TRANSFORMING CARE FOR THE FUTURE

2015-2016 Quarter 3 Report

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Discover  Design  Deliver
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Overview

The Transformation Strategy was approved by the Trust Board in September 2014 and a 3 year plan produced. The 2015/16 Plan and Commitments was approved in May 2015 setting out how we will organise and deliver 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.
4. Contribute through transformation circa £8m efficiency savings by focusing on length of stay reduction and improving theatre utilisation. This is taken into account within the overall Trust financial plans.
## Review of Quarter 3 – Delivery against commitments

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<th>Workstream</th>
<th>Commitment</th>
<th>Progress</th>
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| Outpatients      | • Work with divisions to improve on baseline  
• Develop Accreditation tool                                                                                                                         | ✓ Approach agreed with the Eye Hospital and Cardiology to use Experience Based Design to transform clinics working with patients and staff to co-produce solution.  
✓ Working with the Service Improvement Team to develop an accreditation process. Workshop held 8 December 2015 with Divisions to scope.                                                                                                                                                                                                                                                                                          |
| Elective         | • Gen Surgery Plan Fully Implemented (30,60,90 Day)  
• Development of Pathways with Clinical  
• Agree ideal LOS with Urology and Non-Endovascular teams                                                                                          | ✓ General Surgery Plan implemented and project PAtTH started w/c 30 November for 3 weeks to focus on admission to theatre across the Surgical Division.  
✓ Pathways for the highest volume HRG agreed by each surgical specialty and pathways being developed and agreed – “enhanced recovery plus”.  
✓ Urology review undertaken and results to be presented to the team by end of Q3. LOS agreed with both teams.                                                                                                                                                                                                                                                                                                                   |
| Non-Elective     | • Implement 24/7 capacity management model for MRI  
• Implementation plan for outputs from Urgent Care Strategy workshop                                                                              | ✓ A proof of concept for 24/7 capacity management across the MRI tested during the “Embedding the SAFER standards” week 12 October 2015. Job description being evaluated and recruitment planned.  
✓ MRI / Trafford transformation programme now refreshed to deliver against the 6 priorities in the Urgent Care Strategy. Divisional Director time out 1 December to work through how to work collaboratively and understand the role of an MRI Board.                                                                                                                                                                                                                           |
| 7 day Services   | • Development of options                                                                                                                              | ✓ Divisional plans have now been produced for review by the 7 day working group during Q4.                                                                                                                                                                                                                                                                                                                                                                               |
| Culture change   | • Transform together learning event  
• We will develop a mentoring scheme for those involved in change management                                                                             | ✓ The third Transform Together event took place on 17 December 2015  
✓ First project has been approved from the Transform Together charitable funds.  
✓ Mentoring scheme in place for those involved in change projects.                                                                                                                                                                                                                                                                                                                                                                               |
| Capability Building | • Explore development of Shelford Transformation Network                                                                                           | ✓ Second Shelford meeting took place on 17 December 2015. Guys and St Thomas’ visited on 11 November UCL, Sheffield, Oxford and ourselves are working together on successful approaches to theatre improvement.                                                                                                                                                                                                                                                                                      |
Quarter 3 at a Glance

October

• Embedding the SAFER standards w/c 7 October
• Complex Discharge workshop – learning from others at Salford and North Manchester
• Engaging administration staff in the Outpatient Transformation Programme

November

• Planning for PAtTH project – new process for locking down theatre lists in surgery
• Joined Advisory Board Catalyst series to improve emergency care pathways – focus on “Heading Home” – production of a discharge bundle
• Interviewing patients and staff as part of Experience Based Design for transforming outpatients

December

• Project PAtTH running in Surgery
• Divisions present results and improvement plans or the Elective standards to a Panel of Consultants and Directors
• Third Transform Together shared learning event
Progress on Setting the CMFT Outpatient Standards

The CMFT outpatient standards were ratified in March 2015 and Divisions carried out a baseline assessment in the Summer and presented their results and improvement plans to a panel in June 2015. Divisions are repeating their assessment in January 2016 and presenting their outcomes in February 2016. This will demonstrate the improvements that have been made across the Trust during 15/16.

Following an invitation to all Outpatient administrative and clerical staff two engagement sessions that took place on 23rd September and 30th September. The sessions were to co-design improvements in areas that were identified as issues via the Divisional baseline assessments; these included patient experience training, administrative processes, appointment letters and patient information/website platforms.

The sessions were extremely well attended with representatives from each of the Divisions, demonstrating great commitment and drive to make improvements throughout the organisation. In addition, discussions took place to identify the best methods to engage with over 2000 admin staff throughout the organisation. The group outlined the key barriers to communication, the type of information expected and clarification of roles. We now have a mix of consultant staff, admin, transformation, HR/OD and newly appointed operational managers involved in each workstream.

The output of the workshops was a revised Trust-wide transformation plan that incorporates administrative and clerical operational aspects:
Progress on Maximising Elective Activity

The aim of this workstream is to improve theatre utilisation from 2013/14 baseline of 74% across the Trust to 79% by March 2016, against NHS Benchmarking mean. Progress can be seen against trajectory on page 12 and overall the Trust is currently performing at 80.8%.

The surgical division is furthest from trajectory and therefore the Transformation team are working with them on a rapid improvement initiative across their elective pathways, called Project PAtTH (Perfect Admission to Theatres).

A recent assessment against CMFT elective standards has shown that lists are not being “locked down” and 17% of patients are cancelled on the day of their operation for a variety of reasons. The surgical initiative is designed to provide a focus on streamlining the patient’s admission to surgery. The key objective is to improve on the baseline assessment undertaken against the elective standards and ensure patients are kept safe and they get their surgery on time, without unnecessary delays or cancellations.

Project PAtTH commenced 30th November 2015 for a 3 week period running in the same way as a ‘Perfect Week’ with operational, tactical and strategic teams working together to ensure everything runs smoothly and according to the plan during the three week period.
Progress on Optimising the Non Elective Pathway

The focus of this workstream is to reduce length of stay across the MRI from 6 days to 5.5 by March 2016 (Shelford mean). Progress against the trajectory can be seen on page 11. Length of stay schemes were on track in Q2 but LOS increased overall in Q3 but this was attributed to two specialties where a number of very long stay patients were discharged during the quarter.

The capacity planning process has commenced for 2016/17 to understand bed requirements for the MRI and Trafford, to reset length of stay targets and ensure best use of resources.

During October 2015 we carried out a second perfect week to embed the SAFER standards. From a performance perspective after the week, the quarterly A&E 4 hour standard performance was 1.5% better than the same period last year.

A time out took place on 1 December 2015 with the MRI and Trafford Divisional Directors to agree the approach to an MRI Board and to develop a short to medium term resilience plan.

To support the length of stay reduction we have joined the Advisory Board Catalyst series on patient flow. There are eight Trusts signed up to the programme, which aims to identify organisation specific improvement opportunities and best practice solutions to inspire the development of new initiatives.

The approach is modelled on a number of case studies that are split into three categories of point of entry, the acute hospital and community and/ social care. Two of the cases relate to improving discharge efficiency and will be used as part of ‘Project Heading Home’ led by Consultant Dr Helen Dormand, which aims to bring together resources on discharge into a “bundle”.
Supporting 7 Day Services

The Trust has been selected as an ‘Early Deliverer’ of 7 Day Services by NHSIQ (along with UHSM, Pennine Acute, Macclesfield, Lancaster and Preston) on the basis of the NHSIQ Online-self assessment that was submitted in September. The aim for Early Deliverers is that 25% of the local population will have access to 7 day services as per the 4 key priority standards by 2017 for Urgent and Emergency Care.

Divisions have now developed their 7 day plans and these have been reviewed / peer reviewed by the 7 Day Working Group.

The next step is for the 7 Day Steering group, led by the Director of Clinical Effectiveness, to set up panel meetings to agree the Trust wide priority areas and ensure alignment with the business planning process for 2016/17.

In addition to this work, Dr A Sukthankar, Clinical Director for Medical Specialties has been working with Informatics to develop a consultant job planning electronic tool to aid this piece of work. Demonstrations are currently taking place with a view to rolling out during Q4.
Engaging our staff

The Transformation/OD teams undertook 6 events in Q3 engaging with over 170 staff:

- Complex Discharge Workshop with Salford and North Manchester – 30 staff
- Engaging admin staff in transforming outpatients – 45 staff
- Workshop for Acute Medical Teams – MRI/Trafford – 20 staff
- Shelford Transformation Network - 18 attendees
- MRI/Trafford Divisional Directors Time out – 10 staff
- Transform Together Shared Learning - 50 attendees

To date over 1000 staff have been part of workshops, learning events and engagement sessions. A mentoring scheme is in place for staff involved in change projects.

The Transforming Care for the Future Fund has been developed to incentivise staff and create momentum and spread for change by making available small amounts of charitable funds.

The fund was only launched recently but we have been delighted with the level of interest so far. The first application to be approved was submitted by Amy Shaw from CSS Division. Amy Shaw will be providing patients undergoing pulmonary rehabilitation at the MRI with pedometers to measure baseline activity and to set individualised targets in order to encourage patients to continue exercise and maintain benefits following completion of the programme.
Length of Stay is showing a downward trend, however in Q3 there has been an increase. This has been seen in the specialties of Hepatology and Geriatric Medicine. Following the EGRESS perfect week in May 2015, there has been a real focus in discharging very complex patients in Geriatric Medicine. There have been a number of long stay patients discharged, 4 of which were over 200+ days and a further 5 over 100+ days. In comparison to Q1 and Q2 where there were 7 and 3 patients discharged respectively with over 100+ day LOS.

Progress has been made on reducing LOS in a number of specialties. During the past 9 months there has been a reduction in circa 100 beds coupled with an increase in the number of CPE cohort wards from 2 to 4. There has also been an increase in daily attendances and admissions by 7% and 9% respectively.
Review of Q3 – Key Metrics – Theatre Utilisation

Following the workshop to develop a consistent theatre data set the measurement for theatre utilisation has been updated. The Elective programme is gathering pace and the trend is an increase in utilisation. Project PAtTH commenced on 30 November in surgery and an external consultancy are working with orthopaedics to focus on improving theatre processes. Joint learning is a focus across Shelford Trusts in relation to theatres.
## Priorities for Quarter 4

**OUR Q4 COMMITMENTS, WE WILL:-**

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<th>OUTPATIENTS</th>
<th>7 DAY SERVICES</th>
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<td>• Repeat divisional assessment against standards to quantify improvements made during the year</td>
<td>• Have hosted a number of engagement sessions with staff and stakeholders to develop options for scaling up services</td>
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<th>ELECTIVE</th>
<th>CREATING CULTURE FOR CHANGE</th>
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<td>• Delivery of improvement plans against elective standards to work towards theatre utilisation stretch target by Oct 2016.</td>
<td>• Transform together learning event/atrium road shows</td>
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<tr>
<th>NON-ELECTIVE</th>
<th>BUILDING CAPABILITY</th>
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<td>• Capacity planning for MRI/Trafford 2016/17</td>
<td>• Repeat the cultural survey in relation to change during 2015/16 to see how things have changed</td>
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<td>• Implement process with key partners for reducing patients with very long length of stay (25 patients &gt;100 day LOS)</td>
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<td>• Support perfect week during February 2016</td>
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<td>• Undertake point prevalence study for Rehab across MRI/Trafford</td>
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<tr>
<td>• Implementation plan for Ambulatory Care</td>
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Progress against the Divisional Commitments are as follows:

**SURGERY**
- ERAS+ project tasks continue.
- DNA project team finished combining new SoP for DNA avoidance.
- Project PAtTH: project running for 3 weeks.
- Pre-op project outline project planned and group in place.
- Outline plan for increased engagement and communication
- New Length of stay divisional reports completed

**SPECIALIST MEDICINE**
- Working with DMACS to develop and implement plans for In-reach to AMU/Outliers.
- AKI nurses continuing with the roll out of AKI education and information sharing across the trust
- Roll out of Text Reminders for appointments across the Division
- Reviewing ambulatory care models
- Bed flow team now covering weekends
- Work commenced on planning for Catheter Lab perfect week (will be held in December) utilising feedback from Boston Scientific review
- Assessment and mapping of Out-patient areas against CMFT standards.
- Embedding of Ward Liaison Officer roles in the division.
- Self-assessment of Surgical elective principles framework completed

**DMAC**
- Shared learning from Safer Standards week with comparisons to performance against standards in February
- CAU GP commenced 2nd November
- AMU speciality flags further embedded with better information following patient through medical wards
- EBUS review and options appraisal underway
- UHSM/CMFT joint proposal for future hospitals project submitted
- New Complex discharge checklist completed and will be piloted on wards 31 and 5
- Integration of Adult Social Care – Work continues to develop a design model for the integrated services.
- Priority planning meeting to discuss and agree priorities for transformation 2016/17

**RMCH**
- V2A continues throughout RMCH - Wave 6 have now completed the 12 week programme and will deliver final initiatives and timescales to board on January 2016
- Theatre Transformation programme continues with new reporting tool instigated
- Piloting of new reporting suite (THEO) has been delayed and will need pushing forward
- Out Patient project was placed on hold until CSU has gained understanding of OP and will recommence in full January 2016, but work around customer service and frontline admin staff is continuing.
- Re-Audit of OP standards will take place Feb 16
TRAFFORD

Non Elective:
- Progress made against LOS Delivery Plan. Fortnightly LOS meetings established until LOS improves.
- Engagement from Trafford Carers Centre with support from a member of their team 1/7 week initially, potentially increasing to 5/7 to support discharge / carers.
- Embedding use of EGRESS system continues and a better understanding developed of how EGRESS system could support driving LOS down.
- Monthly LOS benchmark data now produced by Divisional analyst.
- Medical integration plans continue.

Ambulatory Care:
- 2nd Ambulatory Workshop undertaken and process maps completed of current process and aspirational process.
- Visit to new Ambulatory unit at Royal stoke 24/11/15

Outpatients:
- Diabetes Specialist Nurses triaging all new patient referrals
- Plans in progress to reduce DNA’s and long term follow ups. DNA Policy implemented within Diabetes to write to GP after 1 DNA. All DNAs telephoned and data collected regarding the reasons- action plan to be written based on themes.
- Dietician led clinic established in Gastroenterology which has taken 50 patients off the waiting list in one month.
- Three nurse led clinics established in Respiratory for COPD and asthma to release capacity on consultant clinics.
- Trial of partial booking in diabetes clinic continues and has now also started in gastroenterology.

Elective:
- 13 week Engagement Programme with Four Eye continues with detailed project plan in place. ‘Better Month’ in progress.
- Scheduling tool implemented to maximise scheduling opportunities based on individual consultants operating times. This has resulted in an increase in cases scheduled each week. Weekly activity targets (‘Magic Numbers’) communicated and monitored against through the weekly scheduling meeting.
- New role developed within pre-op to oversee the pre-op pathway for major cases e.g. joint replacement and hip arthroscopy.
- Extra nurse on the ward between 7-9am to support ward nurses admitting patients in a timely manner.
- Working with CSS to agree a consistent rota for anaesthetists covering orthopaedic lists.
- Investigating the potential to use some recovery space as a holding bay so that the next patient for theatre is always ready in the theatre suite.
- Introduction of an escort role to reduce delays in transferring patients to and from theatre.
REH & DENTAL

Perfect Week Programme
- Macular – Date for new Perfect Week chosen as 16th January 2016
- Macular – baseline data collection complete and extremely useful for insight into flow

Theatres
- Theo at Dental: Phase 2 developments to allow in-clinic listing complete at Dental
- Theo at Dental: Agreed process changes to facilitate Theo at Dental
- Eye Theatre Improvement Programme (eTIP): met for second time. New ideas continue to flow. Two working groups are working well and achieving improvements locally. Two more teams need to follow this approach. A fifth teams needs to be formed to cater for paediatrics nuances
- Elective standards assessed and presented
- Preparing to eye TIP present at Transform Together event 17th December

Outpatients
- Experience Based Design:
  -14 staff volunteered so far and scheduled for interviews
  -5 patients agreed to be interviewed
  -Observations agreed with leads and underway
- Outpatient Improvement Programme ratified by new board, showcased to division and introduced at ACE
- Business case in development for EPR in glaucoma
- Salud EPR rollout progressing at dental, oral surgery currently in progress

Organisational Development
- Intranet site developed for staff communication
- The first ‘Director’s blog’ published and received 2800 hits – a phenomenal success
- Presentation planned for ACE day at REH to cascade awareness and gain support of the various improvement programmes
- Teams attended 2 sponsored courses on ‘service re-design’ and ‘business cases’
ST MARYS

- Maternity Transformation Programme – The final ‘Perfect week’ review report was presented to the Director of Finance and the programme was drawn to a close.
- Gynaecology Quality Improvement Programme – Monitoring of DNAs has taken place since the implementation of the appointment reminder service which has shown a 4% reduction has been achieved since its launch. The will deliver an additional £85k of income for the Directorate as a result. The Elective Standards assessment of gynaecology theatres has been completed and will be presented during the month.
- Newborn Services Quality Improvement Programme – Most work streams are now up and running. 49 different opportunities to improve the service have been identified by the various work streams and a prioritisation exercise has been undertaken to identify the ones which will receive initial focus.
- Review of Genomic Medicine – PIDs for the two improvement projects have been signed off by at the Genetics business meetings. Meetings have taken place with the admin leads for the outpatient service to discuss improvement opportunities. Labs billing project has some synergies with the informatics development work that is underway so the project leads from both are working together to make sure the two are aligned together.

CLINICAL & SCIENTIFIC SUPPORT

23 projects have been initiated or shown progress over the last period. Projects related to the Transformation programme include:
- Improving pre-operative management through collaboration work between Anaesthesia and Surgery/SMH and Transformation team
- Continued involvement in 7 day working project with a fully worked up and phased plan submitted to the Divisional team
- Extended scope practitioner physiotherapy project in the ED pilot has supported the 4 hour wait and led to 99.6% of patients being seen within 4 hours
- Project to reduce blood draw and number of unnecessary laboratory tests was requested and ICE is being used to implement pop ups to reduce demand. Further pop ups and a review of tabs should identify further improvements within Q4.
- CSS Division Outpatient Standards – currently working on implementation plans from first assessment with initial feedback showing good outcomes and high levels of patient satisfaction. The second self-assessment is planned.
- Rehab Redesign – a draft PID and point prevalence report has been circulated for review by lead clinicians and workshops planned for early 2016 via MDT team self-assessment.
- Continuing to explore the benefits of pharmacist prescribing and pharmacy technician supported medicines administration at ward level.
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### Outpatients

- Virtual clinic blueprint
- Divisional Baseline Assessment against standards

### Elective

- Develop & ratify elective/theatre standards
- Perfect elective week in Eye & Dental theatres

### Non-Elective

- 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

### 7 Day Services

- Engagement Session
- Development of Transformation leaders programme
- Development with others a framework for change for CMFT for staff

### Culture Change & Capability Building

#### Q1

- Virtual clinic blueprint
- Divisional Baseline Assessment against standards
- Develop & ratify elective/theatre standards
- Perfect elective week in Eye & Dental theatres
- 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
- Engagement Session
- Development of Transformation leaders programme
- Development with others a framework for change for CMFT for staff

#### Q2

- Eye Hospital & Altrincham early adopter
- Understand themes and agree priorities
- Gap analysis against elective/theatre standards
- Gynaecology early adopter of pre-assessment model
- Agree ideal LOS with HPB and Upper GI teams
- Medium term Ambulatory Care Strategy Developed
- Complete CDT 30,60,90 day action plan
- Agree 24/7 capacity management model
- Engagement Session
- Support Divisions in Developing Options
- 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

#### Q3

- Work with divisions to improve on baseline
- Develop Accreditation tool
- Gen Surgery Plan Fully Implemented (30,60,90 Day)
- Development of Pathways with Clinical
- Agree ideal LOS with Urology and Non-Endovascular teams
- Implement 24/7 capacity management model for MRI
- Implementation plan for outputs from Urgent Care Strategy workshop
- Development of Options
- Transform together learning event
- We will develop a mentoring scheme for those involved in change management

#### Q4

- Repeat divisional assessment against standards to quantify improvements made during the year
- Use of Experience Based Design within the Eye Hospital to become exemplar site
- Delivery of improvement plans against elective standards to work towards theatre utilisation stretch target by Oct 2016
- Implement new dashboard for monitoring of theatre performance
- Capacity planning for MRI/Trafford 2016/17
- Implement process with key partners for reducing patients with very long length of stay (25 patients >100 day LOS)
- Support perfect week during February 2016
- Undertake point prevalence study for Rehab across MRI/Trafford
- Implementation plan for Ambulatory Care
- Support Divisions as CMFT selected as ‘early deliverer’ site to deliver 25% of the local population having access to 7 day services by 2017
- Transform together learning event/atrium roadshows
- Repeat the cultural survey in relation to change during 2015/16 to see how things have changed

#### Throughout 15/16 we will have

- Baseline assessment for each division against the CMFT standards
- Eye hospital & Altrincham will be exemplar sites
- Improved Patient experience
- Efficient care and effective processes for pre-operative assessment, theatre listing and enhanced recovery.
- Agreed and implemented CMFT theatre standards
- Improve theatre utilisation
- Embed achievements seen in perfect week
- Reduce LOS across the MRI from 6 days to 5.5 days (Shelford mean)
- Run a Perfect Egress Week and Perfect Week in the Heart Centre
- Implemented 24/7 capacity/site management for the MRI
- Have hosted a number of engagement sessions with staff and stakeholders to develop options for scaling up services
- Developed with others a framework for change for CMFT for staff
- Introduced quarterly “transform together”