Mile End Hospital Early Diagnostic Centre (EDC)

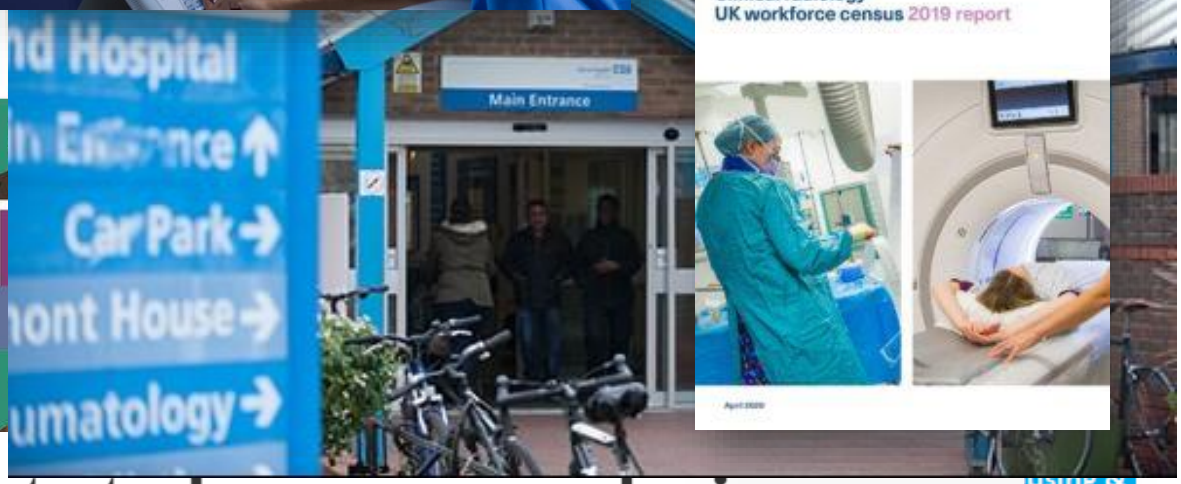
Modernising Diagnostics

Barts Health Trust, North East London Cancer Alliance and North East London Imaging Network

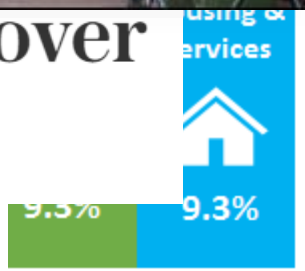
1. Where we started was unique

We were facing a number of challenges:

- Capacity
- Workforce challenges
- Deprivation leading to poor outcomes



We want patients to have more choice over their NHS care, says Steve Barclay



2. What we achieved: We exceeded our aim

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Endoscopy

8063 scopes

MRI

4486 scans

CT

3373 scans

US

3162 scans

Patient feedback and experience in 2022/23

100% of patients felt their privacy and dignity needs were being met
100% of patients said they were consented appropriately
100% received a copy of their report

99% of patients said they had their test results explained

79% of patients didn't experience a delay

- *"patient care brilliant and relaxing environment at what was an anxious moment. Calm and thoughtful. Was treated with consideration. Everyone very kind and warm. Put me at ease"*

Workforce

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Benefits to the system

£81440+

The EDC financially impacted the system, for example capacity provision for Whipps Cross Hospital Endoscopy patients meant that insourcing could stop, saving £15120 a week £81440 to date.

Other savings are around reduced patient travel, diagnosing cancer faster and maintaining our utilisation rate above 80%.

3. How we achieved it

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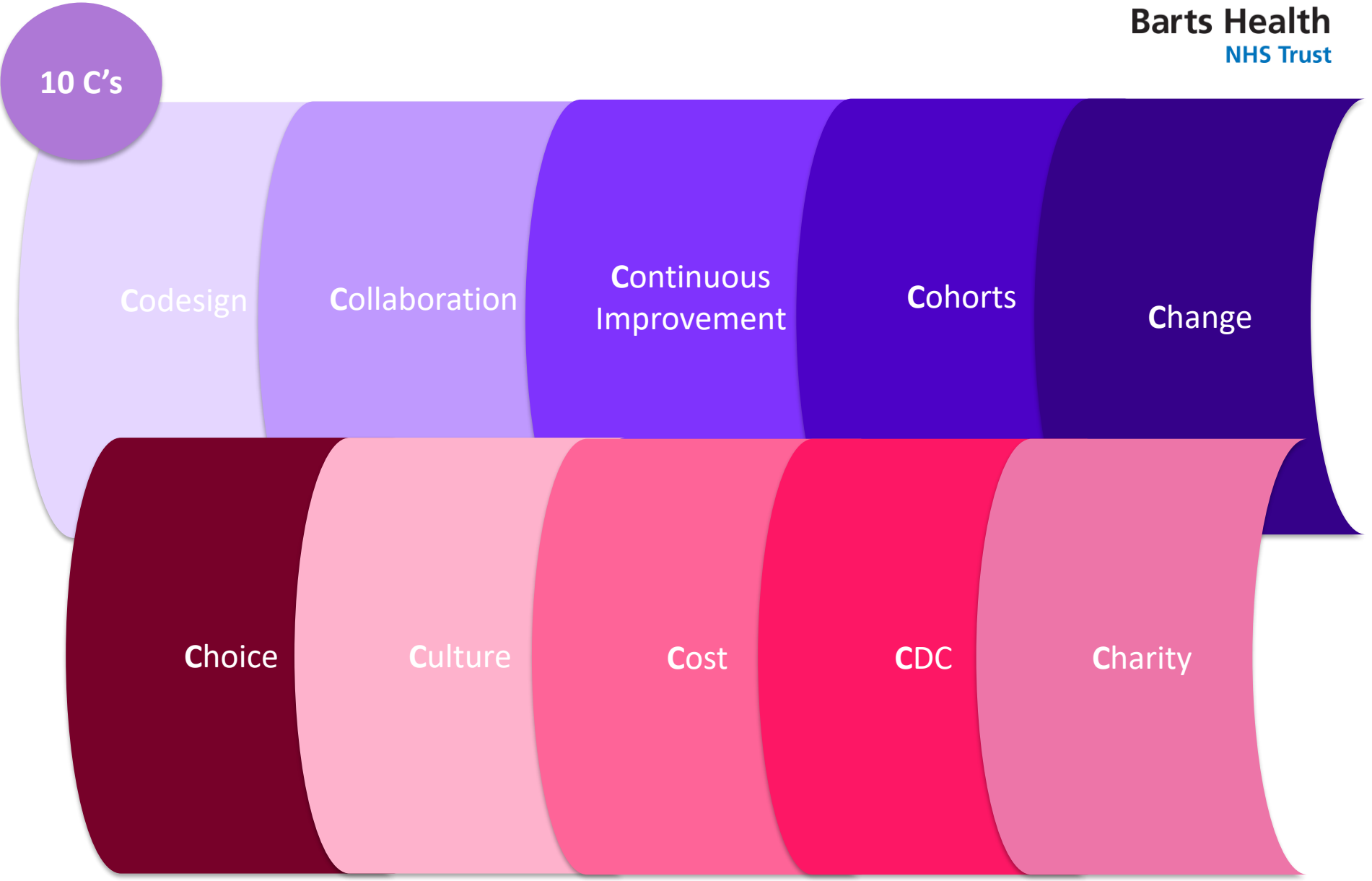

We shared far and wide

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The Mile End Early Diagnosis Centre

Hear from our patient on codesign
Jane Aylott

Hear from our patient on codesign – Jane Aylott

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Codesign is key

MRI Suite Launch – patient codesign

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Joe Martin
Clinical Scientists in MR Physics

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Primary MRI Physics Roles within Radiology

Safety – Magnetic Resonance Safety Expert

Quality Management

Training and Education

Scientific Leadership

Research and Innovation

Reference: IPEM Policy Statement: The role of the Clinical Scientist in Magnetic Resonance Imaging units conducting human diagnostic imaging, last review date: March 2017

MR Physics @ MEH

As a Physics team, we have worked with our local radiographer and radiologist colleagues, and national and international physicists, to implement the following:

- Updated Local Rules MHRA Guidelines require full consultation with a MRSE.
- SOPs & Implant Procedures
- Risk Assessments & Safety Audit
- Research Implementation and Translation
- **Imagine Protocol Optimisation**
- **AI Software integration into clinical practice**
- **Set up a London-wide AI clinical user group**

Case Study: Capacity Improvement post-AI Reconstruction Installation

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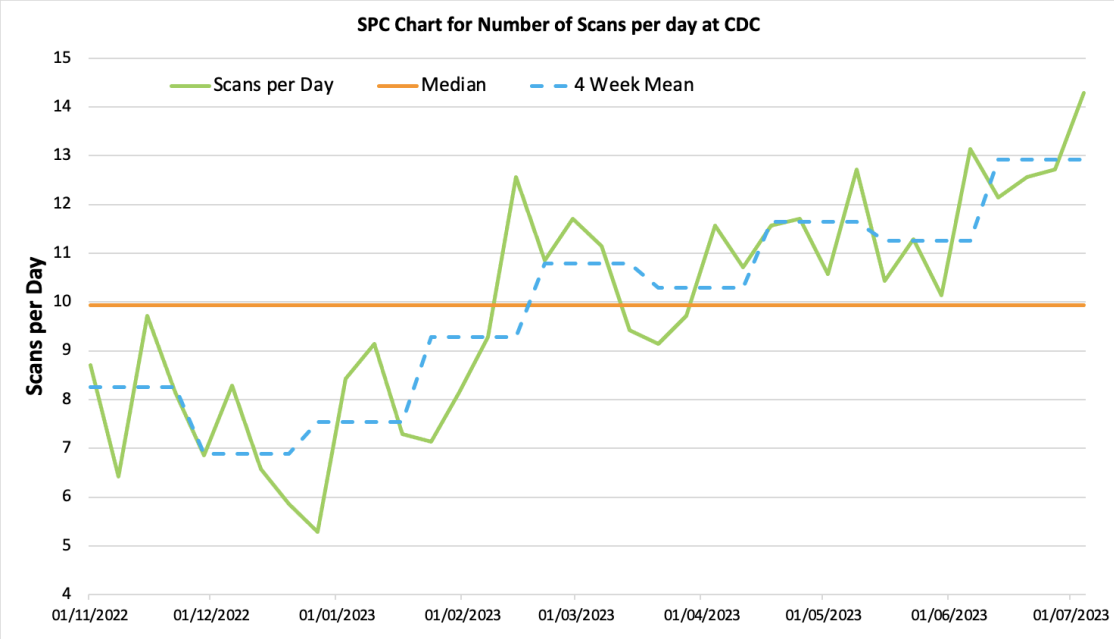
AI Reconstruction software installed in February 2023.

NHS England hoped for 1 extra scan per day within a year of installation.

After 6 months, we have increased number of scanned patients by 3 a day*



* Confounding factors, improvements in booking, patient information and general protocol development and improvement by radiographers/physicists.

3 keys to success that make us unique

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From the start

- True Codesign and Engagement at all levels
- We achieved something exemplar and exceeded our ambitions
- 10Cs spread and shared nationally

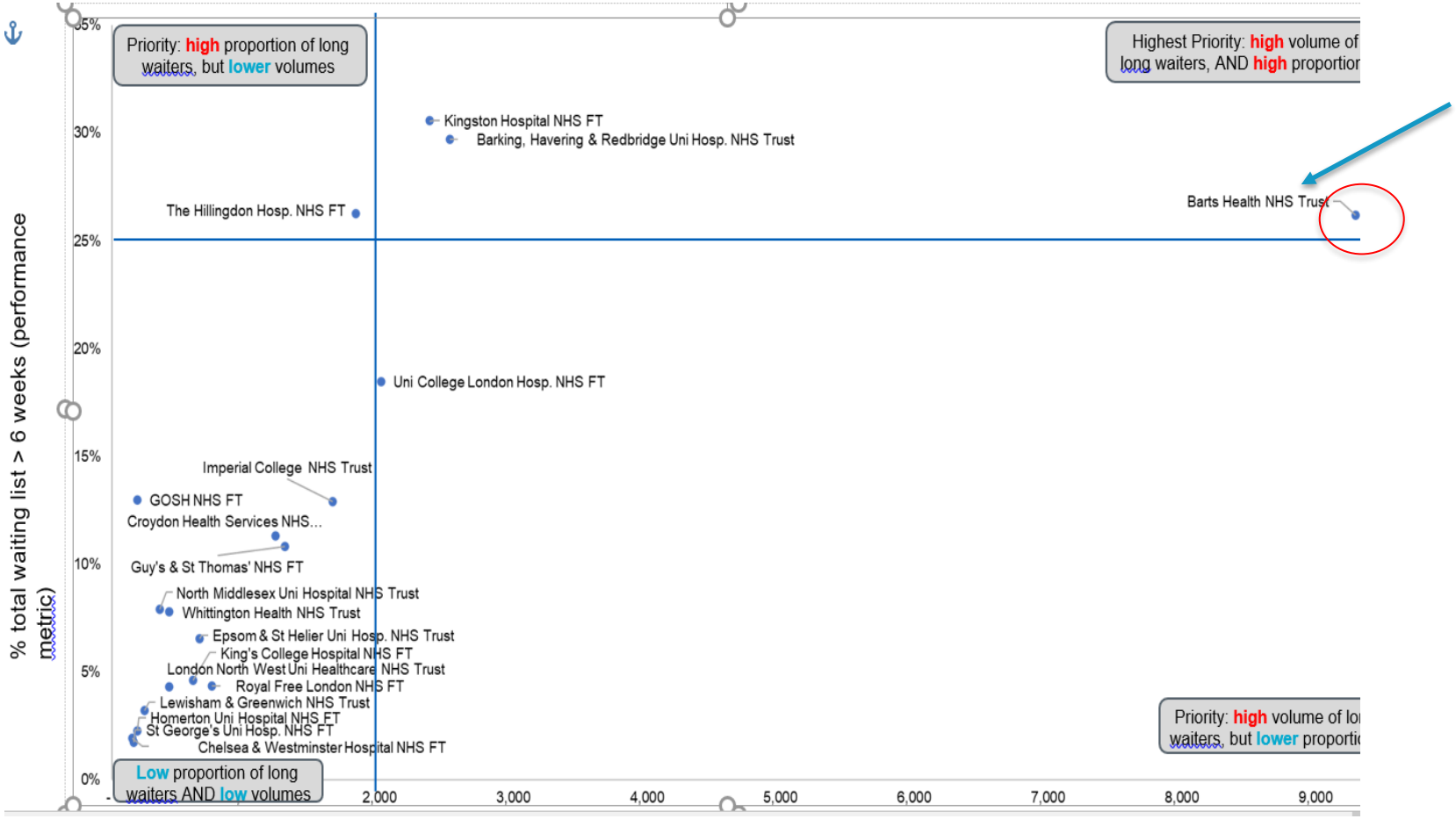
Success

Royal London and Mile End Hospital Imaging Recovery Team

Performance Recovery

Barts Health
NHS Trust

1. High volume, long waiters



Barts Health NHS Trust was highlighted as the worst performing site across London in October 2022

- There were 12,803 patients waiting 6 weeks or more for an imaging test in London across the key modalities in October 22

- **Impact on elective recovery and inpatient flow**

Sum of Value	Column Lab			
Row Labels	CT	MRI	Non-obs ultrasound	Grand Total
NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD	**35**	**475**	**332**	**842**
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST	9	64	2	**75**
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST	0	2	0	**2**
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	3	54	35	**92**
ROYAL FREE LONDON NHS FOUNDATION TRUST	1	3	39	**43**
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	7	25	0	**32**
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	13	320	212	**545**
WHITTINGTON HEALTH NHS TRUST	2	7	44	**53**
NHS NORTH EAST LONDON INTEGRATED CARE BOARD	**412**	**4,554**	**2,155**	**7,121**
BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	106	1,056	225	**1,387**
BARTS HEALTH NHS TRUST	306	3,471	1,930	**5,707**
HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	0	27	0	**27**
NHS NORTH WEST LONDON INTEGRATED CARE BOARD	**311**	**796**	**754**	**1,861**
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	3	8	0	**11**
IMPERIAL COLLEGE HEALTHCARE NHS TRUST	40	75	222	**337**
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	268	13	9	**290**
THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	0	700	523	**1,223**
NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	**321**	**401**	**312**	**1,034**
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	301	300	122	**723**
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	6	81	5	**92**
LEWISHAM AND GREENWICH NHS TRUST	14	20	185	**219**
NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	**89**	**359**	**1,497**	**1,945**
CROYDON HEALTH SERVICES NHS TRUST	31	7	723	**761**
EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	57	227	451	**735**
KINGSTON HOSPITAL NHS FOUNDATION TRUST	0	6	245	**251**
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	119	76	**196**
THE ROYAL MARSDEN NHS FOUNDATION TRUST	0	0	2	**2**
Grand Total	**1,168**	**6,585**	**5,050**	**12,803**

Source: DM01 submissions, Oct-22

Source: DM01 submissions, Oct-22

Where we started was unique

Lack of staff
- **Benchmark data showed we had lower levels of staffing**

Culture and moral, recruitment and retention
- **Low staff moral and satisfaction score low**
- **Reports of burnout**

COVID 19
- **ITU new floor at RLH**

CQC inspection

Equipment replacement
- **3 machines**

Block contact
- **We were not eligible for the Elective Recovery Fund**

Worst performing site across London in 2022

How did we do it?

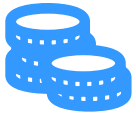
“What matters to you?”
Listening events and engagement with staff and patients

Structure, roles and responsibilities
Formation of a new division
New Structures and governance

Understanding our data through demand capacity modelling. Mapping across our division
Cost calculation – taking this to group for agreement. Benchmarking to understand our productivity. Use data to predict

Mutual Aid
Established Outsourcing/Mutual aid programmes collaboratively with our Network and Independent sector, helping us systematically reduce our waiting lists

Quality improvement methodology to understand our system and identify and test changes
We tested ideas rather than implementing on a large scale, this meant that we were able to learn from those tests of change and scale up those that worked, then share and spread across modalities and site



Payment by Scan
Reduced our reporting backlog by establishing a payment by scan model

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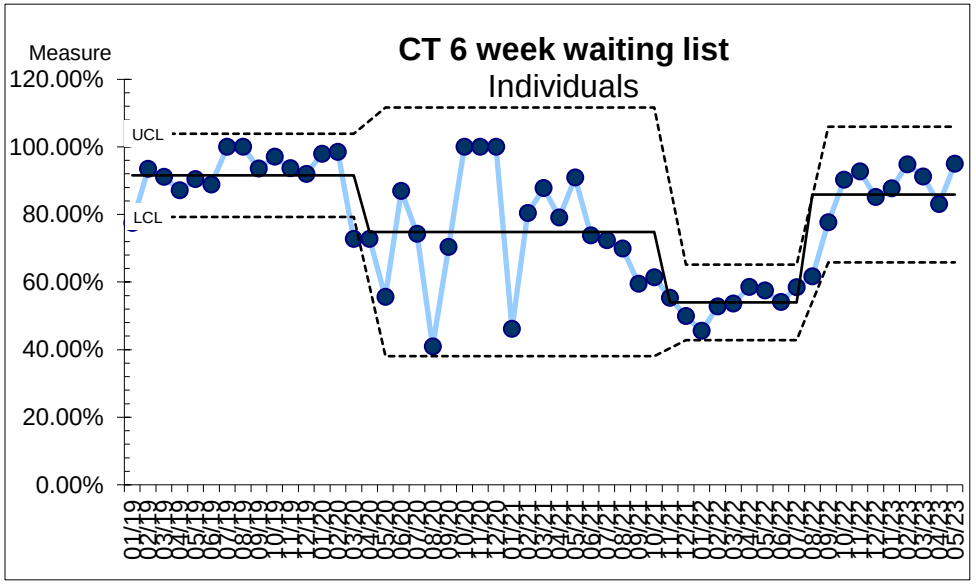
Impact

CT 6 week waiting was 40.9%

now **99.44%**

- Phase 1 - aim achieved well done team!



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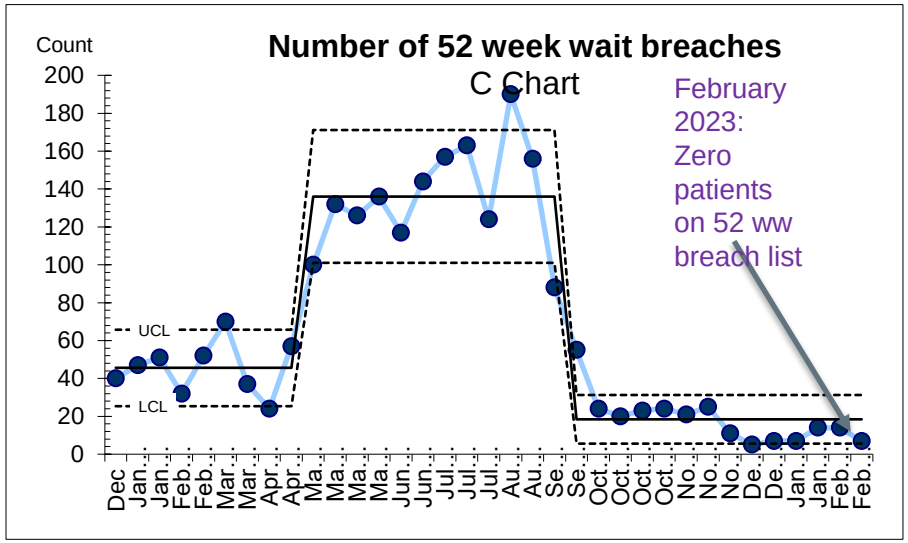
Success at RLH in clearing the 52 week waiting lists in February 23

Eliminated 52 Week Wait breaches

- ✓ Points based reporting model
- ✓ US over 6 weeks plan and increase the utilisation of US rooms at EDC
- ✓ Replacement scanner for MEH with additional inclusion
- ✓ More contrast patients to be seen at MEH
- ✓ Extending the new Static scanner to long days
- ✓ Weekend additional sessions at RLH
- ✓ CT summit scanner 3 days a week
- ✓ Review contrast cover for Mile End
- ✓ 26 weeks recovery trajectory for MRI
- ✓ Update on WX mutual aid for MRI
- ✓ Compleo staffing for new static scanner
- ✓ MRI administrative support to improve booking processes
- ✓ Use of D&C data to understand where we can improve further



52 week waits have successfully been eliminated

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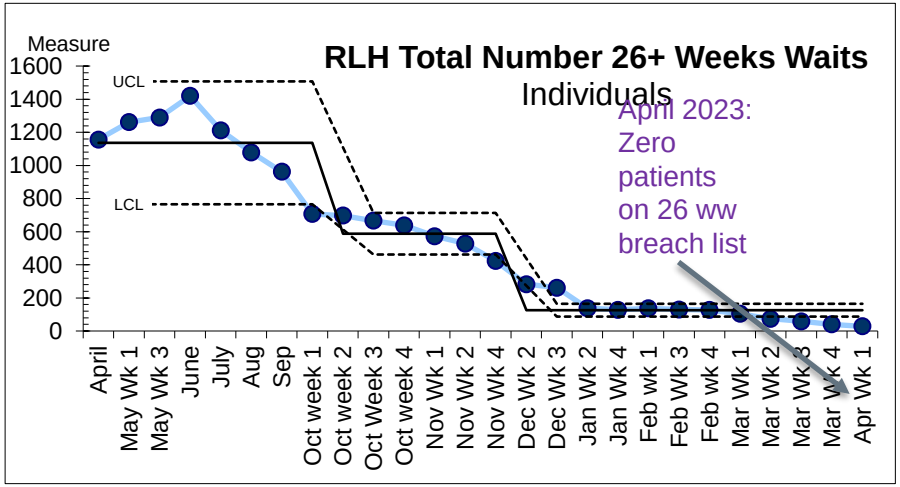
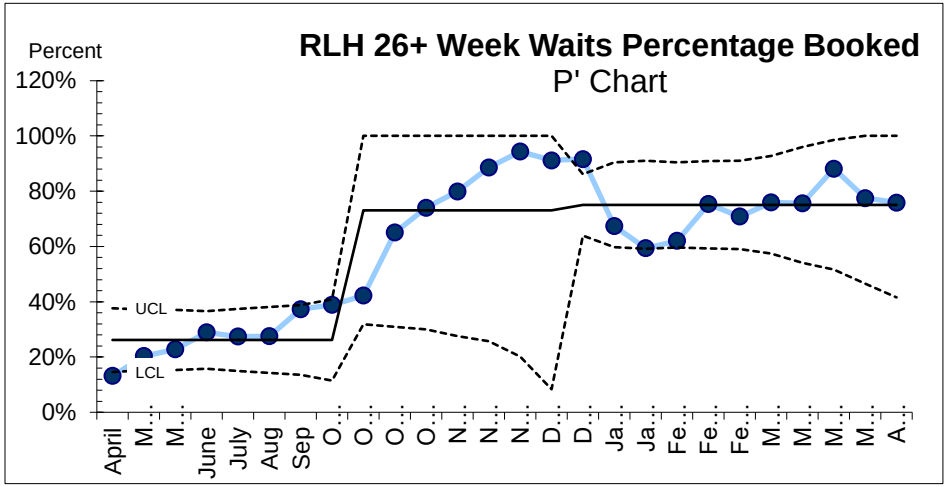
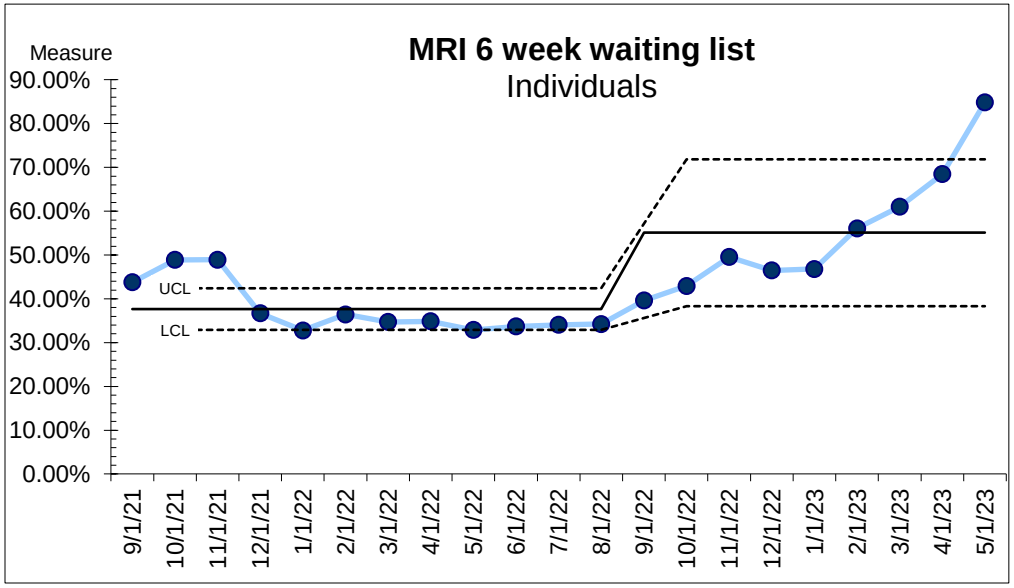
Success at RLH in clearing the 26 week waiting lists in April 23

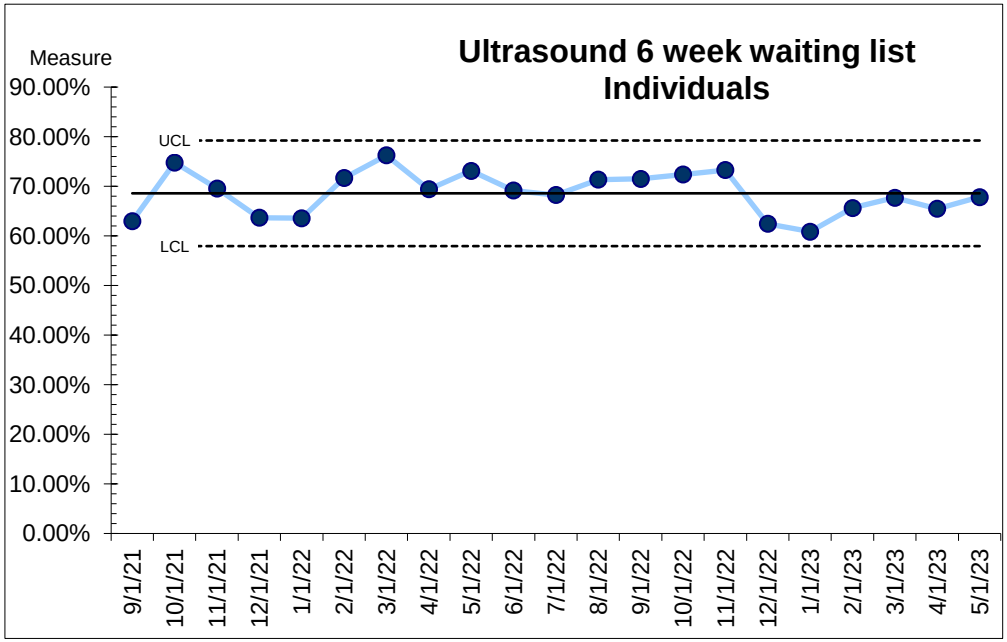




- Focus on phase 2 and 3 of our aim, we are heading in the right direction.



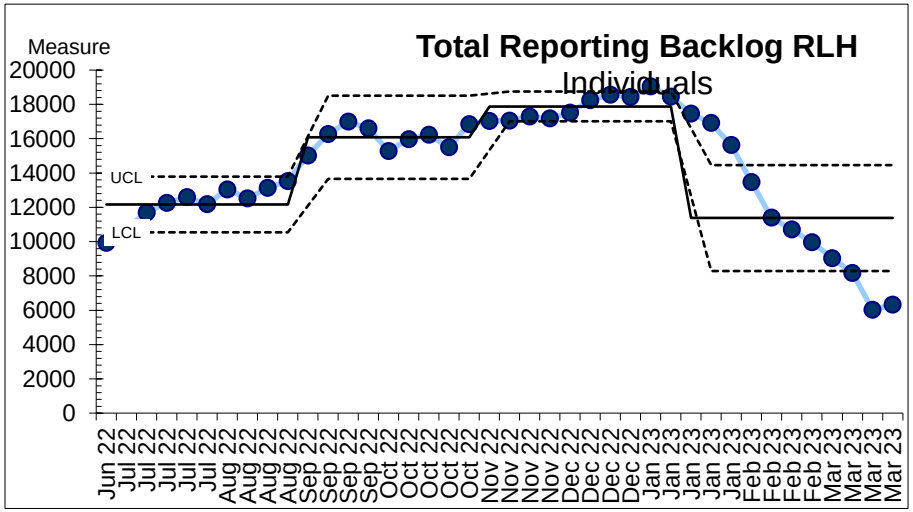
- Focus on phase 2 and 3



Reporting Turn around times down to 6K

Reduction in overall backlog down to 6K from 18k at its highest.

Patient and stakeholder feedback



WeImprove
Excellence and innovation in safe and compassionate care

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Our Improvement plan on a page

RLH MEH Imaging Improvement Programme 2022-23

To ensure equitable access and improve patient flow, through Imaging pathways by June 2023

Outcome measures:
Waiting times
Booking rates
Reporting data
Datix – harm due to wait time
DNAs
Recruitment
Retention
Staff Survey and feedback

A provider of excellent patient safety
An outstanding place to work
The best possible patient experience

Primary drivers	Secondary drivers	Change ideas
Collaborative approach	Work with MDT to ID Improvements, capital spend, governance structures etc	Raja Javed support allocated to RLH Recovery programme Mutual aid recovery waiting list plan developed Contracts with independent sector reviewed, staff static scanners
Recovery to pre-pandemic levels	52ww Eliminated Mutual aid explored Use of Independent sector capacity Support and develop recovery governance channels Improved booking processes	Redesign access meeting and recovery board. Standardised templates and reporting mechanisms Backlog clearance trajectory developed and shared Scan reporting recovery plan developed, Points based reporting Recovery funding applications submitted
Digital and IT	Use of digital communication to patients Net call in place and all staff trained Harmonised infrastructure and platforms across NEL AI Appointment booking In touch – self check in	Text appointment reminders Text patient letters and prep info PDSA April 23 Net call set up, training and fully utilised
Process Improvement	Utilisation and productivity data reviewed consistently Waiting list management and regular review Standardise admin processes and documentation	Daily QI Huddles – PDSA Feb 23 All Admin SOPs to be standardised by December 23 Weekend additional sessions
Workforce development and redesign	Engaged admin and clerical staff Admin review and career development mapped Centralised admin bookings process tested	What matters to our Admin &Clerical team conversations Admin Workforce QI sub-group Chaired by Komal Targeted admin support based on modality need
Service Redesign	Strategic direction clearly articulated outlining service changes over 5 years Modality groups established with TOR signed of Clinical Pathway and operational process redesign Future CDC Planning, engagement and implementation Patient co-design	Use of Demand &Capacity data to understand where we can improve further Codesign with our patients and key stakeholder list

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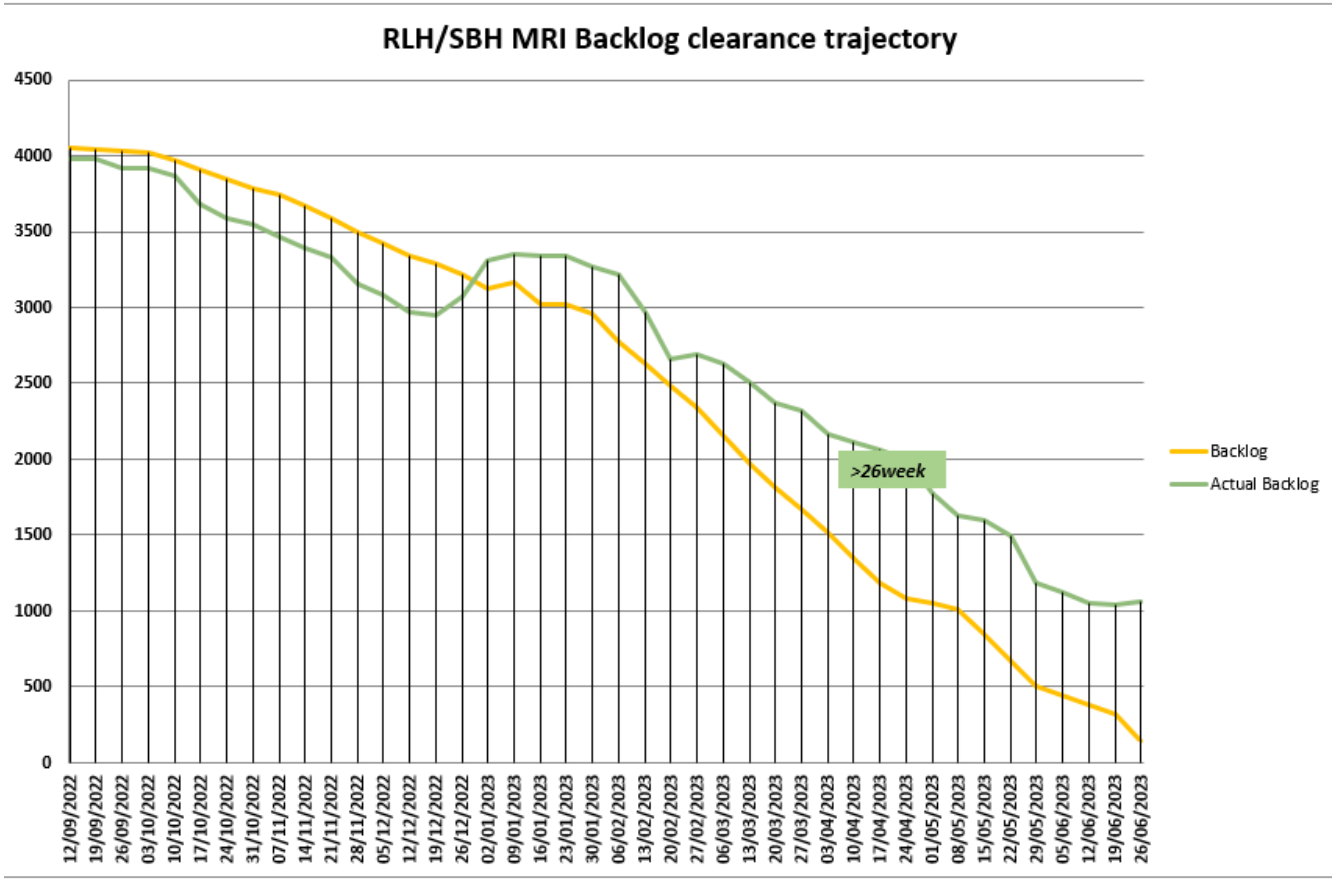
Our trajectory



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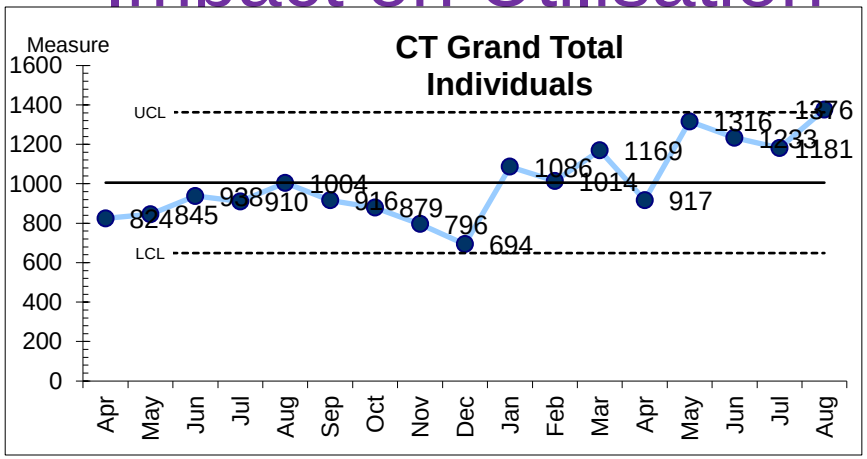
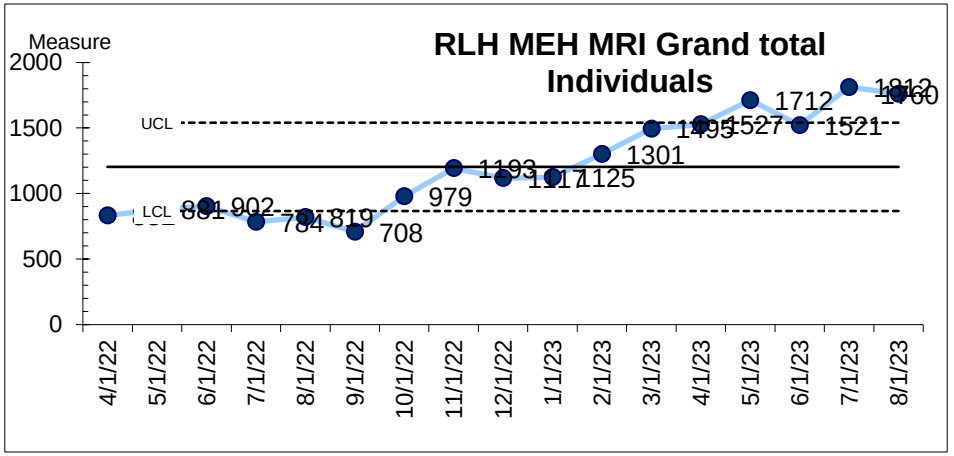
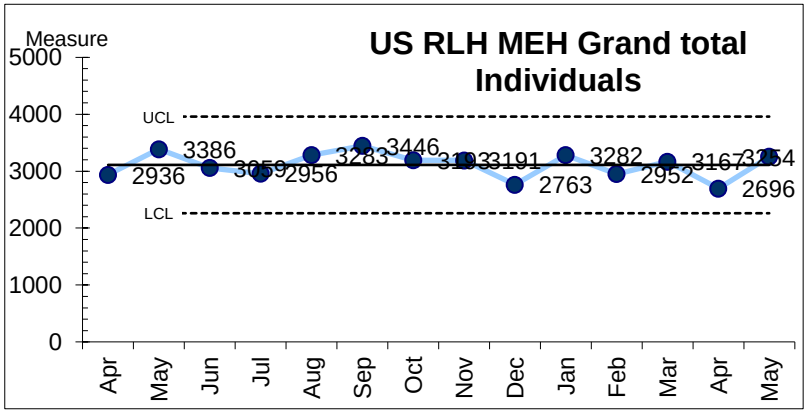
Impact on Utilisation







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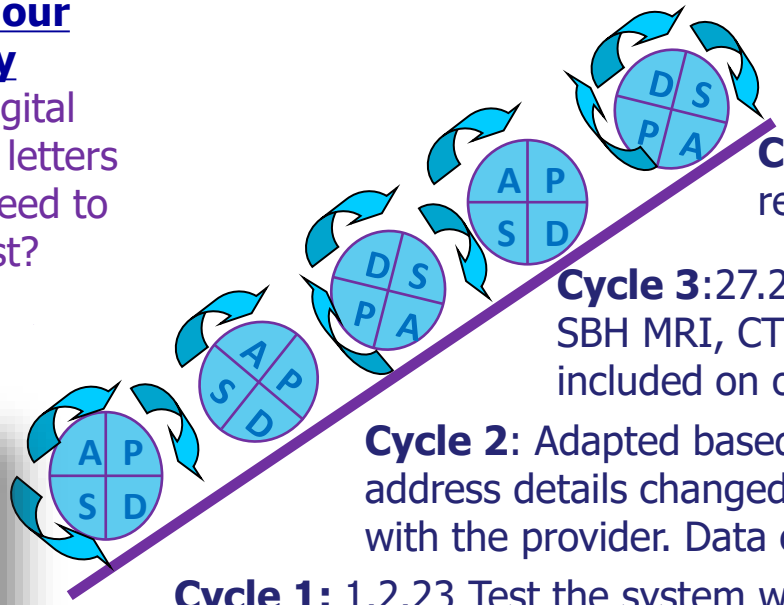
Sustainability PDSA: Patient digital appointment letters – less printing, more productivity

Ramp: Aim to improve our productivity

Do patient digital appointment letters reduce the need to print and post?



Cycle 1: 1.2.23 Test the system with staff MDT, gathering feedback

Cycle 2: Adapted based on feedback text and address details changed tested the system works with the provider. Data captured on success of test

Cycle 3:27.2.23 Sent to all patients across RLH, MEH, SBH MRI, CT US Improve comms, share with GPs and included on our Netcall system

Cycle 4:Adapt address for MEH to reduce non attendance

Improve comms, share with GPs and included on our Netcall system

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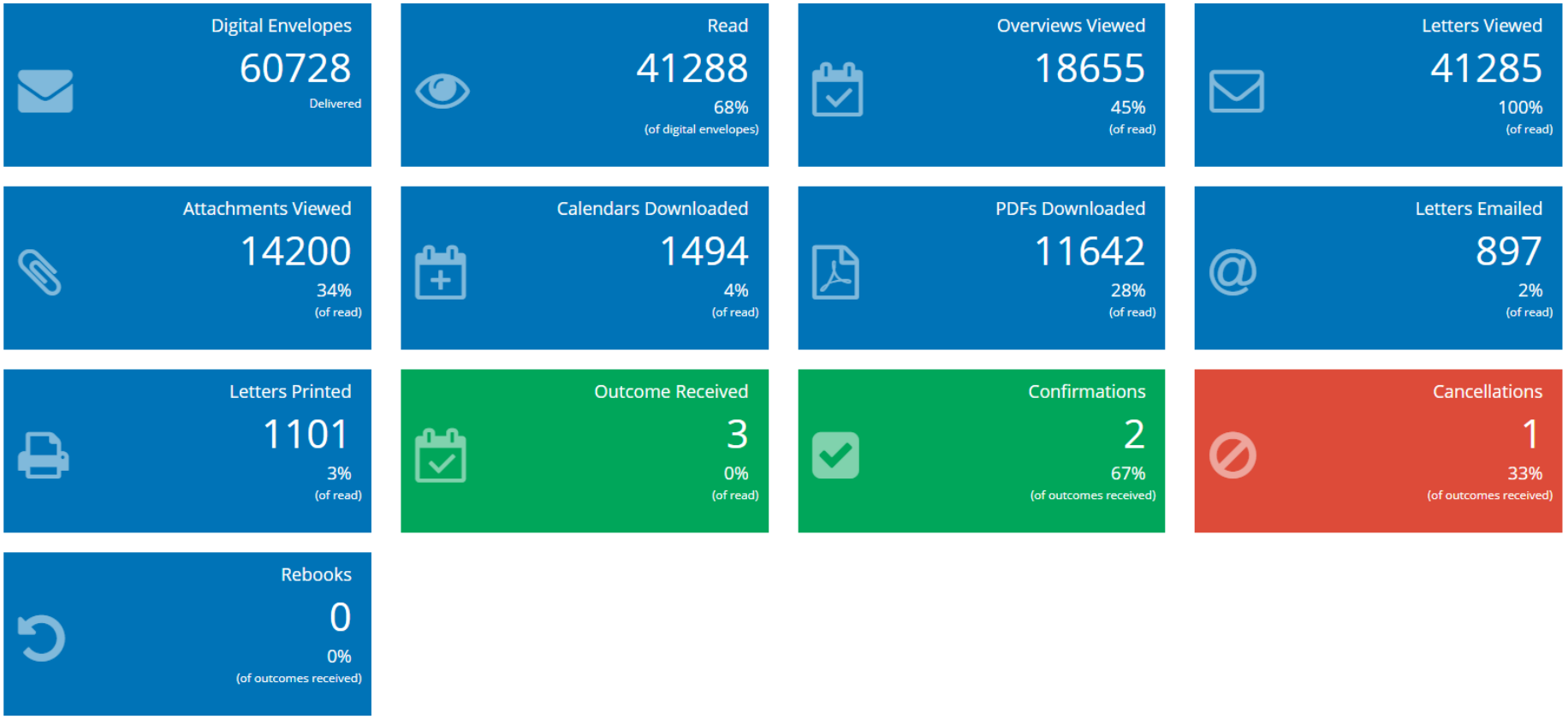
Digital Appointment letter have been a success



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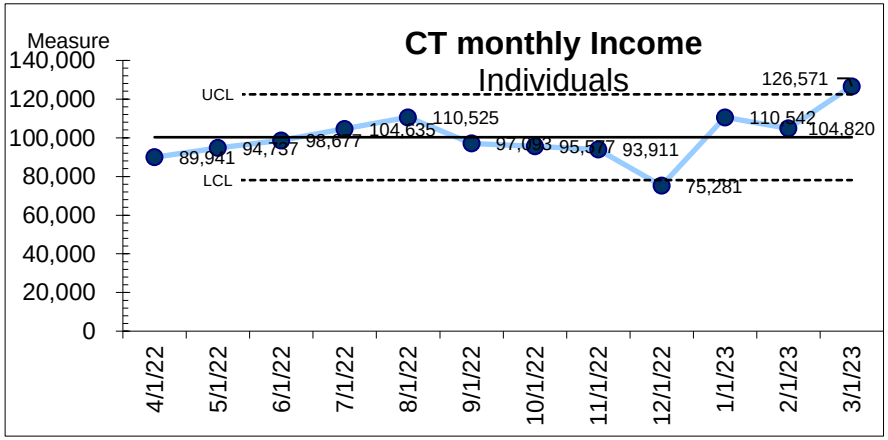

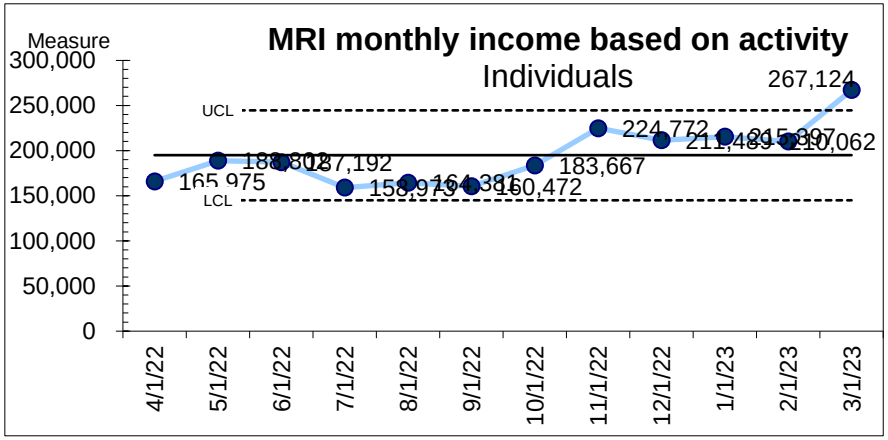

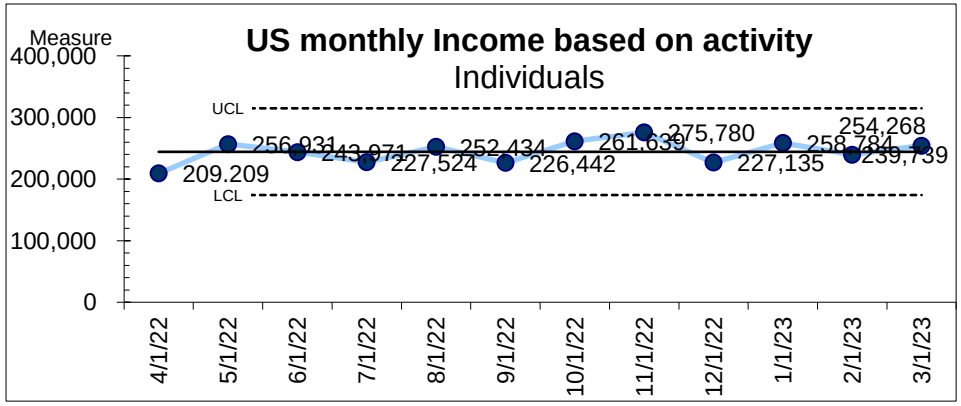

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£

Band 3 Mid Point	2.00 WTE
Gross Cost to Trust (5 days a week) Annual)	£ 74,288
Gross Cost to Trust (5 days a week) Monthly	**£ 6,191**

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Impact and benefits realised

Patients - Equity in access, lowered risk of clinical harm

Organisational benefits

Leadership - Support and celebrated success

Value creation

More efficient and reduced our costs

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3. Culture

- New Divisional structure created
- Listening events and daily huddles – our common purpose
- Capacity and demand
- Continuous improvement

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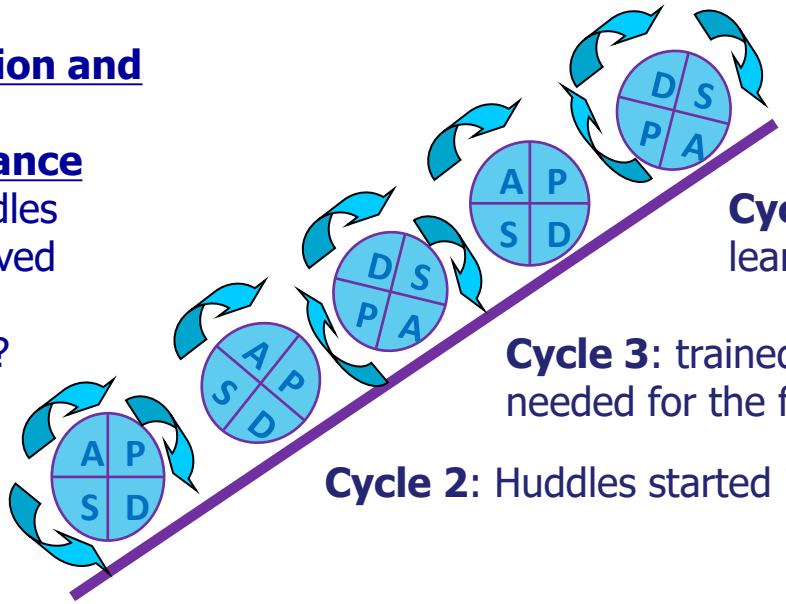
Daily QI huddles clinical and admin come together. Positive feedback

Ramp Aim to improve our communication and oversight of our performance
Can daily huddles support improved booking and slot utilisation?



Next: ADOPT: How to sustain this as part of our BAU

Cycle 4: Test huddles in US share the learning from MRI

Cycle 3: trained team on how to capture the data we needed for the future Huddles.

Cycle 2: Huddles started in MRI

Cycle 1: Huddle design, structure, attendance developed.

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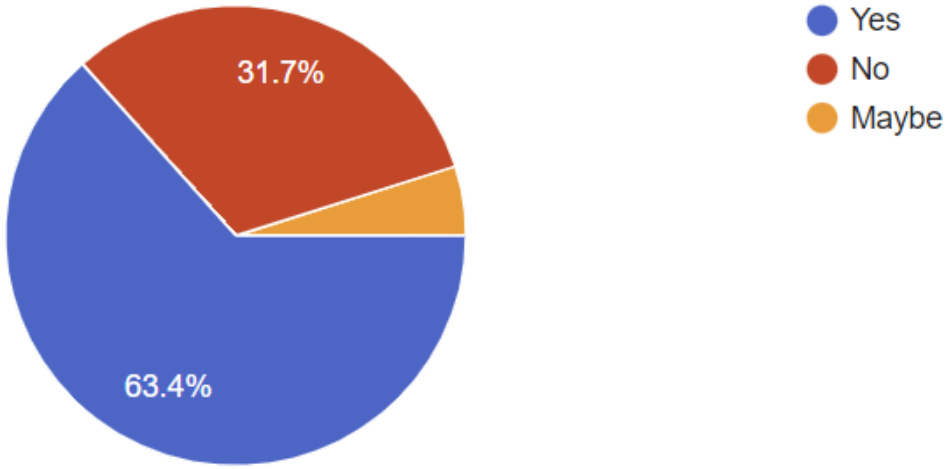
Impact: Staff Survey 2023

Have you seen any changes or improvements in your team in the



Staff Survey comments 2023

In our May 2023 survey staff said:

- *"Our DM01 position has **significantly improved** due to bookings being done effectively on clinical diaries, engaging with the scheduling team via team huddles. The clinical team has improved on image quality produced. Mainly due to feedback and CPD lectures delivered by radiologist. We have improved on the cleanliness of our environment in MRI."*
- *"**lots of the schemes we started last year have come to fruition this year**. The plans were fairly painful to set up initially but with re-iteration we have achieved engagement. I would also say that Nuri, Ollie and Margarita in A+C are working very well together, so the operative team are more functional. previously we all worked in silo because of a breakdown between clinicians and the operative teams"*
- *"**Bringing in recovery support was the key for ultrasound**. Raja and his team has supported us so much and helped to develop a plan to reduce the back log and breeches."*
- *"having a recovery service lead has helped greatly, better communication with the admin team"*
- *"We started **working more closely** with clinical leads and higher management to improve the recovery and clear the backlog."*
- *"we have **improved with regards to backlog and productivity**"*

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Next steps

- Shifting lower acuity and direct access to Mile End site
- Supporting BH group regarding capacity
- Ongoing utilisation monitoring
- Reviewing pathways
- Supporting inpatient flow

Thank you

Any questions?