GATESHEAD NHS TRUST CASE STUDY:
Empowering Gateshead Health NHS Foundation Trust to review and improve its performance, with enhanced reporting.

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David Thompson, INFORMATION AND DEVELOPMENT MANAGER, GATESHEAD HEALTH NHS FOUNDATION TRUST

Background
Gateshead Health NHS Foundation Trust runs the Queen Elizabeth Hospital, Dunston Hill Hospital, QE Metro Riverside and some services at Bensham Hospital, within Gateshead, Tyne and Wear in the North East of England. They also run services from Blaydon Primary Care Centre and Washington Primary Care Centre. With approximately 4,500 employees, its primary function is to deliver acute services in hospital, emergency care services and pathology, but also a range of community services – such as adult speech and language disorders, and maternity services.

Challenges
Gateshead NHS is recognised as a digitally mature Trust and has been linked to Newcastle University Hospital as a fast follower, as part of the Global Digital Exemplar (GDE) programme, to further accelerate their digital transformation.

David Thompson is the Information and Development Manager, leading the Information Services, Development and Data Teams at Gateshead NHS Trust.

When David joined the Trust, he set out to rationalise their BI offering. He recognised some significant bottlenecks from an analytical and operational perspective and knew that Cognos and QlikView were not being used to their full potential. QlikView was used exclusively for financial information, so it was impossible to add in additional data sources. Cognos was difficult to use and any new reports had to be built by BI developers. David wanted to decentralise report building, and find an easier tool to use so that the wider business could create and consume content, without a huge amount of training.

As part of the NHS, Gateshead has to work towards nationally mandated performance and KPI metrics. There is a huge amount of focus within the hospital to manage these, due to the risk of financial and reputational damage if they are not met. Examples include Refer to Treatment Time (RTT), A&E wait time, diagnostic wait time, cancer wait time etc. They also use a number of other internal metrics to manage the organisation and clinical metrics to inform on their clinical behaviours.

David’s team would spend a significant amount of time preparing this information, and supporting route cause analysis when needed. For example, an analyst would spend two days a week on their RTT report: aggregating data, visually checking it, and applying business rules within Excel, before distributing the report to a wide number of Waiting List Managers, Service Line Managers and Directors who would then validate the numbers and review any poorly performing patients.
Case Study

The Solution

David went through a selection process but said: “As soon as we saw Yellowfin we knew it was the best option, without question. Compared to other tools, Yellowfin looked very easy to use. Both the functionality and the reports looked great; it was well beyond what we had in place.”

Yellowfin has been adopted by a far greater number of users than ever before. Beyond David’s analytics team, Yellowfin is accessed by over 100 people within the Trust: The Finance Team, Service Line Managers, Clinicians - medical staff and surgical staff who are responsible for clinical care, Waiting List Managers, Directors and Executives, and various others. Using Yellowfin’s API functionality, Yellowfin-driven content is consumed by hundreds of people beyond those with a license.

David explains: “Yellowfin has removed a huge amount of administrative work required by the Analytics Team. For example, with the RTT report, we have been able to apply all the business rules in Yellowfin. Thanks to its metadata and presentation layer you can simply click on the metric and see everything you need to see about a particular patient, what happened, when it happened, if an appointment was missed etc. From an end user’s point of view, it saves a lot of time, and makes it very easy to view the bigger picture.”

Waiting List Managers can track patients on various patient waiting list bandings. Yellowfin allows them to review their current position, and pinpoint those at risk through a high-risk report and an early warning report.

The Chief Clinical Information Officer (CCIO) is now able to track and manage clinical metrics like ‘Patient Flow’, to ensure patients are being seen as quickly as possible, and that ancillary services like nutrition or physiotherapy are being delivered effectively so that patients can be discharged as quickly and as safely as possible.

Benefits

“By decentralising reporting, a far greater number of people can now create content, so it’s reduced the pressure on training and retaining technical staff. Our analysts used to spend a disproportionate amount of the time data processing, rather than data analytics. Yellowfin cuts a lot of that out. I would say that so far, Yellowfin has saved us approximately 6-8 days of data preparation a month, and improved our visibility across the business into our KPIs and performance metrics” confirms David.

Some of the clinical reporting has changed the way Gateshead NHS analyse and act on their data. For example, Yellowfin can help them identify a patient who is ready to be discharged so they can aim their clinical resources at getting them discharged for example: triggering a social care assessment, a physio assessment or fulfilling a prescription prior to departure. The data route ‘Estimated Date of Discharge (EDD)’ helps them to monitor nurses and consultants’ diagnoses, and review and compare wards for accuracy.

David is pioneering a blueprint of what they have achieved from an analytics perspective at the Trust and has been showcasing their work to a number of other Trusts. “With other Trusts using Yellowfin, and developing Yellowfin content, it becomes easy to share best practices and that is really valuable in our region” says David.

“I see a lot of additional benefits in Yellowfin 8. The financial element of reporting is very complex within the NHS with different levels that impact income, coding, and how long a patient is in hospital. As a result, it’s not always easy to identify drops in income. I’m keen to see if Yellowfin Signals can help us to identify the reasons for these drops and spikes in income” concludes David.

For more information on Yellowfin, visit www.yellowfinbi.com