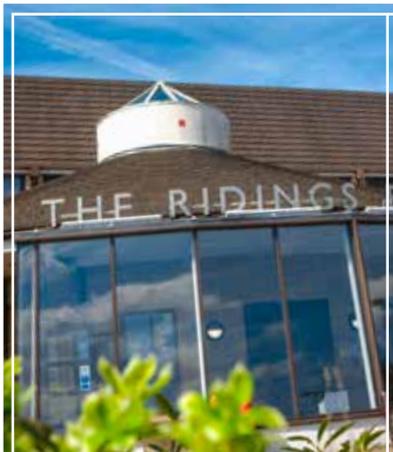


SUMMARY OPERATING PLAN 2017-2019



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FOREWORD FROM CHIEF EXECUTIVE

This summary describes the key elements of our plan for the next 2 years. The NHS as a whole is facing considerable challenges, many of which are mirrored at our Trust.

The next two years mark an important part of the journey to meet these challenges within Mid Yorkshire.

Our plan is based on a refreshed vision for the Trust:

- To achieve excellent patient experience each and every time.

The Trust is committed to putting patients at the heart of everything we do and every decision we make. It is for this reason we have, over the past year, taken the time to refresh our five-year Trust strategy. We have a set of six strategic objectives and this plan presents how we are going to begin to make them a reality.

Each and every member of our staff is central to delivering these objectives. Without their hard work, commitment, tenacity and ambition we could not deliver this plan and provide the level of services and care our patients want to experience. I would like to take this opportunity to thank all of them as we continue together on our journey to improve the care and outcomes for our patients.

Martin Barkley
Chief Executive



@MidYorkshireNHS



TheMidYorkshireHospitalsNHSTrust



INTRODUCTION

During the past 12 months, we have successfully delivered a series of engagement events across the Trust to refresh the organisation's five year strategy and priorities.

As a direct result of these discussions, we have developed a new Vision and Mission as well as confirmed our Values and updated expected Behaviours. These have provided the cornerstone for the refresh of the organisation's five year strategy: Striving for Excellence. This has resulted in a strategy which better reflects the needs of our patients.

The aim of this refresh is to ensure our strategy provides a clear line of sight between service delivery and realising our ambition of 'achieving an excellent patient experience each and every time' through achieving our strategic objectives in accordance with our values and behaviours.

Actions and choices made by each member of staff need to be focused on us achieving an excellent patient experience each and every time. How these all fit together is shown in the diagram below:



Each of the six strategic objectives has a number of priority objectives.

This summary document provides an overview of the Trust's two year plan. This covers the areas of Activity, Quality, Workforce, Finance and Partnerships.

ACTIVITY

Our strategy is to improve the experience including outcomes of patients who use our services.

To do this we need to ensure we have the right services in the right places, at the time at which people need them.

We want to shorten the length of time patients wait for our services. Our waiting times and waiting lists have been too long for some time. To address this, we have developed plans to increase available capacity for planned care. Reducing waiting times is key to us delivering improved access to planned care services and to delivering the NHS constitutional standards and improving patient satisfaction.

Funding constraints require us to spread the increase in activity required to shorten waiting times over the two year period, this means that we will aim to deliver first outpatient appointment within 10 weeks in 2017/18 and within 6 weeks in 2018/19. To assist with this we plan to use more of our appointment slots for new appointments and procedures, and will look for innovative ways to deliver our review appointments.

The Trust is also working to ensure the time used to undertake operations in theatres is maximised and used in the most efficient and effective ways.

We also want to make sure patients receive timely emergency care when they need it. The Trust is part of the West Yorkshire Acceleration Zone related to urgent care and has been trialling a number of different approaches to ensure patients are seen quickly and move through the hospital smoothly. We intend to work with our partners locally and regionally – including our two Clinical Commissioning Groups (CCGs) in Wakefield and North Kirklees – to find ways to manage and respond to the demand for emergency care and achieve the 95% standard.

Other work the Trust will be doing with partners to manage the anticipated levels of demand for services include:

- Further recruitment in specialties where Consultant staffing levels is below what is required.

- Further efficiency gains as the outpatient and theatre optimisation work is completed
- Further agreements to increase capacity on weekends and increase use of surgical capacity at Pontefract Hospital and Dewsbury and District Hospital
- Increased working with other NHS providers, either partnership or subcontracting arrangements
- Working with CCGs on projects that will help to manage demand and strengthen community services to reduce unnecessary admissions to hospital and enhance support to people with long term conditions

CONTEXT OF THE TRUST:

- **THREE HOSPITALS:**
 - PINDERFIELDS HOSPITAL (WAKEFIELD)
 - DEWSBURY AND DISTRICT HOSPITAL
 - PONTEFRACT HOSPITAL
- **COMMUNITY SERVICES INCLUDING ADULT COMMUNITY NURSING ACROSS THE WAKEFIELD DISTRICT**
- **8,000 MEMBERS OF STAFF**
- **MORE THAN 230,000 ATTENDANCES TO A&E EVERY YEAR**
- **AROUND 160,000 ADMISSIONS EACH YEAR**
- **PEOPLE ATTEND MORE THAN 480,000 OUTPATIENT APPOINTMENTS**
- **6,300 BABIES ARE DELIVERED EVERY YEAR**

QUALITY

The Trust places quality improvement at the centre of its strategic commitment to keep our patients safe at all times.

The Trust has a CQC rating of 'requires improvement' overall, however is striving to achieve an overall rating of 'good' and to deliver ongoing improvements.

The Trust has started its journey in implementing a new approach to Quality Improvement. The Mid Yorkshire Quality Improvement System (MYQIS) is based on the Virginia Mason Production System (VMPS). The focus of this is to improve patient experience and outcomes, eliminate waste and reduce non-value adding work, based on empowering and supporting staff to test out new ideas and introduce those that work.

Over the course of the next two years we will train 30-36 certified leaders in the Virginia Mason Production System methodologies. **This training will:**

- Embed the skills required to lead
- Train employees in lean principles and tools and techniques
- Deliver Rapid Process Improvement Workshops (RPIW) in the organisation.
- Over the course of the next two years we intend to run between 60 and 70 RPIWs.

Each RPIW will have a 'narrow and deep' focus into a specific quality problem within the organisation. It is planned that the programme of RPIWs will impact on services across the Trust. This might include everything from reducing delayed discharges to improving ambulance handover times. There will be work to focus on reducing length of stay, the numbers of falls and pressure ulcers as well as activities aimed at improving Friends and Family Test results and our staff opinion as voiced in the annual survey.

We recognise the importance of engaging and involving front line staff in improvement and are working hard to ensure that employees are involved and empowered to drive improvement in their own areas of work. We have developed and launched a framework for initiating improvement projects. This framework is accessible to all members of staff via the intranet. It forms a standardised approach to accessing resources and support for improvement. All members of staff are able to progress support for their ideas through the framework at a divisional or organisational level, and through to the Executive Team.

All changes within the organisation are subject to ongoing monitoring or measurement in the form of performance metrics or dashboards that project teams implement to provide assurance the changes made are delivering the planned benefits and are better than the status quo.

OUR QUALITY IMPROVEMENT STRATEGIC AIMS

Reduce Mortality, Reduce Harm, Continually improve clinical services and practice, Improve patient and family experience

OUR QUALITY IMPROVEMENT PRIORITIES

Reducing all forms of HCAI, specifically Clostridium Difficile (CDiff) and Methicillin-Susceptible Staphylococcus Aureus (MSSA) monitored at Infection Prevention Committee and Quality Committee	Continually improve clinical services and practice as regards to Acute Kidney Injury (AKI) and Sepsis which can be a significant cause of mortality monitored by Mortality Steering Group and Quality Committee
The Trust will continue to build on work undertaken in 2016/17 to prevent avoidable harm, disability or death from falls and pressure ulcers monitored by individual improvement groups, Quality Committee	Reducing the consumption of antibiotics and optimising prescribing practice monitored by the Medicines Optimisation Group and Quality Committee
Improving patient care through safe and effective staffing levels including introducing the use of care hours per patient day monitored by Resources and Performance Committee, Quality Committee and Board	Increase patient understanding at discharge of the effects and side effects of medication monitored by the Medicines Optimisation Group
Delivery of the 4 Keogh priority standards for seven day services delivery monitored by the Urgent Care Improvement Board and Resources and Performance Committee	Implementing the recommendations of the Better Births Review monitored by the Quality Committee
Understanding and addressing weekend mortality rates monitored by Mortality Steering Group, EQB and Quality Committee	Improving End of Life care monitored by the Patient Experience Strategy Group and Quality Committee
Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action monitored by Patient Safety Panel, Mortality Steering Group, joint SI performance meeting, EQB and Quality Committee	Sustainably improve performance against the urgent care standard which will be monitored by the Urgent Care Improvement Board and Resources and Performance Committee
Sustainably improve performance against RTT standards including cancer waits the impacts of which will be reported to the Planned Care Improvement Board and Resources and Performance Committee	Increase learning from complaints
Ensure that people with learning disabilities are, wherever possible, supported at home rather than in hospital the impacts of which will be reported to Safeguarding Group and Quality Committee	Making improvements to Stroke services and improving the Trust SSNAP score and compliance with best practice
Improvement of fractured neck of femur attainment on best practice standards	Reduce backlog of follow up out-patient appointments

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WORKFORCE

Our aim is for the Trust to be an excellent employer where staff feel valued, have a good working environment, secure job satisfaction and have a wide variety of development opportunities.

Key workforce transformation planned for 2017-19 includes:

- Increasing training opportunities
- Recruiting to our vacancies
- Reducing length of time between staff leaving and new member of staff starting.
- Improving 2 way communication
- Ensuring everyone has at least one appraisal review a year.
- Work with Bradford University to establish a nurse training programme based at DDH for 90 students a year starting in April 2018.
- Reducing sickness rates
- A programme of work to identify opportunities in the non-medical career framework to address shortages in our medical workforce. This will be completed by the start of 2017. This involves remodelling role profiles to offer opportunities to develop the scope of practice for non-medical roles.
- We are continuing our work to develop a nursing career framework to review the scope of our Assistant Practitioners and ensure career progression opportunities from entry level posts; developing our internal career progression offering.
- We are currently developing our plan to extend our apprenticeship programme to deliver a significantly increased number and range of apprenticeships, across a range of disciplines. Supporting our local communities to increase: work, education and training opportunities; and the diversity of our workforce.

We are also developing options for how we deploy our current staff more effectively and efficiently through things like E-Rostering, Medical Job Planning, Skill Mix Reviews, Absence Management and recruitment.

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FINANCES

For a number of years the Trust has been working in a very challenging financial environment and has reported a deficit against budget.

With the financial situation in the NHS likely to be equally, if not more challenging over the next two years the Trust is expecting this pattern to continue.

These deficits have been caused by a number of factors but by far the biggest contributor is the cost of the Private Finance Initiative (PFI).

Each year the Trust's regulator – NHS Improvement (NHSI) – discusses budgets and finances and agrees a 'control total'. For 2017/18 the Trust has accepted a control total target of £2.3m deficit (including Sustainability and Transformational Funding), which will require the Trust to deliver a Cost Improvement Programme target of £25m or 5%. In 2018/19 the Trust is forecasting to reduce the deficit to £10m (with no Sustainability and Transformational Funding assumed).

To bring its finances back into balance, the Trust will aim to improve its position through areas including:

- Clinical productivity increases
- Divisional savings
- Workforce efficiencies
- Estates workstreams
- Procurement efficiencies

The Trust has put in place robust governance arrangements to track the delivery of the Cost Improvement Programmes. These programmes will be managed through the Trust's recently established Programme Management Office.

A new approach to the delivery of efficiency programmes, including the Carter Efficiency programme workstreams has been developed.

Given the constrained level of capital resources identified in the Spending Review from 2016/17 to 2020/21, the Trust has updated its five year capital programme to reflect clinical strategies and deliver safe, productive services.

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PARTNERSHIPS

The publication of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP), together with the development of local place-based plans for Kirklees and Wakefield, offer high-level direction for our local health economies.

Working across the region, the plan has identified the following key priorities for West Yorkshire:

- Urgent & Emergency Care
- Specialised Commissioning
- Mental Health
- Prevention
- Stroke
- Cancer
- Primary & Community Care
- Acute Sustainability
- Standardisation and Variation

As recognised within the planning guidance, STPs are at varying stages and require further close working between parties to ensure plans are translated into joint initiatives. Our local plans are critical to transforming our health and social care economy and addressing the three aims from the Five Year Forward View (FYFV), which are to reduce the gaps in health and wellbeing, care and quality and finance and efficiency.

It is anticipated that the acute care programme of work within the West Yorkshire STP will primarily be delivered through the West Yorkshire Association of Acute Trusts (WYAAT); which is establishing cross-organisational workstreams and collaborative groups to realise the regional benefits as described in the STP. Mid Yorkshire is an active member of the WYAAT.

We are also working with acute Trusts in South Yorkshire given patient flows between Mid Yorkshire and Sheffield and Barnsley.

Crucially the Trust is a member of the Wakefield New Models of Care Board, the purpose of which is for providers in the locality to offer integrated community services to the local population to enhance independence, support people at home and stop unnecessary admissions to hospital. The Trust is also strengthening its working arrangements with the community services provider and the GP Federation in North Kirklees.



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