience which will continue to deliver efficiencies through transformational change, supporting the financial strategy |
| Governance | Comply with the governance process / PMO to ensure rigour to the work and expectations to achieve top decile for quality |

# The Roadmap

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The 3 year road map outlines the focus on sustaining and embedded in year 1, delivering integration benefits in year 2 and going from "good" to "great" in year 3.

During October – March the focus will be to deliver the existing programmes of work whilst bringing together a single transformation programme. This report outlines the timescales and commitments to develop the single programme of work and deliver existing commitments.

This report outlines progress during quarter 3 October-December 2017.

| SUSTAINING & EMBEDDING - SUPPORT MINIMAL IMPACT ON PERFORMANCE THROUGH MERGER | INTEGRATION BENEFITS | GOOD TO GREAT |
|---|---|---|
| Outpatients:<br>• Support delivery of digital programme<br>• Accreditation roll out to embed outpatient standards | Outpatients:<br>• SOP harmonisation<br>• Accreditation and outpatient standards across all outpatient areas and community<br>• Use of digital technology | Outpatients:<br>• Excellence in patient experience<br>• Use of digital technology |
| Elective:<br>• ERAS + roll out<br>• 6-4-2 embedded<br>• More patients treated through existing resources<br>• High risk adult elective on MRI site<br>• Theatre accreditation to embed elective standards | Elective:<br>• ERAS + roll out<br>• Elective orthopaedic hub at Trafford<br>• Integration of elective services teams | Elective:<br>• Consolidation of services across sites to continue to deliver single hospital services benefits including urology and head and neck services<br>• Optimised theatres, cath labs and endoscopy units |
| Emergency:<br>• Surgical ambulatory Care / assessment area<br>• High risk emergency adult surgery on MRI site<br>• Additional MRI scanner and access to more theatre for emergencies to support 7 day services<br>• SAFER standards embedded | Emergency:<br>• PPCI/heart rhythm/acute aortic surgery service consolidated<br>• Single arterial centre for the City<br>• Standardise frailty pathway<br>• SAFER standards embedded across all wards<br>• Compliance with 7 day services standards | Emergency:<br>• Resilience across emergency pathways with LCO out of hospital pathways in place<br>• Maximise use of ambulatory care models<br>• Full implementation of 7 day services<br>• Hub and spoke models implemented where appropriate |
| Integration:<br>• GIRFT / due diligence for best practice / learning to identify quick wins<br>• Deliver on 1-100 and year 1 projects | Integration:<br>• LCO in place<br>• Out of hospital pathways in place for patient groups identified | Integration:<br>• LCO implementation to reduce attendances / admissions to hospital for frail people, long term conditions, mental health / learning disability / dementia / children and young people, complex lifestyles |
| Culture and capability:<br>• Blueprint for model hospital<br>• Focus on middle managers leadership and change training<br>• MDT improvement projects<br>• Quality Improvement hub / creative space | Culture and capability:<br>• Single improvement methodology to systemise QI<br>• Team based approach to leadership and change<br>• Co-design with patients routine<br>• QI champions<br>• Roll out model hospital blueprint<br>• Shared learning events to spread innovation<br>• Promote improvement networks | Culture and capability:<br>• High performing teams in place<br>• Kaiser Permanente dosing formula achieved for capability building<br>• Culture of continuous improvement across the whole organisation |
| 2017/18 | 2018/19 | 2019/20 |

# Creating the Culture for Change

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## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Launch the Transformation Strategy across MFT during NHS Change Week (13-17 November)
- ✓ Set up a repository of information and case studies in a single hub to scale up improvements across MFT
- ✓ Support OD with staff engagement, values and behaviours programmes
- ✓ Implement a single on line portal for improvement for staff to easily access resources
- ✓ Widely publicise for staff to access charitable funds to support innovation and change projects

NHS Change Week 13- 17 November 2017

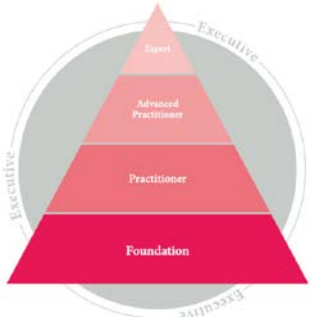
## PROGRESS DURING QUARTER 3:

During October we **launched the transformation strategy across Wythenshawe** with the Chief Transformation Officer attending the Clinical Directors meeting, Scheduled Care, Unscheduled Care and CSS Divisional Management Boards to present the strategy. Alongside the Transformation Strategy, the Leadership and Culture Strategy was launched through NHS change week and staff consulted on values and behaviours with now over 1000 staff having their say on the new organisation's values.

Throughout week commencing 13th November, staff and patients across MFT came together to celebrate **NHS Change Week.** Activities took place across all hospitals with over 400 staff visiting stands and 82 projects being showcased. On the Wednesday we held a Transform Together event at Wythenshawe Hospital where we welcomed back members of the NHS Academy of Fabulous Stuff. The event was opened by the Hospital Chief Executive and supported by the Group Chairman.

To encourage more "Virtual Clinics" across the Trust, the Transformation Team instigated a call out to clinical teams to submit proposals against the **Transform Together charitable funds** for how they could introduce a new virtual clinic in their area. A total of 5 applications with a value of £40k was received and a 'dragon den' style approach for approving these was held in November. Applicants were asked to pitch their proposal to a panel that consisted of consultants, corporate directors and a non-executive director and was chaired by the Deputy Director of Transformation. There were 3 of the 5 applications approved and feedback on the process was positive in that applicants felt that they were able to articulate and bring to life their proposals. The successful initiatives were a virtual physiotherapy clinic aided by automated sensor based technology, diabetes monitoring transmitter and transplant virtual clinics.

Work has continued with communications to develop a single **leadership and improvement hub** as part of the overall refresh of the MFT intranet and website page.




# Building Capability for Continuous Improvement

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## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Roll out the Newly Appointed Consultant Programme across Wythenshawe
- ✓ Roll out the induction to improvement for doctors in training across the Central Site
- ✓ Develop and deliver a programme of change and project management skills to staff to achieve a culture of continuous improvement
- ✓ Ensure that course offerings meet Hospital's requirements

Transform Together Trophy Winner Becky Hughes for her project on Essential Care after a Patient Fall Algorithm project

## PROGRESS DURING QUARTER 3:

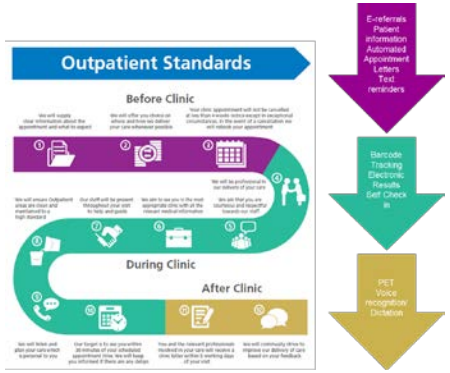
Working with the Group Medical Director and Wythenshawe Medical Director, the **newly appointed consultant programme cohort 11** commencing in January 2018 has been opened up to consultants meeting the criteria at Wythenshawe.

Meetings have taken place to scope how to **involve doctors in training in improvement** projects, aligning to the transformation strategy. This is now being progressed into a wider piece of work to develop a Leadership and Improvement Academy proposal for MFT.

A scoping exercise of the numbers of staff which require training at the **4 different levels for improvement** to ensure a culture of continuous improvement is underway by Hospital / Managed Clinical Services and will be shared with Chief Executives during Q4 in order to incorporate into their annual plans for 18/19 and to ensure there are courses to meet demand.

A workshop has taken place with **AQuA** to outline the requirements for MFT in terms of leadership and improvement capability courses going forward and the input AQuA can give as part on our on going membership. A follow up workshop will take place during Q4 to scope in detail the requirements and offerings.

Recognising and supporting staffs contribution to improving services is vital for spreading good practice and learning. Becky Hughes, Staff Nurse at Wythenshawe Hospital won the **Transform Together** Trophy for her project on Patient Falls. Her drive and passion for this project to improve the care for patients was impressive and the way she engaged with all professionals across the Hospital.




# Digitalising Outpatients to deliver Standardised Care

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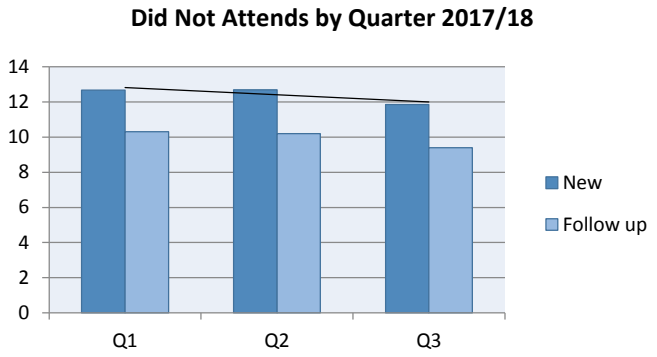
## OUR COMMITMENTS FROM OCTOBER – DECEMBER , WE WILL:

- ✓ Develop a single outpatient transformation programme across MFT
- ✓ Continue to work with the nursing directorate team to roll out the outpatient accreditation scheme
- ✓ Roll out the standards across Wythenshawe and Withington and where accreditation has not taken place, outpatient teams self assess against standards to demonstrate continuous improvement
- ✓ Improve patient experience and reduce DNA's and complaints, contributing to the turnaround deliverables
- ✓ Work with informatics to support implementation of digital enablers for outpatients such as e-referrals, paperless results, self check ins.




## PROGRESS DURING QUARTER 3:

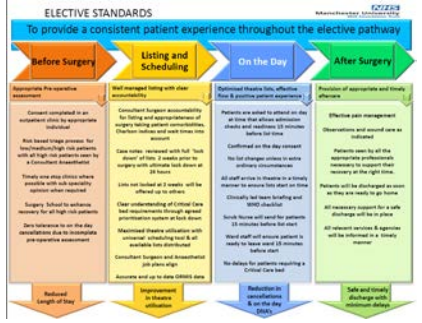
A **"Perfect Week"** took place across MRI Outpatients week commencing 27th November 2017, following the success and learning from the Perfect Week in RMCH. The week focused on putting in measures to ensure that the Outpatient Standards could be met consistently throughout the week, improving the patient experience and productivity. Data is currently being gathered and a report will be shared early January.

An **Outpatient Digitilisation Improvement Group** has been set up jointly chaired by Transformation and Informatics. This was as a result of a visioning workshop held in September to engage with all Divisions on the new technologies being planned and how these will impact operationally. The remit of the group is to ensure alignment of all the informatics workstreams that affect outpatients and covers e-referrals, self-check in kiosks, health records and clinical correspondence. An operational plan bringing together all the key milestones has been drafted for each hospital.

Initial discussions have been held with Wythenshawe to share the **outpatient standards** and approach that has been in place across Central and Trafford hospitals. A baseline assessment is being planned for January and engagement sessions with Clinicians are also being organised.

**Results**

- The **outpatient accreditation** programme, led by the corporate nursing team, has continued at pace with the Dental Hospital being awarded the first gold in November 2017.
- The **Did Not Attends** (DNA) have improved in Q3 from Q2 by **1%** going from **11.6%** to **10.6%** overall for new and follow-ups, with the biggest improvement seen within RMCH.




# Maximising Elective Activity

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## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Embed new elective pathway policy and action cards for staff across surgical services, from the new surgical pre-op process/model, ERAS+ to support timely discharge
- ✓ Work with General Surgery to implement new general surgery models of care for high risk elective surgery
- ✓ Support the delivering of elective orthopaedic activity and integration plans

Perfect Week Project PAtTH morning briefing in Adult Surgery, MRI

## PROGRESS DURING QUARTER 3:

During quarter 3, surgical teams have carried out **Perfect Weeks in theatres** in order to embed the elective pathway action cards to improve the experience for patients having surgery and reduce cancellations and lost theatre time. These have occurred in:-

- Adult Surgery MRI – w/c 27th November 17
- RMCH and paediatrics at Trafford – w/c 4th December 17
- Wythenshawe – w/c 4th December 17
- Gynaecology – month of December 17

A workshop is being planned for Q4 to share the learning from all of the perfect weeks and refresh the elective standards to embed across the whole of MFT.

A workshop took place led by the Group Medical Directors with all **General Surgeons** for the clinical team to provide progress to date including vision for the future and success of the ambulatory care unit at Wythenshawe. The challenges ahead were discussed with agreement on actions to be taken in order to ensure key medical decisions are made earlier in the patient journey, variation is minimised and high quality care is consistent. Since the workshop the clinical team are focused on developing a surgical ambulatory care unit on the MRI site and implementing a consultant buddying up system.

During Q3 the Group Chief Nurse has provided leadership for the **elective Orthopaedic improvement plan**. Weekly meetings have continued focusing on the get it right first time recommendations to have 4/5 hip replacements on a list. As a result more consultants are running these lists and activity and income has increased. Consultant of the week model for trauma has been consulted upon and has been implemented from 4th December 2017. This enables additional elective sessions to be undertaken.

**Results**

- Elective activity has increased by an average of **100 more cases** per week overall across the Trust in Q3 compared to Q2 particularly across RMCH and Adult surgery, MRI.

SAFER matters

Multidisciplinary Ward Team Guide to SAFER Bundle and Red Green Day Audit

UHSM

# Optimising the Non Elective Pathway

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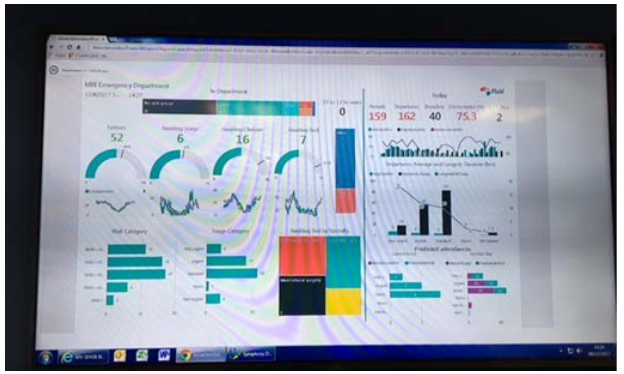
## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Ensure delivering against 17/18 capacity plans for Hospital sites and ensure alignment with winter plans
- ✓ Bring the MRI and Wythenshawe Urgent Care Teams together to understand the differences in services, share best practice in order to ensure resilience over winter
- ✓ Support Informatics to implement predictive analytics for ED/ward occupancy to support patient flow across the MRI, Trafford and Wythenshawe
- ✓ Optimise endoscopy rooms across MFT to support SAFER standards + 6 week diagnostics delivery



Advanced analytics in the Silver control room

## PROGRESS DURING QUARTER 3:

Key to reducing LoS across the MRI is the **frailty** work and the first programme board was held in November. This has wide multidisciplinary representation and is focusing on four work streams, these being on documentation, pathways, education and resources. The programme will run for 12 months with the aim to scale up the assessment and management of frailty across the MRI and provide the foundations for developing the service across the wider MFT. A workshop is now being planned for early in the new year to develop a set of principles that all sites can work towards achieving to deliver a consistent service across the pathway.

A comparison of the **SAFER standards** across Oxford Road campus and Wythenshawe has been undertaken and a refresh of the SAFER standards has been undertaken in the MRI as part of the 100 day plan led by the Clinical Lead for Urgent Care. This is supporting the focus on flow across the MRI from December with a re-launch of the standards and heading home principles. The next steps will be developing a consistent set of standards and approach across all Hospitals. The focus on flow is also been helped now by the wall of analytics that is in place within the Silver Command Centre showing information on what's happening across the hospital from a patient flow perspective and predicting what is expected.

**Results**

- The Q2 **MRI and RMCH capacity plans** have been produced demonstrating that across the MRI length of stay (LoS) plans have delivered equivalent to **25** beds resulting in a reduced occupancy and **31** less beds used across RMCH. Maintaining momentum with these programmes has been key during Q3 and into our busiest period during Q4.
- The work being carried out by the Endoscopy Service Team with Foureyes on **endoscopy room utilisation** at MRI and Trafford has been completed with the following implemented and as a result the endoscopy service was delivering 215 cases above overall plan:
    - Weekly scheduling and 6/4/2 processes
    - Templates for Training lists , Nurse Endoscopists, Consultants
    - Implemented robust vetting processes and rota
    - Reviewed utilisation of Bronchoscopy sessions and process mapped the ERCP pathways

NHS Services, Seven Days a Week

NHS Improving Quality

# Supporting 7 Day Services

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## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Work with the Medical Directors Office on providing transformational resource for changes agreed as priority areas
- ✓ Focus on delivering against the best practice guidance which is aligned to existing programmes of work on SAFER and handover

| Trust | Standard 2 | Standard 5 | Standard 6 | Standard 8 |
|---|---|---|---|---|
| Oxford University Hospitals NHS Foundation Trust | 97% | 100% | 100% | 92% |
| University Hospital Of South Manchester NHS Foundation Trust | 88% | 100% | 100% | 96% |
| The Newcastle upon Tyne Hospitals NHS Foundation Trust | 87% | 100% | 100% | 92% |
| King's College Hospital NHS Foundation Trust | 72% | 100% | 100% | 85% |
| Central Manchester University Hospitals NHS Foundation Trust | 69% | 100% | 100% | 94% |
| Cambridge University Hospitals NHS Foundation Trust | 67% | 100% | 100% | 98% |
| Guy's And St Thomas' NHS Foundation Trust | 67% | 100% | 100% | 60% |
| University Hospitals Birmingham NHS Foundation Trust | 65% | 100% | 100% | 95% |
| Imperial College Healthcare NHS Trust | 64% | 100% | 100% | 95% |
| Sheffield Teaching Hospitals NHS Foundation Trust | 60% | 100% | 100% | 76% |
| University College London Hospitals NHS Foundation Trust | 56% | 100% | 89% | 87% |

Shelford comparison Spring Survey 2017

## PROGRESS DURING QUARTER 3:

All Hospitals are continuing to progress with their 7 day service plans. A recent survey has shown that there has been steady progress against the 4 key priority standards. These are:-

- **Standard 2** – Time to first consultant review
- **Standard 5** – Access to diagnostic tests
- **Standard 6** – Access to consultant-directed interventions
- **Standard 8** – On-going review by consultant twice daily if high dependency patients, daily for others.

However, Standard 2, 'Patients reviewed within 14 hours of admission at hospital' remains a challenge across all hospitals. The areas which are achieving this are in Stroke, PICU, Gastroenterology, Haematology and Renal on the Oxford Road Campus. One of the key reasons has been shown to be around documentation. Divisions are currently reviewing processes and developing plans to address the shortfall.

National comparator data shows that the majority of trusts continue to provide patients with less access to consultants at the weekend compared to a weekday. A comparison against the Shelford Group of Trusts shows that on the Oxford Road Campus we are above average with Wythenshawe in the top quartile.

Liz Birchall, Allied Health Professionals Directorate Manager is participating in a web-ex in January with other Trusts regarding the changes made to the AHPs' working patterns for 7 day service on the Oxford Road Campus as this has been identified as good practice above what other Trusts have achieved.

# Integrated Care and Pathways

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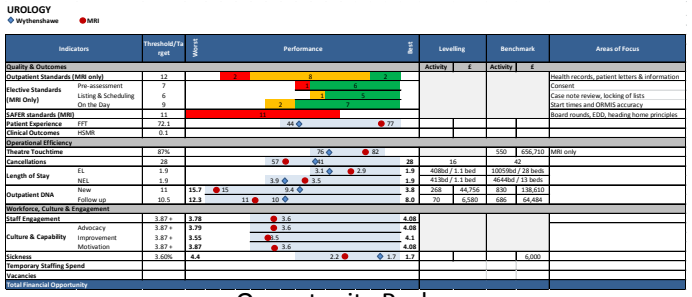
## OUR COMMITMENTS FROM OCTOBER – DECEMBER, WE WILL:

- ✓ Provide leadership to the integration team to support delivery of required changes. Use due diligence outputs to identify quick wins for improvement
- ✓ Work with clinical teams and Hospital Leadership Teams to develop integration plans and new care models that fit within the Clinical Strategy
- ✓ Ensure robust governance through setting up a panel process and using WAVE as a reporting tool
- ✓ Produce opportunity packs for each specialty aggregated to Hospital site to provide clarity on integration opportunity and resultant financial consequence
- ✓ Act as link between Get It Right First Time (GIRFT) national team and clinical teams for specialty site visits. Use outcome data to identify areas for improvement



UROLOGY
◆ Wythenshawe ● MRI

| Indicators | | Threshold/Target | Worst | Performance | Best | Levelling Activity | Levelling £ | Benchmark Activity | Benchmark £ | Areas of Focus |
|---|---|---|---|---|---|---|---|---|---|---|
| **Quality & Outcomes** | | | | | | | | | | |
| **Outpatient Standards (MRI only)** | | 12 | | 2 8 2 | | | | | | Health records, patient letters & information |
| **Elective Standards (MRI Only)** | Pre-assessment | 7 | | 3 6 | | | | | | Consent |
| | Listing & Scheduling | 6 | | 1 5 | | | | | | Case note review, locking of lists |
| | On the Day | 9 | | 2 7 | | | | | | Start times and ORMS accuracy |
| **SAFER standards (MRI)** | | 11 | | 11 | | | | | | Board rounds, EDD, heading home principles |
| **Patient Experience** | FFT | 72.1 | | 44 ◆ 77 ● | | | | | | |
| **Clinical Outcomes** | HSMR | 0.1 | | | | | | | | |
| **Operational Efficiency** | | | | | | | | | | |
| **Theatre Touchtime** | | 87% | | 76 ◆ 82 ● | | | | 550 | 656,710 | MRI only |
| **Cancellations** | | 28 | | 57 ● 41 ◆ | **28** | 16 | | 42 | | |
| **Length of Stay** | EL | 1.9 | | 3.1 ◆ 2.9 ● | **1.9** | 408bd / 1.1 bed | | 100598d / 28 beds | | |
| | NEL | 1.9 | | 3.9 ◆ 3.5 ● | **1.9** | 413bd / 1.1 bed | | 4644bd / 13 beds | | |
| **Outpatient DNA** | New | 11 | | 15 ● **15.7** 9.4 ◆ | **3.8** | 268 | 44,756 | 830 | 138,610 | |
| | Follow up | 10.5 | | 11 ● **12.3** 10 ◆ | **8.0** | 70 | 6,580 | 686 | 64,484 | |
| **Workforce, Culture & Engagement** | | | | | | | | | | |
| **Staff Engagement** | | 3.87 + | | **3.78** 3.6 ● | **4.08** | | | | | |
| **Culture & Capability** | Advocacy | 3.87 + | | **3.79** 3.6 ● | **4.08** | | | | | |
| | Improvement | 3.87 + | | **3.55** 3.5 ● | **4.1** | | | | | |
| | Motivation | 3.87 + | | **3.87** 3.6 ● | **4.08** | | | | | |
| **Sickness** | | 3.60% | | **4.4** 2.2 ● 1.7 ◆ | **1.7** | | | | 6,000 | |
| **Temporary Staffing Spend** | | | | | | | | | | |
| **Vacancies** | | | | | | | | | | |
| **Total Financial Opportunity** | | | | | | | | | | |

Opportunity Pack

## PROGRESS DURING QUARTER 3:

There are **27 integration workstreams with 40 projects.** These are now on WAVE and a single report is produced to track delivery of patient benefits which is reported to the Operations and Transformation Steering Group. This is supplemented by a panel discussion with clinical and managerial teams led by the Chief Operating Officer or Chief Transformation Officer, with Hospital Chief Executives.

During Q3 the following **clinical workshops** have taken place bringing clinical teams from across the merged organisation together, facilitated or support by Transformation:

- Two workshops have taken place with Trauma and Orthopaedic Surgeons, one focusing on elective care and the second on trauma
- Respiratory Workshop
- Emergency Departments Urgent Care Workshop
- Two Urology workshops
- Gynaecology Workshop

The Transformation and Integration Teams have developed during October and November, specialty and hospital level **opportunity packs** bringing together data to show where efficiencies can be made by levelling performance across Wythenshawe and the Oxford Road campus and against national benchmarks. Clinical Teams are using these packs to help develop the 18/19 Turnaround and Transformation Plans. In addition Foureyes have supported capacity and demand modelling of radiology capacity across MFT to ensure the right levels of access over 7 days.

**Get it Right First Time (GIRFT**) visits have been held in Obstetrics and Gynaecology at the Wythenshawe site, Paediatric Surgery in RMCH and Ophthalmology during November. Recommendations from all the visits to date are being gathered into one document to identify themes and areas of good practice.

16 integration projects have deliverables within the first 100 days which will include a new surgical list for gynae patients at Wythenshawe, pooled urology daycases across MFT and new rehab pathways.

# The Next 3 Months

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| | Outpatients | Elective | Non-Elective | Integration | Culture Change & Capability Building |
|---|---|---|---|---|---|
| **Q4** | • Work with the nursing team on rolling out the outpatient accreditation programme<br>• Roll out the outpatient standards across Wythenshawe and Withington and carry out a baseline assessment<br>• Evaluate the accreditation programme<br>• Evaluate progress against the work programme and agree 2018/19 plan | • Working with the nursing team on ensuring the theatre accreditation process embeds the elective standards<br>• Undertake re-assessment of elective standards through the revised theatre accreditation programme.<br>• Reduce cancellations and support delivery of RTT by optimising our theatres/catheter Labs to deliver an additional 5000 electives cases via robust scheduling (6–4–2 process), moving from 3 ½ to 4 hr sessions and reviewing theatre templates at specialty level<br>• Evaluation of progress against work programme and agree 18/19 plan | • Evaluate new outliers process in the MRI<br>• Develop 18/19 Capacity Plan<br>• Evaluate progress against work programme and agree 18/19 plan | • All year 1 projects to have clear KPIs directly as a result of integration / merger<br>• Focus on reducing length of stay for complex patients through working with partners across health and social care as part of the LCO programme of work<br>• Develop 18/19 plans based on the opportunity pack data and accountability oversight framework | • Publish 17/18 case studies from across MFT<br>• Deliver a Transform Together event<br>• Evaluate 127/18 capability programme<br>• Quarterly staff pulse check |
| **Throughout 2017/18 we will have:** | **Reduced DNAs by 2%** | **Delivered an additional 5000 elective cases** | **Reduced LoS to deliver efficiency savings equivalent to 60 beds across MRI** | **Day 1-100 benefits realised<br>All integration projects to have clear non financial and financial measurable** | **Maintained staff engagement score<br>Demonstrated positive changes on cultural survey<br>Carried out quarterly Transform Together events** |