

**Transforming Care Update
 Trust Board Meeting – March 2017**

Reporting to:	Trust Board Meeting (30.03.17)
Title:	Transforming Care in Partnership with the Virginia Mason Institute
Author:	Cathy Smith – KPO Lead
Date:	March 2017

1.0 Introduction

1.1 This month’s update to the Trust Board reflects the positive journey and progress that our Transforming Care Programme in partnership with Virginia Mason Institute is making. Following the request for additional funding from NHSI and NHSE to accelerate the programme without jeopardising the rigour of the methodology, we are delighted to report that Marie-Claire Wigley has been appointed as an additional KPO Specialist to the Team and will commence her Advanced Lean Training (ALT) with VMI in Seattle during April 2017. The four incumbent KPO Specialists have all attained their accreditation in the Virginia Mason Production System. Cathy Smith, KPO Lead will successfully complete her teaching assessment for the Lean for Leaders course in April 2017 and will therefore be in a position to offer that training on behalf of SaTH without VMI Sensei support. The KPO Specialists working within the Transforming Care Institute have now educated over 1700 of our staff, and oversee 4 value streams as well as rolling out approaches to a more organised and safer environment such as the 5S methodology

2.0 Background

2.1 SaTH is one of five Trusts nationally supported for a minimum of 5 year in partnership with Virginia Mason Institute, and supported by NHS England and NHSI. The Virginia Mason Institute Sensei and faculty staff continue to provide training, coaching, and guidance to the KPO and Executive guiding team.

3.0 National

3.1 Transformation Guiding Board (TGB)

3.2 *The last Transformational Guiding Board (TGB) was held in London on 17 March 2017, and was attended by Simon Wright, CEO for SaTH.*

3.3 *The Group found this to be a very helpful meeting, in particular the openness and honesty of the group to share successes and challenge. The meeting, supported by*

Diane Miller, Executive Sensei from VMI, who noted the commitment to the understanding of the work and being part of a leadership system.

3.4 *Of note, were the following actions:*

- *For each Trust to provide an IT link and KPO link for the peer to peer platform development. This will provide an IT platform to collate and share the learning and work of the 5 Trusts, to be shared both internally to the 5 Trust partnerships and externally, for others to learn in the wider NHS.*
- *The proposal to hold a round table discussion to feature in the HSJ is gaining momentum and is scheduled to take place in June 2017.*
- *The opportunity to learn from the Danish Healthcare System also in partnership with the NHS is being developed, and a delegation from the partnership Trust's will attend the Danish site later in the year.*
- *The commitment to shared learning continues with scheduled meetings between the 5 Communication Directors, KPO wide teams, MD's, Chairs and Chief Executives. The schedule of these meetings are being set for the year.*
- *The measurement framework is being developed to capture VMI contracted activities, Trust-led activities, diffusion of lean methods, organisational cultural change and service outcomes from value streams, organisational priorities and the NHSI performance framework.*

4.0 Partnership: TGB Trust Updates

4.1 *Barking, Havering and Redbridge University Hospitals NHS Trust shared the news that they have moved out of special measures and note that RPIWs have been a key element of empowering their staff. They are also doing some excellent work around their leaders compact. BHRUT*

4.2 *Leeds Teaching Hospital NHS Trust report the significant enthusiasm for the Lean for Leaders programme, and that there is competition for places. It is agreed that there will be a responsibility for the Lean for Leader participants to coach others. Their CEO identified that they were still working towards productive stand-up meetings and recognised the challenge of having staff speak out. They are developing standard work for stand-ups.*

4.3 *Surrey & Sussex Healthcare NHS Trust's CEO identified the cardiology value stream will undergo a re-refresh led by a Consultant Cardiologist. Their third value stream, management of diarrhoea has been very successful and the CEO has suggested that some of the changes could be replicated across the system.*

SASH have scheduled their own ALT for September 2017 and their plan is that all new Consultant appointments will be required to complete Lean for Leaders training.

4.4 *University Hospitals Coventry & Warwickshire NHS Trust identified that their incident reporting RPIW has reduced the time to complete incident reporting from 99 days to*

14 days. Their stand up meetings continue to be a success. Their RPIW taster video is generating interest and encouraging attendance.

UHCW CEO reported that their Lean for Leaders work is starting to make a real impact and their next cohort will very deliberately include Directors and Senior Clinicians.

- 4.5 SaTH NHS Trust were able to identify that 32 hours of non-value added time had been removed from the patient pathway for respiratory discharge. Moral has improved too, with sickness reducing from 11% to 4% on Ward 9 the site of 2 RPIWs.

The assessment time in the sepsis value stream had reduced from 4 hours to 4.5 minutes, and the results of the 2 RPIWs for the recruitment value stream has shown encouraging results with the time for a reference being reduced to just 1 day, and the time taken for an advert to be processed, reduced by 50%. There is interest from the TGB in SaTHs work which offered some great opportunity for quick wins and system wide efficiencies.

5.0 Local Delivery

- 5.1 The CEO and Guiding Team continue to oversee the alignment of the National requirement, the organisational strategy and the work through Transforming Care Production System.

6.0 Transforming Care Institute

- 6.1 The Transforming Care Institute (TCI) has become a focal point to host the activities of the KPO and highlight the work. The TCI have now hosted a series of external visitors including Adam Sewell-Jones (Executive Director of Improvement from NHSI), Baroness Julia Cumberlege, Dr Mike Durkin (NHS National Director for Patient Safety) and Phil Duncan (NHS Head of Programmes for Patient Safety).

7.0 Value Streams

7.1 Value Steam #1 Respiratory Discharge Pathway

Value Stream #1 (Respiratory) was chosen as at least 40% of our emergency admissions to the Trust are patients who have respiratory disease. There are 5 planned RPIW's for this value stream.

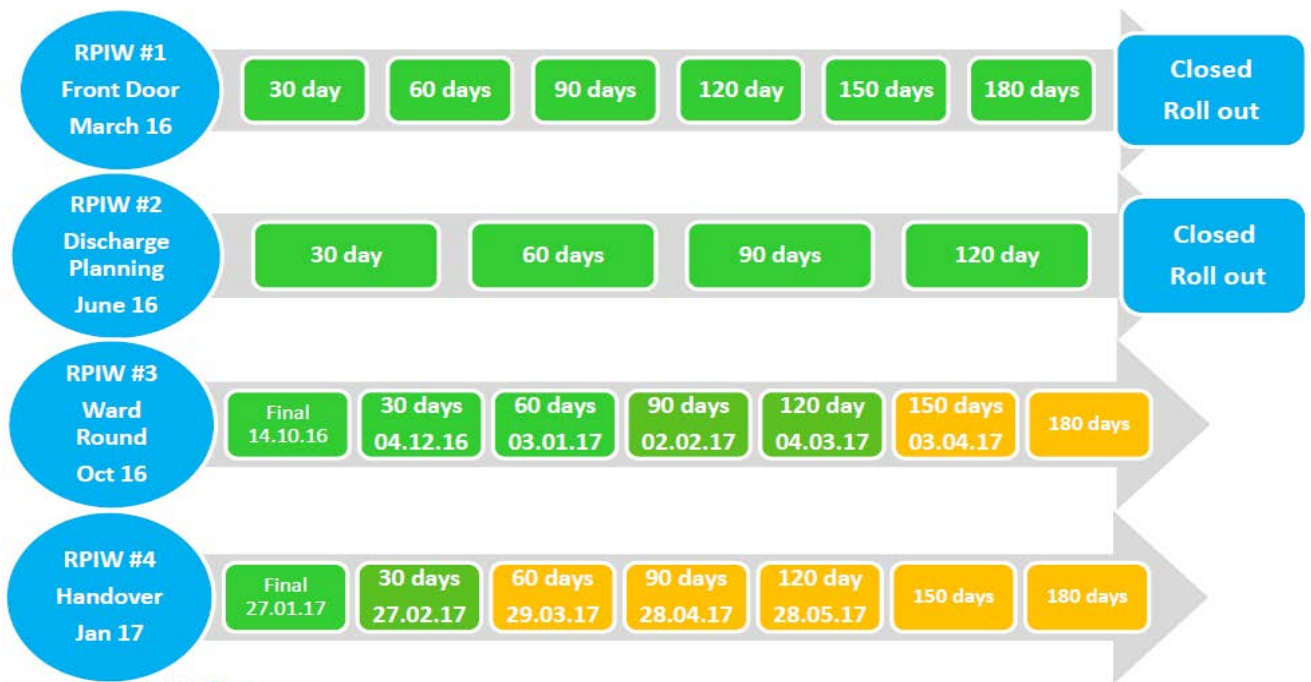
RPIW #1: Front Door: Diagnosis of Respiratory Condition – March 2016 – Roll out

RPIW #2: Internal discharge planning – June 2016 – Roll- out

RPIW #3: Ward Round – Held October 2016 – At 120-day remeasures

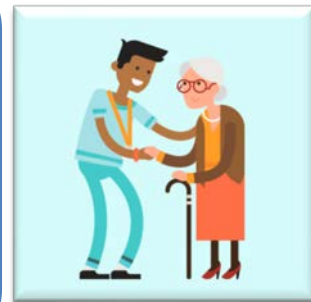
RPIW #4: Handover – Held January 2017 – At 30-day remeasures

RPIW #5: Board Round – Planned for 3-7 April 2017



Improvements

- **13** different quality improvements made and sustained to the respiratory discharge process
- **32** non value adding hours removed from respiratory discharge process (per patient)
- **1357** clinical steps removed from the respiratory discharge process (per patient)



7.2 Value Stream #2 Sepsis

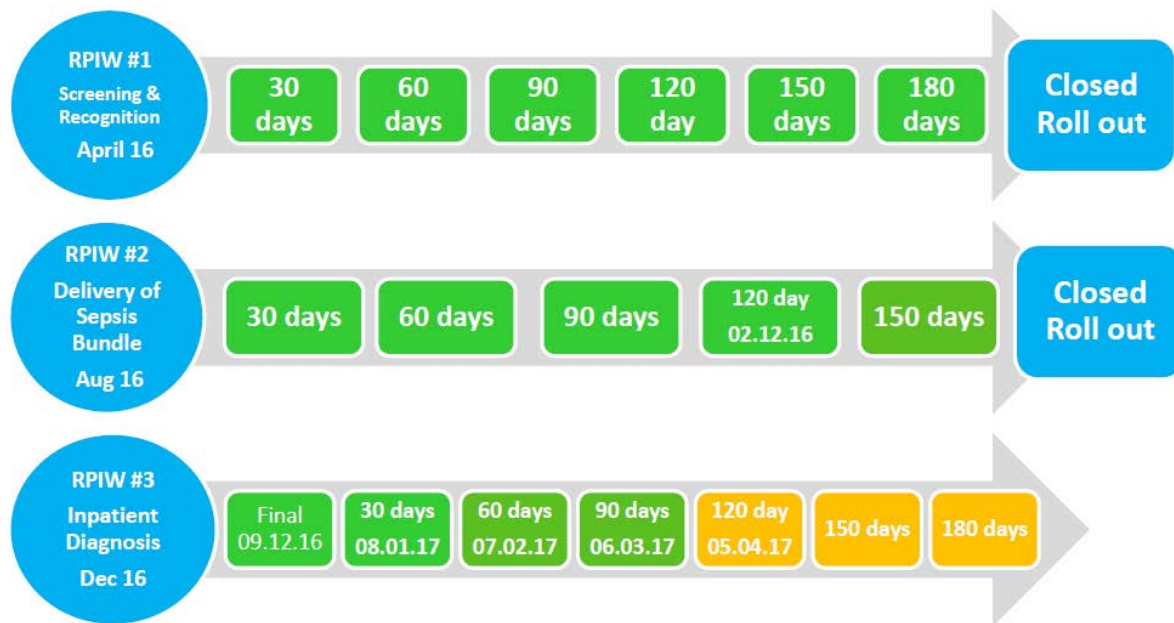
Value Stream #2 (Sepsis) was chosen as at least 4 patients will die each month from Sepsis and within the UK 44,000 people die each year. Early recognition and screening for Sepsis is vital to ensure timely and effective treatment.

RPIW #1: Screening and Recognition of Sepsis – Held April 2016 - Closed

RPIW #2: Delivery of the Sepsis Bundle – Held August 2016 - Closed

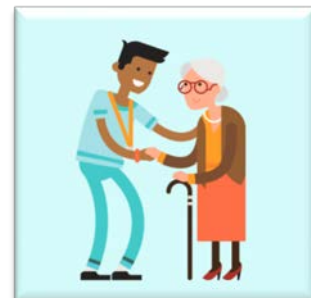
RPIW #3: Inpatient diagnosis of Sepsis – Held December 2016 – At 90-day remeasures

RPIW #4: Turnaround of bloods – Planned for 8-12 May 2017.



Improvements

- **8** quality improvements made within the sepsis pathway including use of screening tools, Sepsis trolley and reduction in late observations
- **11½** hours of non-value adding time removed from screening for sepsis , diagnosis of sepsis and delivery of sepsis bundle pathway (single patient pathways)
- **488** steps no longer required to collect equipment (single patient episodes)



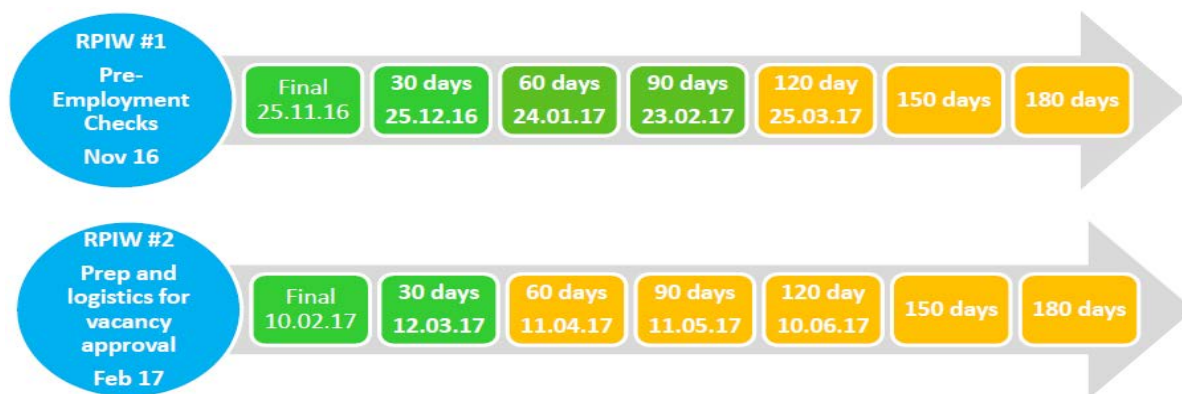
7.3 Value Stream #3 Recruitment

Value Stream #3 (Recruitment) was chosen because the current recruitment process, from when a vacancy arises and is approved, to when the successful candidate commences in post, is lengthy, with many waits and delays.

RPIW #1: Pre-Employment Checks – Held November 2017 – Closed

RPIW #2: Preparation and Logistics for Vacancy approval – At 30-day remeasures

RPIW #3: Topic to be confirmed – Planned for 12-16 June 2017



7.4 Value Stream #4 Outpatient Clinics – Ophthalmology

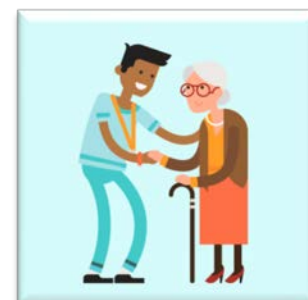
Value Stream #4 (Outpatient Clinics (Ophthalmology)) was chosen because effective communication with our outpatients is critical to providing a high quality service and ensuring all our patients arrive at the right clinic, at the right time and with appropriate information to ensure a high level of patient experience. Currently, there is variance between patients referred via e-referrals and those referred directly into SATH. Additionally, some of our patients are arriving at the wrong clinic, or at the wrong time and tell us they are not sure whether they should bring family members with them, or how to contact the clinic if running late; all as a result of the quality of the letters we are sending out.

RPIW #1: Patient Information (Patient letters) – March 2017 – At 30-day remeasures
 RPIW #2: Ophthalmology Clinic (PRH) – Planned for 12-16 June 2017



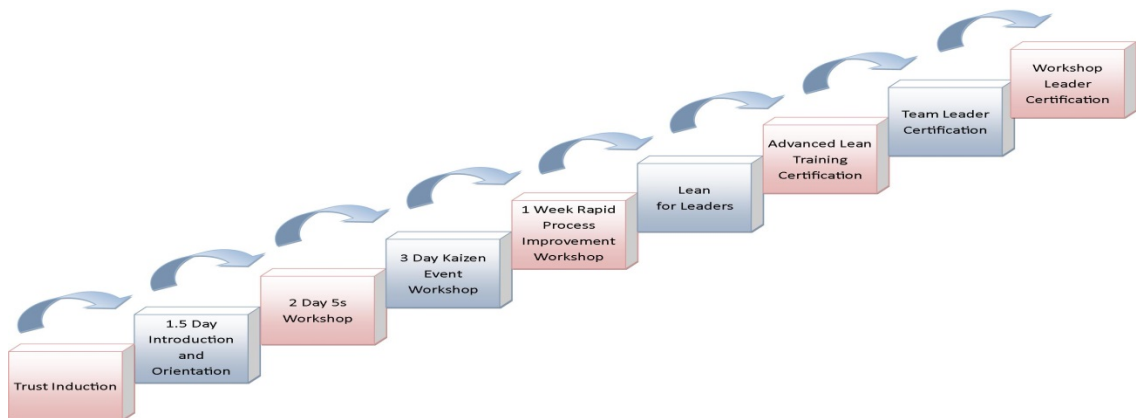
Improvements

- **52 day** reduction in the time from receipt of referral until first contact is made with patient
- **47%** reduction in the number of times letters are delayed due to requesting a letter after the deadline for electronic transfer to next process
- **100%** reduction in the number of Booking staff unaware of overall process for sending patient letters (Process = from referral arriving at SATH, to patient arriving in clinic)



8.0 Education & Training (GTM Executive Lead: Victoria Maher)

- 8.1 All 4 KPO Specialists from the KPO Team, Cathy Smith, Nick Holding, Louise Brennan and Richard Stephens, have now gained their VMPS accreditation, giving us the capacity to independently run RPIW's within SaTH.
- 8.2 Cathy Smith, KPO Lead will lead Session 6, the final session of the first two cohorts of Lean for Leaders in April 2017, with 36 of the original 40 due to graduate. 1 Lean for Leader will recommence their training at Session 3 with the 2017/18 cohort, and 2 Lean for Leaders will recommence their training with the 2018/19 cohort. This enables Cathy now to lead the Advanced Lean Training (ALT) in September 2017 with the support of the VMI Sensei. ALT training will grow our capacity and capability within the Trust to run additional RPIWs and therefore accelerate the transformation plan and enhance the robustness of the TCPS infrastructure and sustainability plan.



SaTH provided Transforming Care Production System Training opportunities.

- 8.3 We continue to be delighted by the appetite and enthusiasm of our staff to be involved with the Transforming Care programme. We now have over 1700 staff who have received 30 minutes education or more in the basics of Transforming Care Production System, and we are on course to meet our target of 2000 staff members educated to this level by the 1 October 2017.
- 8.4 380+ staff are using TCPS training to improve patient care or re move the burden of work on our staff. The KPO team are supporting the trust wide roll out of the TCPS 5S methodology. The work on ward 27 released 2K of excess stock for redistribution and a reduction in the required par level worth £800
- 8.5 Cathy Smith will lead the Lean for Leaders cohorts 3, 4, 5 and 6 during 2017, mentoring Nick Holding and Louise Brennan, KPO Specialist through their co-teaching roles. This will give the Trust almost 100 lean leaders by the end of 2017.
- 8.6 One of our lean leaders Paula Davies, Head of Procurement has used her Lean for Leaders development opportunity to implement standard work to achieve the NHS standards of procurement level 1 which is a Department of Health Carter requirement. We are the first Trust in the West Midlands to achieve this. Other

benefits of this work have been to enable our procurement team to sell services to other areas e.g. GP's and Robert Jones & Agnes Hunt Hospital without the need for additional staff. This has helped with the achievement of the procurement CIP for 2016/17, and is also a major part of the 2017/18 CIP. What has been personally rewarding for Paula is that the leadership development has enabled her to review the work, eliminate waste, spend more time on her genbas, helping the interaction between herself and team, and most importantly by getting the right product to the right place at the right time has benefitted patient care and enabled ward staff to spend more time directly with their patients.

8.7 The cohorts for Lean for Leaders next year will include our CEO, Care Group Directors and a cross section of staff from all departments.

9.0 Engagement and Pace (GTM Executive Lead: Colin Ovington)

9.1 Our four value streams (VS#1: Respiratory Discharge; VS#2: Sepsis Pathway; VS#3: Recruitment; VS#4: Outpatient Clinics – Ophthalmology) are progressing and are demonstrating the ability of the Transforming Care Production System to generate sustained improvement.

9.2 We have seen a successful share and spread across the respiratory value stream genba areas.

9.3 Value Stream #4 (Outpatient clinics – Ophthalmology) has seen the first improvement outputs following their RPIW in March 2017.

9.4 Over 380 of our staff have a deeper understanding of the TCPS approach and are actively using the methodology to improve patient and staff experience.



10.0 Leadership (GTM Executive Lead: Victoria Maher)

- 10.1 The Leadership Academy will be launched in May 2017. An element of the required learning for leaders within the organisation will be to undertake the Transforming Care Methodology 1-day introduction training, and also complete the Lean for Leaders programme. It is anticipated that all Consultants and leaders within the organisation will have a contractual agreement in their job description to complete the Lean for Leaders programme within 18 months of joining the Trust. This will be added to contracts during the summer 2017.
- 10.2 The Transforming Care Institute is promoting partnership working with local industry, including GKN who meet with Brian Newman and Cathy Smith on 27 March 2017. We continue to learn from the system wide approaches including the VMI partnership hospitals within Denmark. It is anticipated that visits to Denmark and other organisations using the approach will accelerate our learning.

11.0 Strategy and Policy (GTM Executive Lead: Neil Nisbet)

- 11.1 The development of the compacts, the psychological agreements in the way we work is being used within the STP. The medical and leadership compacts will be known within the Trust as Values in Practice agreements, and are in their final draft version and will be trialled with staff very shortly.
- 11.2 The guiding team continue to challenge traditional practices and to remove barriers to the accelerated improvement programme including taking brave decisions to halt some of the traditional leadership activities. As part of the alignment with our local healthcare system, the STP board members will be invited to attend a taster session of the Transforming Care Methodology, hosted by the Transforming Care Institute in the near future.

12.0 Communication and Media (GTM Executive Lead: Julia Clarke)

- 12.1 Significant work continues to share our determination that the Transforming Care Production System which provides our one method of improvement and our management system are understood by our patients, staff and partners. We take every opportunity to show how this aligns with our vision to be the safest and kindest organisation, in particular how now over 57,000 patient journeys are safer and kinder following the work undertaken by our staff.

13.0 Conclusion

- 13.1 The Transforming Care programme of work in partnership with Virginia Mason Institute is now starting to demonstrate many tangible improvements. Over 57,000 patient experiences with SaTH are safer and kinder.

13.2 Quality improvements are demonstrating an associated financial benefit in the following areas:

- Reduction in temporary staffing usage
- Absorption of additional work
- Redistribution of excess stock
- Reduction in stock par levels
- Reduction in cost per case for patients being treated for sepsis
- Reduction in unnecessary hospital transport journeys

14.0 Recommendation

14.1 The Trust Board is asked:

- To note the successful bid to expand the KPO Team by 1 KPO Specialist and 1 apprentice.
- To acknowledge that over 57,000 patient journeys are safer and kinder thanks to our staff engaging with the Transforming Care Production System (TCPS) and the launch of 4 value streams.
- To acknowledge that our staff are absorbing additional work having removed waste from their processes.
- To acknowledge the 1700+ staff are now educated in the Transforming Care Production System.
- To acknowledge that 380+ staff are using this approach in their work.
- To note the open invitation to attend the RPIW report outs, the Transforming Care (CEO) stand ups, and the offer for individual introduction to the work by the KPO Team.
- To acknowledge the sustained improvements achieved through the RPIW work.
- To acknowledge the forthcoming Regional Sharing Event on 2 June 2017 where our work will be showcased and we extend a warm invitation to the Trust Board to attend.

Appendix 1a: Value Stream Metrics: Respiratory Discharge

Transforming Care Metrics	Source	Baseline OCT 2015	Target	Q1 2016/17 Apr - June 2016	Q2 2016/17 July – Sept 2016	Q3 2016/17 Oct – Dec 2016 + RATE	Q4 2016/17 Jan – Mar 2017	% Baseline Change
Service Metric 1: <ul style="list-style-type: none"> Ward to Board/* RATE Audit Nursing care element of discharge <i>section communication</i> 	Quality Improvement Dashboard (RATE: I know when I am going home)	Ward 9 86%	100%	Ward 9 96%	Ward 9 97%	WARD 9 100%		14%
		Ward 27 100%		Ward 27 60%	Ward 27 87%	Ward 27 71.9%		-34%
Service Metric 2: <ul style="list-style-type: none"> Ward to Board Audit/*RATE Patient Experience – <i>Section Care and compassion</i> 	Quality Improvement Board	Ward 9 82%	100%	Ward 9 89%	Ward 9 80%	Ward 9 95%		14%
		Ward 27 74%		Ward 27 52%	Ward 27 41%	Ward 27 91%		23%
Quality Metric 1: <ul style="list-style-type: none"> Target % of discharges per week per day 	Unscheduled Care	Ward 9 78.6%	100%	Not available	Not available	Not available		
		Ward 27 87.1%		Not available	Not available	Not available		
Quality Metric 2: <ul style="list-style-type: none"> Performance against number of discharges prior to 1pm 	Informatics Team	Ward 9 53.6%	35%	Ward 9 24.2%	Ward 9 20.13%	Ward 9 18%		-70%
		Ward 27 21.4%		Ward 27 18%	Ward 27 18.11%	Ward 27 16%		-25%
Delivery Metric 1: <ul style="list-style-type: none"> Actual against next day discharge list 	PSAG at 4pm prior to discharge day	Ward 9 67%	95%	Ward 9 92%	Ward 9 92%	Ward 9 94%		29%
		Ward 27 88%		Ward 27 94%	Ward 27 89%	Ward 27 89%		1%
Delivery Metric 2: <ul style="list-style-type: none"> Readmissions within 72 hours through failed discharge planning 	Informatics Team	Ward 9 1	0	Ward 9 0	Ward 9 2	Ward 9 0		100%
		Ward 27 1		Ward 27 9	Ward 27 5	Ward 27 5		-400%
Delivery Metric 3: <ul style="list-style-type: none"> Lead time 	KPO Team	Ward 9 141 Hours	4.5 days (108H)	Ward 9 136 Hours	Ward 9 136 Hours	Ward 9 284 HOURS 15 MINS		-101%
		Ward 27 141		Ward 27 167 hours	Ward 27 167 hours	Ward 27 284 15 MINS		-101%
Morale Metric 1: <ul style="list-style-type: none"> Staff Engagement Score 	Workforce Team	Ward 9 3.36	5	Ward 9 3.7	Ward 9 3.7	Ward 9 3.7		1%
		Ward 27 3.51		Ward 27 3.7	Ward 27 3.7	Ward 27 3.7		1%
Morale Metric 2: <ul style="list-style-type: none"> Sickness Rates 	Workforce Team	Ward 9 13.6%	3.5%	Ward 9 2.4%	Ward 9 2.3%	Ward 9 3%		77%
		Ward 27 7.7%		Ward 27 7.5%	Ward 27 10.1%	Ward 27 4%		43%
Cost Metric 1: <ul style="list-style-type: none"> A Days beyond Trim Point NB ALOS WD 9 Q1 13 Q2 14.3 Q3 14 NB ALOS WD 27 Q1 13.6 Q2 10 Q3 11 	Informatics Team (Monthly)	Ward 9 28	30%	Ward 9 17	Ward 9 19	Ward 9 13		54%
		Ward 27 58		Ward 27 68	Ward 27 30	Ward 27 26		55%
Cost Metric 2: <ul style="list-style-type: none"> Temporary Staffing usage (number of shifts covered by agency/bank) 	Workforce Team (monthly average)	Ward 9 47/101 (148)	50%	Ward 9 53/123 (/3=59)	Ward 9 63/173 (/3=79)	Ward 9 73/169 (/3=80)		46%
		Ward 27 113/146 (259)		Ward 27 210/277 (/3=162)	Ward 27 250/406 (/3=219)	Ward 27 203/403 (/3=202)		22%

Appendix 1b: Value Stream Metrics: Sepsis Pathway

Transforming Care Metrics	Source	Baseline	Target	1 st Quarter May – July 16	2 nd Quarter Aug – Oct 16	3 rd Quarter Nov 16 – Jan 17	4 th Quarter Feb – Apr 17	% Baseline Change
Service Metric 1: • Patient/Carer aware of their plan of care	Ward to Board Patient Experience Question	Q3 2015 85%	100%	71%	80%	69%		19%
Service Metric 2: • Patient Experience Score Overall Score	Ward to Board Patient Experience Question	Q3 2015 84%	90%	74%	80%	85%		1%
Quality Metric 1: • Antibiotics in 1 hour (CQUIN)	CQUIN	Q2 2015 21.9%	100%	50%	31%	26%		18%
Quality Metric 2: • Sepsis related deaths (Trustwide)	Mortality trending data	Q3 2015 4 per month (median)	0	9 per month	5 per month	5 per month		25%
Delivery Metric 1: • Lead Time	KPO Team observations	Initial observations 427 mins	60 mins	372 mins	190 mins	190 mins		56%
Delivery Metric 2: • Length of Stay	Informatics Team	Q3 2015 8.6 days	5 days	8.4 days	9 days	9 day		-5%
Morale Metric 1: • Staff Engagement Score	Annual Staff Survey	2015/16 3.7 (out of 5)	5 out of 5	3.7 (out of 5)	3.7 (out of 5)	3.7 (out of 5)		0%
Morale Metric 2: • Staff Satisfaction ('I am satisfied with care I give' – those who agree)	Annual Staff Survey	2015/16 51%	100%	51%	51%	51%		0%
Cost Metric 1: • Delivery of Care (Trustwide)	Finance	Q3 2015 £278,733	TBC	£433,629	£242,764	£248,115		11%
Cost Metric 2: • Average cost per case (Trustwide)	Finance	Q3 2015 £1,336	TBC	£1,412	£1,364	£1,133		15%

Appendix 1c: Value Stream Metrics: Recruitment

Transforming Care Metrics	Source	Baseline	Target	Q1 2016/17 (Dec – Feb)	Q2 2017 (Mar – May)	Q3 2017 (Jun – Aug)	Q4 2017 (Sept – Nov)	% Change
Service Metric 1: • Length of time from approval to vacancy advertised	Recruitment tracker	77 days (July 2016)	14 days	3 days (Feb 2017)				
Service Metric 2: Length of time from interview to conditional letter sent to candidate	Recruitment tracker	7 days (non-medical)	2 days	6 days				
Quality Metric 1: • Number of applications per vacancy (Mode/median number for a quarter)	Recruitment Team	40 (non-medical April-June 2016) 5 (medical April- June 2016)	80 10	18 (non-medical)				
Quality Metric 2: • Time from vacancy identified to interview date	Recruitment Team	92 days (non-medical)	46 days	27 days				
Delivery Metric 1: • Lead Time • From a vacancy is identified within SaTH • To the successful applicant starts new role (first day of employment) within SaTH	KPO Observations / VSM	135 days 3 hr 20 min (non-medical) 261 days 2 hr (medical)	80 days (non-medical) 136 days (medical)	63 days (non-medical)				
Delivery Metric 2: • Percentage of vacancies in the Trust	Finance	8.20% (Aug 2016)	4.5%	7.9%				
Morale Metric 1: • Staff Engagement Score • Staff leaving in first 12 months	Workforce team	3.73	5	3.75				
Morale Metric 2: • Staff turnover rate • Number of staff leaving before first 12 months	Workforce team	297 (01.09.15 – 31.08.16)						
Cost Metric 1: • Temporary staff usage – Medical (agency/bank)	Finance	£550,800 (per month based Apr-Aug 2016)	50% reduction £275,400	£540,085 (per month based Dec 16- Jan17)				
Cost Metric 2: • Temporary staff usage – Non Medical (agency/bank)	Finance	£1,338,800 (per month based Apr-Aug 2016)	50% reduction £669,400	£1,528,521 (per month based on Dec 16- Jan 17)				

Appendix 1d: Value Stream Metrics: Outpatient Clinics – Ophthalmology

Transforming Care Metrics	Source	Baseline (Oct – Dec 2016)	Target	1 st Quarter (Apr – Jun)	2 nd Quarter (Jul – Sep)	3 rd Quarter (Oct-Dec)	4 th Quarter (Jan – Mar)	% Change
Service Metric 1: • Reduction in patient complaints	Complaints department	6	0					
Service Metric 2: • Reduce wait for first outpatient appointment	Information department	(Sep-Nov 2016) 126 days (18 weeks)	63 days (9 weeks)					
Quality Metric 1: • Reduction in cancelled appointments by SATH	Booking Centre	(Sep-Nov 2016) 228	10 (96% reduction)					
Quality Metric 2: • Reduction in cancelled appointments by the patient	Booking Centre	(Sep-Nov 2016) 150	30 (80% reduction)					
Delivery Metric 1: • Lead Time	KPO observations/ VSM	142 days	63 days (9 weeks)					
Delivery Metric 2: • Reduction in ASI (Appointment Slot Issues) numbers	Booking Centre	(Aug-Oct 2016) 145	0					
Morale Metric 1: • Staff engagement score ○ (OPH clinics and associated staff) ○ (Patient access)	Annual Staff survey	(3 of 5) 3.62 3.44	5					
Morale Metric 2: • Unavailability of current nursing workforce	Finance	24%	22%					
Morale Metric 3: • Unavailability of current Consultant workforce	Booking Centre	(Sep – Nov 2016) 14.5 (cancelled clinics)	1 (Cancelled clinic)					
Cost Metric 1: • Reduction in agency spend	Finance	(Apr-Nov 2016) £58k	£0					
Cost Metric 2: • Increase contribution	Finance	(Apr – Sep) -10% (-273K)	0%					