TRANSFORMING CARE FOR THE FUTURE

2015-2016 Plan and Commitments

Vanessa Gardener, Director of Transformation

Discover  Design  Deliver
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Overview

The Transformation Strategy was approved by the Trust Board in September 2014 and set out how we will organise and develop our transformation programme and management capability, in the context of delivering “Transforming Care for the Future”.

The aim of our transformation strategy is to ensure we:

- Reach the top decile for quality - clinical outcomes, safety, patient experience, staff engagement and operational efficiency measures.
- Build upon and strengthen what is already in place but also carry out work across divisions and hospitals
- Build the capability of clinical leaders and also develop a robust change leader programme whereby staff at all grades and professions can be skilled up in transformation essentials
- Make better use of existing resources and teams support improvement by building a virtual team – we have a change and innovation team in informatics, the quality improvement team in nursing, the OD&T team within HR; we need to ensure we all work closely together to offer support to the clinical teams and divisions in a coherent way
- Co-ordinate projects to ensure lessons are shared - the organisation is large and therefore it becomes more important to share across the organisation and also sharing examples of good practice internationally and nationally.

The Transforming Care for the Future Programme objectives for the next 2 years are:

1. To create the right culture to deliver change through embedding the values and behaviors through distributed leadership

2. Give staff clear improvement methodology and build skills

3. Implement a governance process / PMO to ensure some rigour to the work and expectations. A PMO governance process is the backbone to successful project and programme management and ensures change occurs and is managed in a logical and controlled way. There are examples already in the Trust within Informatics and St Mary’s.

4. Contribute through transformation circa £11m efficiency savings
Overview - Strategic Context

The Transformation Strategy approved by the Board is the internal large scale change programme that supports the city wide transformation under Living Longer Living Better/Place Based Care and Greater Manchester’s Healthier Together. We are a key partner within the City and the internal programme will frame the work undertaken within CMFT and help provide levers internally to support the wider partnership agenda.

Since the strategy was approved the external environment has changed with Devolution Manchester and in relation to Social Care Integration and the Manchester Commissioners’ “One Team” approach to a shared specification for the health and social care community services that they want to commission. In response to the latter, the health and social care provider organisations in Manchester have agreed to put together a proposal for how organisational forms might be developed to ensure effective delivery of the functions described in One Team. A group of eleven provider organisations has been established, under the Manchester Health and Wellbeing Executive Group to carry this work forward. CMFT has a lead role in chairing the group as well as the Central Provider Partnership Forum.

These changes have the potential to further influence the way we are perceived as a research institution across Manchester and nationally. Manchester Devolution, the arrival of a new Dean at The University of Manchester and our developing MAHSC partnership all offer opportunities to continue to consolidate our place as a nationally and internationally recognised research institution. Opportunities to bid for large NIHR infrastructure awards (BRC, BRU and WTCRF funding) will take place over the next two years and the development of our innovation landscape on the Manchester Corridor (Citylabs and Clusterlabs) will all drive the growth of a considerable research infrastructure at CMFT.

Creating and embedding a systematic, clinically led demand for innovations and the systems and processes to evaluate and implement in some cases along the care pathways, will be a significant challenge that will stem from the creation of the Academic Health Sciences System. The Transformation Team will work closely with the R&I Division and lead Directors for Living Longer Living Better/Place Based Care during 2015/16 to support work where appropriate. The Transformation work programme is flexible enough to respond to strategic changes during the year that may be initiated from the Innovation agenda or Greater Manchester / City Wide work.
Review of 2014/15 – Key Successes

• Transformation strategy approved by Board of Directors - September 2014

• 4 Service Reviews with 30,60,90 action plans being tracked

• 10 Staff Engagement Sessions to support the development of standards and new models of care with circa 300 staff

• Engagement with circa 150 patients, families and carers to progress the transformation workstreams

• Development and ratification of CMFT Outpatient Standards

• Virtual clinic showcase with 13 teams sharing new outpatient models of care

• MRI point prevalence study and capacity plan development, presenting to clinicians LOS opportunities that has resulted in a reduction to date in beds by 30

• Implementation of an Acute Medical Ambulatory Care Unit

• Planned and ran the ‘Perfect week’ achieving 95% for the MRI and 98% overall for the Trust

• Development of capability matrix with OD&T including lessons learnt from V2A change leader programme

• 25 improvement projects delivered through Leading for Excellence, Newly Appointed Consultant Programme

• Launch of the Transforming Care for the Future programme and showcasing of work to date – February 2015
In July 2014/15 the Non elective (NEL) transformation work stream was set up with a real focus on reducing length of stay (LoS) to support flow across the MRI. The graph above shows the NEL LoS since April 2014 is reducing towards the Shelford mean. A trajectory has been set for 2015/16 for further improvements going forward.
Review of 2014/15 – Key Metrics – Theatre Utilisation

The graph on left shows theatre utilisation across our 50 theatres since April 2013. The trend shows that utilisation is increasing. In November 2014 the Elective Transformation workstream was set up with the aim to focus on increasing utilisation. Two consultants have secured leadership development roles with the Medical Director and Transformation teams to provide clinical leadership in the area. This has resulted in a theatre summit in April 2015 set up to develop the CMFT standards and agreed data sets to drive improvements in performance across all of our theatres. As such, this is a key focus for the 2015/16 work programme.
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- Division Commitments
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- Our Funding

## 2014/15 at a Glance

### May
- Appointment of Transformation Director
- Appointment of Transformation Programme Manager

### June
- Development of Strategy with key stakeholders
- V2A handover from McKinsey

### July
- Development of Outpatient Transformation Programme
- Development of the non elective transformation programme

### August
- Capacity Plan developed
- Baseline assessment of transformational activities
- Capability matrix drafted

### September
- Trust Board Approval of Strategy
- Point prevalence across MRI wards
- Joined ambulatory care network

### October
- Team appointed
- Staff Engagement session for Outpatient Standards (200 staff)
- Patient engagement for outpatient standards (100 patients)

### November
- PMO set up
- Strategic Transformation Board set up
- Ambulatory care area opened in OMU
- Theatre Forum set up

### December
- Operational Board set up
- Review of Complex Discharge Service
- Perfect Week planning

### January
- General Surgery Review
- Perfect week planning

### February
- Perfect Week 5-11th
- Launch of Transformation Programme
- Virtual Clinics Showcase

### March
- Review of Vascular Services
- Review of Transplant Services
- Ratification of the CMFT outpatient standards – proud to care
Setting the CMFT Outpatient Standards

Over 1 million patients are seen across our outpatient settings and for many this is the only time they will come in contact with our services. This is why we are committed to improving our outpatient services to provide the best patient experience. During 2015/16 we will carry out a baseline assessment / gap analysis of each Division against the CMFT Outpatient Standards, working with the Eye Hospital and Altrincham to become early adopters and demonstrate tangible improvements in patient experience, working towards a 5 star service.

The Transformation Team will also work with the Consultants for Development and Change to develop a virtual clinic blueprint for the Trust building upon the virtual clinic showcase held in February 2015, sharing innovation amongst teams as a step towards the 2020 vision for place based care and delivering outpatient services in different ways. We will work with the nursing team to explore the development of an accreditation process for outpatients.

**OUR 2015/16 COMMITMENTS, WE WILL:**

- Support Divisions to carry out a baseline assessment against the CMFT Outpatient Standards.
- Work with Divisions to improve upon the baseline assessment by March 2016, with a particular focus on quality of phone answering, appointment scheduling, staff helpfulness linked to the values and behaviour training
- Work with the Eye Hospital and Altrincham to become early adopters and demonstrate tangible improvements in patient experience
- Develop a virtual clinic blueprint and promote new models of care
- Work with the Corporate Nursing Team to explore an accreditation process for outpatients

*Lead Executive Directors:*
*Medical Director & Chief Operating Officer*
Maximising Elective Activity

Approximately 25,000 patients are operated on within CMFT and the NHS Constitution promises patients a limit on any wait for tests, outpatient care or planned operations. Timely referrals for treatment leads to better outcomes for patients. In order to improve care for our elective patients we need to ensure that as soon as the decision is made to treat we have the most efficient and effective processes for pre-operative assessment, theatre listing and enhanced recovery.

We will do this during 2015/16 by reviewing pre-operative assessment services across the Trust and work with gynaecology, colorectal and cardiology services as early adopters in order to stratify patients by the level of risk. We will set elective/theatre principles and measure against them for each of our 50 theatres and we will review elective pathways to ensure that clinical teams agree to the ideal length of stay and understand why patients are remaining in hospital longer than expected. We will support the Eye and Dental Hospitals in running a Perfect Elective Week to optimise the elective pathway and will share the learning.

We will set up a “think tank” with opinion leaders and change champions to develop innovative thinking for pushing the boundaries in particular in theatres.

**OUR 2015/16 COMMITMENTS, WE WILL:-**

- Review pre-operative assessment services across the Trust and work with gynaecology, colorectal and cardiology services as early adopters of a new model
- Set CMFT elective/theatre standards to improve the patient experience
- Work with Divisions to measure against the standards to obtain a baseline position
- Agree a blueprint for the ideal LOS for urology, HPB, Upper GI and non endovascular pathways working with clinical teams understanding why patients are remaining in hospital longer than expected
- Support the Eye and Dental Hospital in running a Perfect Elective Week
- Have worked with Divisions to improve theatre utilisation from 72.5% to 79.4% (Theatre Benchmarking Network mean) by March 2016
- Set up a “think tank” to explore new ways of working and incentives for theatres

*Lead Executive Directors:*

*Medical Director & Chief Operating Officer*
## Optimising the Non-Elective Pathway

Building upon the Perfect Week undertaken in February 2015 across the MRI, Trafford and Eye Hospital, we will embed the lessons learnt through ensuring in-reach by specialties into AMU for early senior opinion, implement fully the SAFER standards, agree a process for managing outliers across the MRI, embed the escalation policy and develop a model of care for 24/7 capacity management for the MRI. We will support the running of a Perfect EGRESS Week to embed the complex discharge system. We will support cardiology in running a Perfect Week across the Heart Centre and will support the transformation team in St Mary’s to run a Obstetric / Neonatal Perfect Week. By focusing on these areas we will ensure that the length of stay is reduced to become in line with the mean of our Shelford Peers by March 2016.

We will support clinical teams across the MRI in developing an ambulatory care model for the medium term that will put ambulatory care as the first option for patients. Critical to our success is the transformational change required within CMFT to support the urgent care strategy across Manchester. We will organise an event for the MRI and Trafford Divisions to agree the CMFT urgent care strategy and next set of transformation priorities, aligning to PBC Strategy.

**OUR 2015/16 COMMITMENTS, WE WILL:-**

- Support the full implementation of the CMFT SAFER Standards, including a focus on patient experience on the wards
- Work with the MRI to accurately report on outliers and support the implementation of dominant specialty recorded in AMU
- Run a facilitated session with the Acute Physicians to map their future service model
- Support the running of a Perfect EGRESS Week and Cardiology Perfect Week
- Develop a model of care for 24/7 capacity management
- Work with clinical teams to develop a medium term ambulatory care model and business model for the MRI
- Run a workshop with for the MRI and Trafford to ascertain the urgent care strategy going forward
- Work with Divisions to reduce LOS across the MRI from 6 days to 5.5 days (Shelford mean) by 2016

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**Lead Executive Director:-**

Chief Operating Officer
7 Day Services

NHS England set the intention that by April 2017 the experience and outcomes of emergency inpatient care in the NHS will be the same across every day of the week, regardless of day of admission. To achieve this for our patients, it will require a review into the 7 day service clinical standards and Out of Hours (OOH) medical cover. With no additional funding announced and standards being expected to be achieved from improved efficiency via service transformation.

Led by the Medical Directors Office, following a gap analysis undertaken with each Division, we understand the variation in service provision across the Trust, including the cost of scaling up services to 7 days. All Divisions have set out the intention to achieve 7 day working in their 2015/16 business plans. We will work with the Medical Directors Office and Lead Divisional Director to host engagement sessions with staff and stakeholders to look at the options for scaling up services. Once we understand priority areas across the Trust, we will work with Divisional Directors and the Medical Directors Office to agree where, if any, transformation resource is required to assist in delivery.

**OUR 2015/16 COMMITMENTS, WE WILL:-**

✓ Plan and run engagement sessions with staff and stakeholders to develop options for scaling up services
✓ Work with Divisional Directors and the Medical Directors Office on providing transformational resource for changes agreed as priority areas

*Lead Executive Director:*
*Medical Director*
Create the right culture to deliver change

Successful transformation requires a prevailing culture that strives for improvement. A culture that is open about problems, receptive to change and committed to doing what is best for patients is a vital foundation for a successful and sustainable long-term transformation. We will work with the Executive Director of Finance to develop a Shelford Group Network for transformational change to learn from each other.

We will work with the Organisational Development team and the Associate Director of Equality, Diversity and Inclusion to embed the values and behaviours of the Trust through our transformation programmes of work. We will roll out distributed leadership to ensure there is an effective oversight of performance and delivery to galvanise true local autonomy and accountability. We will work with the new surgical division leadership team in 2015/16 to do this by developing “team surgery”.

We will work with OD, Nursing, Informatics, Place Based Care teams to agree a set of change principles so that staff across CMFT understand the approach being taken for change management and change leadership.

We will introduce “Transform Together” as a means of sharing examples of change projects and for individuals / teams to gain recognition for their work. We will introduce quarterly events and link to the Proud of You Awards.

OUR 2015/16 COMMITMENTS, WE WILL:-

- Work with OD&T and Equality, Diversity and Inclusion to embed the values and behaviours of the Trust through all of our workstreams and projects
- Work with the surgical division leadership team to develop ‘team surgery’
- Develop a framework for change for CMFT for staff
- Introduce quarterly “transform together” learning events
- Repeat the change survey during 2015/16 to demonstrate cultural changes
- Develop a Shelford Group Transformation Network

*Lead Executive Director;-
Executive Director for Human and Corporate Resources*
Building Capability for Transformational Change

We will continue to work with the Organisational Development team to build and improve our organisation capability, work more efficiently and effectively, through improving our skills and ways of working. We will do this by continuing to run leadership programmes (Leading for Excellence, NACS, CD) and as part of the programme a transformation change project will be required to demonstrate learning into practice. We will ensure these projects link to the “Transform Together” events.

We will maximise medical leadership and engagement. We will develop our Divisional transformation leads ensuring that each Division has at least one member of staff in 2015/16 with more advanced skills. We will work with the Divisional leads to help them develop their own approach to transformation with the aim to get all Divisions to a level of maturity. We will set up a mentoring scheme for staff involved in change.

We will work with OD to develop a transformation leaders programme open to all staff, making available courses for foundation level, intermediate level and advanced

We will work with partners across the health and care landscape, including those organisations with a lead role in improvement, such as AQuA, Haelo, Advisory Board, Academic Health-Science Networks and NHS Improving Quality, to make use of their resources to make these changes. We will also work with staff to ensure there is the right support in place for new care models.

**OUR 2015/16 COMMITMENTS, WE WILL:-**

- Support OD to present at leadership events
- Ensure every change project has a medical lead, particularly maximising the skills of those who have completed leadership / change projects
- Develop Divisional Transformation leads skills and work with them to develop their approach to transformation
- Develop a mentoring scheme for those involved in change management
- Support OD in developing a Transformation leaders programme
- Work with external partners to make full use of resources offered to the Trust
Each Division has an annual plan of which transformational change (section 2.5) forms a key element. It is from these plans that the Divisional Priorities have been taken.

### MEDICINE & COMMUNITY SERVICES

**Divisional Projects**
- 24/7 working and staffing optimisation
- Implement CMFT standard’s

**ED&AMU**
- ED continuous improvement projects
- Ambulatory Emergency Care model

**Acute & Rehab**
- Third sector support
- Ward moves to TGH
- Safe management of outliers
- Discharge lounge
- Respiratory, stroke, care of elderly, department of medicine length of stay reviews
- Optimise PECT
- Discharge planning
- Virtual ward
- Speciality palliative care
- Adult community Locality model

**Children’s Community Services**
- Children’s community MCC budget reduction

**Adult and Specialist Community Services**
- Adult community MCC budget reduction for falls and nutrition

Projects in relation to Urgent Care First Response sessions to be agreed

### SPECIALISED MEDICINE

**Deliver the CMFT Outpatient standards in all areas**
- Implement Trust Outpatient Standards for all specialties, link to Workforce Plan re Team job plans
- Roll out text reminder system across all specialties
- Top decile for out patient efficiency achieved

**Deliver the CMFT Inpatient Standards**
- Target bed reductions set for all specialties based on benchmark group LoS, plans for reducing LoS agreed for each inpatient specialty based on implementing Inpatient Standards and Brilliant Basics – Leaving our Care
- Work with DMACS to develop model for Specialty in reach to AMU
- 2015/16 bed reduction targets and top decile for LoS achieved

**Elective Efficiency – Improve elective flow and productivity**
- Review pathways for common procedures including opportunity for IT innovation
- Improve catheter laboratory efficiency- introduction of Radial Lounge – day case activity outside of bed base

**7 Day Working – to deliver appropriate clinical pathways and clinical capacity**
- Detailed assessment for all services of cost of moving to a service which would meet the 7 day standards
- In conjunction with others develop new Care Pathways for patients with long term conditions, based on best evidence for clinical shared care and including evaluation of opportunities for IT innovations and new technologies. Commencing with Diabetes and Heart Failure
- Training and Education of patients to improve self care/management
- Training/education of GPs/Community staff
- Establishing appropriate clinical governance
- Contribute to DMACS’ plans re LLLB and Place Based Care particularly reviews of Discharge Service and Intermediate Care
Each Division has an annual plan of which transformational change (section 2.5) forms a key element. It is from these plans that the Divisional Priorities have been taken.

**SURGERY**

**Outpatient Efficiency**
- Outpatient efficiency, including implementing standards

**Length of Stay**
- Develop and implement LOS reduction plans
- Continue development of surgery school to better prepare patients
- Take forward lessons from perfect week
- Hold ward utilisation workshop and specialty based ward plan
- Review combined ambulatory care
- In reach into A&E

**Theatre efficiency & Pre-op**
- Trust replacement of ORMIS
- Uniform productivity reports and present at specialty meetings
- Review and change scheduling systems

**7 day services (all services)**
- Refresh of gap analysis
- Initiate plans for phased move to 7 day working

**Integrated care**
- Develop outline plans for place based care and start implementation

**Divisional**
- Development of specialty based deep dive packs
- Implement PMO function
- Development of transformation continual engagement and communication plan

**TRAFFORD**

**Elective**
- Implement sub-specialisation in orthopaedics
- Implement improved clinical coding practises
- Identify additional elective activity to be transferred to TGH

**Non elective and LoS**
- Review and improve the discharge team and discharge practises
- Develop and implement ambulatory care pathways
- Implement joint policy developed by UHSM and TMBC to reduce length of stay

**7 day services**
- Complete the Keogh Standards review and develop and cost an action plan for implementation
- Undertake review and redistribution of surgeon workload in Orthopaedics to improve efficiency Monday-Friday with a view to 7 day working longer term
- Further develop plans to introduce Advanced Nurse Practitioner roles within Orthopaedics to provide weekend ward cover

**Integrated care**
- Continue to work with Trafford CCG to develop and implement initiatives

**Outpatients**
- Outpatient efficiency, including implementing standards
Each Division has an annual plan of which transformational change (section 2.5) forms a key element. It is from these plans that the Divisional Priorities have been taken.

### RMCH

**V2A**
- Maintain top quartile and aspire to top decile performance for NEL, Elective and LOS

**Outpatient efficiency**
- Implementing standards and improving clinic utilisation

**Length of stay**
- Introduce weekend physiotherapy support
- Critical Care outreach service
- Development of nurse led discharge
- Increase in psychological support for children with LTC to reduce emergency admissions

**Theatre efficiency**
- supporting Trust replacement of ORMIS
- Develop uniform productivity reports and present them clearly around Theatres and at specialty meetings
- Review and change scheduling systems to better support productivity
- Improve list time of patient insuring right patient right time, right place and right equipment

**7 day services**
- Continue to monitor achievement against Keogh clinical standards for 7day working

**Integrated Care**
- Development of obesity service across tiers 1-4
- LTV QUIP / Virtual Beds
- Development of Trauma and Neuro Rehabilitation Network
- CAMHS Tier 4 Pathways
- CAMHS Eating disorders new service implementation

### ST MARY’S HOSPITAL

**Quality Improvement Programme in Gynaecology:**
- Implementation of CMFT Outpatient standards, Interpretation service, Reduced DNAs
- Consultant hot weeks, daycase planning, ward reconfiguration
- Pre-operative admissions service, capacity planning, skill mix review

**Maternity Transformation Programme:**
- Implementation of CMFT outpatient standards, review capacity and demand, review schedules and pathways, implement IT solutions
- Plan a Perfect Week for inpatients, reduce delays in discharges, reduce delays in Induction of Labour, improve Triage facility and waiting times, implement the IT solution
- Implement community IT solutions

**NICU**
- Develop transformation programme and agree outputs

**Genomic Medicine**
- Scope the service and engage team to agree a transformation programme
Each Division has an annual plan of which transformational change (section 2.5) forms a key element. It is from these plans that the Divisional Priorities have been taken.

**CLINICAL & SCIENTIFIC SERVICES**

**Patient Blood Management**
- Development of a blood management service

**EPP (Anaesthetics)**
- Develop action plan and confirm baseline data

**7 day services (all services)**
- Identify development to achieve compliance

**Place based care (Pharmacy and ANP)**
- Finalise service redesign models and implement to meet 20% shift

**EYE AND DENTAL**

**Outpatients**
- Introduce CMFT outpatient Standards, improve and achieve compliance

**Theatre Utilisation**
- Participate in theatre utilisation workstream, reduce pre-operative cancellations and increase TGH presence

**7 Day Services**
- 7 day working – maintain EDC rota and extend hours of elective clinics

**RESEARCH & INNOVATION**

Whilst there is no specific transformation workstreams within R&I’s business plan the work undertaken by the Directorate will compliment the transformation programme, specifically regarding their objective to extend patient surveys into new research areas to identify improvements needed and their innovation agenda.
<table>
<thead>
<tr>
<th>Outpatients</th>
<th>Elective</th>
<th>Non-Elective</th>
<th>7 Day Services</th>
<th>Culture Change &amp; Capability Building</th>
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<tbody>
<tr>
<td><strong>Q1</strong></td>
<td>• Virtual clinic blueprint • Divisional Baseline Assessment against standards</td>
<td>• Develop &amp; ratify elective/theatre standards • Perfect elective week in Eye &amp; Dental theatres</td>
<td>• Implementation of CMFT SAFER Standards • Perfect Egress week • Baseline for outlier management agreed approach going forward • Workshop for developing urgent care strategy for MRI/TGH • Perfect Week Cardiology • Agree and finalise capacity plan</td>
<td>• Engagement Session</td>
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<td></td>
<td>• Eye Hospital &amp; Altrincham early adopter • Understand themes and agree priorities</td>
<td>• Gap analysis against elective/theatre standards • Gynaecology early adopter of pre-assessment model • Agree ideal LOS with HPB and Upper GI teams</td>
<td>• Medium term Ambulatory Care Strategy Developed • Complete CDT 30,60,90 day action plan • Agree 24/7 capacity management model</td>
<td>• Transform together learning event • Roll out of distributed leadership by working with the surgical division leadership team to develop ‘team surgery’ • Explore development of Shelford Transformation Network</td>
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<td><strong>Q2</strong></td>
<td>• Work with divisions to improve on baseline • Develop Accreditation tool</td>
<td>• Gen Surg Plan Fully Implemented (30,60,90 Day) • Development of Pathways with Clinical • Agree ideal LOS with Urology and Non-Endovascular teams</td>
<td>• Implement 24/7 capacity management model for MRI • Implementation plan for outputs from Urgent Care Strategy workshop</td>
<td>• Development of Options</td>
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<td>• Increase in virtual models</td>
<td>• Hold Theatre Think Tank workshop</td>
<td>• Implementation plan for Ambulatory Care</td>
<td>• Transform together learning event • We will develop a mentoring scheme for those involved in change management</td>
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<td>• Transform together learning event • repeat the cultural survey in relation to change during 2015/16 to see how things have changed</td>
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The Trust Board in 2014/15 invested to develop its own internal Transformation Team. The Director of Transformation leads a team of six members of staff (see on the right). The Head of Transformation supports the Director of Transformation and is responsible for ensuring the delivery of the Transformation Work Roadmap. The Programme Manager along with three project managers work with Divisions and clinical teams to deliver changes. One of the project managers has lead responsibility for the Programme Management Office function. A Programme Support Manager supports the whole team. In addition, the team work alongside consultants who have leadership roles aligned to the workstreams as nominated by the Medical Director. We have set our own vision, values and blueprint for the way we wish to work with everyone within the Trust.

The internal governance structure is outlined to the left. Workstreams Steering Group will focus on longer term transformational activities (particularly relating to length of stay and theatre productivity) and report through the Transformational Operational Group and then up to the Strategic Board and Board of Directors.