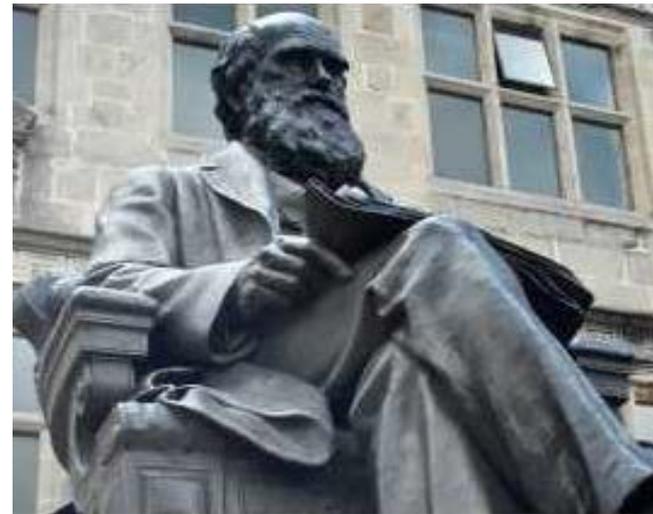


Transforming Care Production System

Report Out June 2016

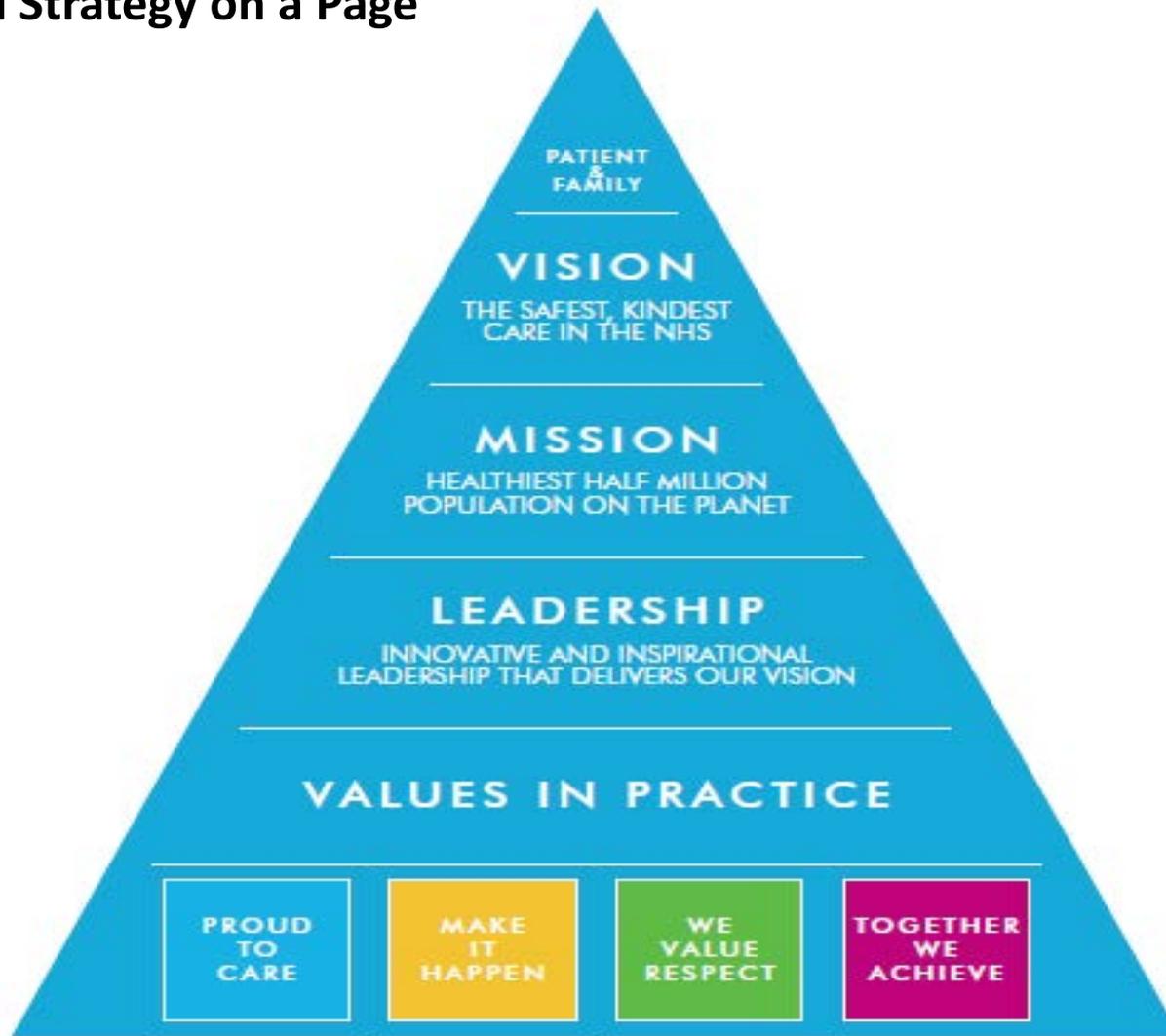
❖ **Simon Wright**
Chief Executive Officer



Belong to something .. transforming

❖ **Cathy Smith**
KPO Lead

Organisational Strategy on a Page



Value Stream #1 – Respiratory Discharge - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. <i>Ward to Board Audit (nursing care element of discharge)</i>	Quality Improvement Dashboard	Wd 9: 86% Wd 27: 100%	100%		
Service Metric 2: A. <i>Ward to Board Audit (patient experience)</i>	Quality Improvement Dashboard	Wd 9: 82% Wd 27: 74%	100%		
Quality Metric 1: A. <i>Target % of discharges per week per day</i>	Unscheduled Care Group	Wd 9: 78.6% Wd 2: 87.1%	100%		
Quality Metric 2: A. <i>Performance against number discharges prior to 1pm</i>	Information Team	Wd 9: 53.6% Wd 27: 21.4%	35%		
Delivery Metric 1: A. <i>Actual against next day discharge list</i>	PSAG	Wd 9: 67% Wd 27: 88%	90% 95%		
Delivery Metric 2: A. <i>Readmissions within 72 hours</i>	Info department	Wd 9: 1 Wd 27: 1	≤1 0		
Delivery Metric 3: A. <i>Lead time</i>	KPO	Wd 9: 140.6 Wd 27: 140.6	7-5 days 4.5 days		
Morale Metric 1: A. <i>Staff engagement score</i>	Workforce	Wd 9: 3.36 Wd 27: 3.51	5		
Morale Metric 2: A. <i>Sickness rates</i>	Workforce	Wd 9: 13.08% Wd 27: 7.06%	3.5%		
Cost Metric 1: A. <i>Days beyond Trim Point</i>	Information Team	Wd 9: 28 Wd 27: 58	30%		
Cost Metric 2: A. <i>Temporary staffing usage (#shifts covered agency/bank)</i>	Workforce	Wd 9: 101/47 Wd 27: 146/113	50%		

Key Dates

- Sponsor Team Monthly Meeting 14.06.16
- VS#1 RPIW #1 90-day remeasure due 10.06.16
- VS#1 RPIW #1 120-day remeasure due 10.07.16
- VS#1 RPIW #2 (Internal discharge planning) 20.06.16 – 24.06.16
- VS#1 RPIW #3 (Handover to Inpatient Ward) 10.10.16 – 14.10.16



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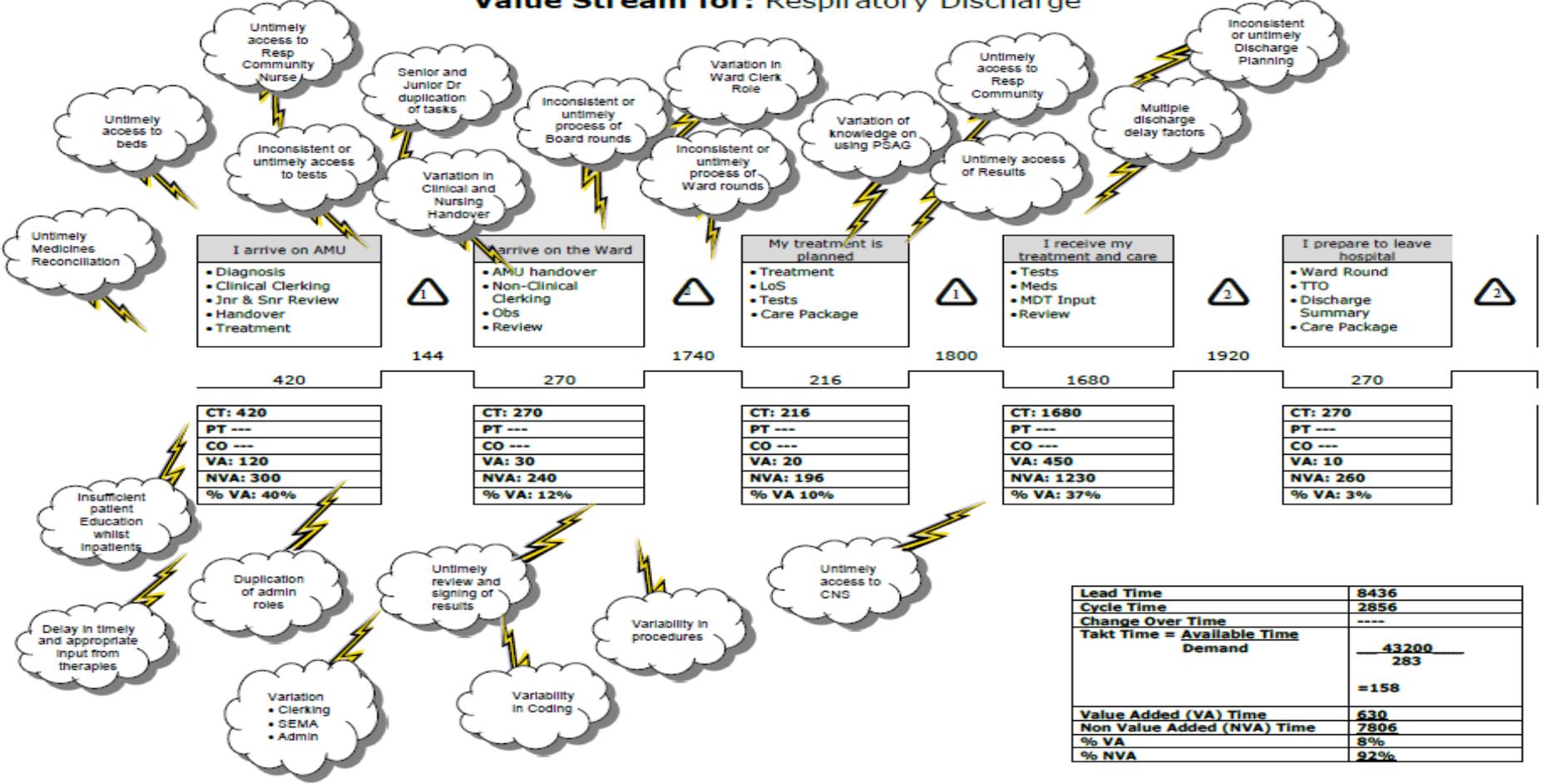
Value Stream #1 – Respiratory Discharge – Macro VSM

Process Boundaries
From: Pt. on AMU
To: Pt. Ready for Discharge
with all SaTH actions completed

Current State

Author: SaTH KPO
Date prepared: 9/12/15

Value Stream for: Respiratory Discharge



Lead Time	8436
Cycle Time	2856
Change Over Time	----
Takt Time = Available Time / Demand	43200 / 283 = 158
Value Added (VA) Time	630
Non Value Added (NVA) Time	7806
% VA	8%
% NVA	92%



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Value Stream #1 – Respiratory Discharge – Future VSM

Process Boundaries
From: Patient on AMU

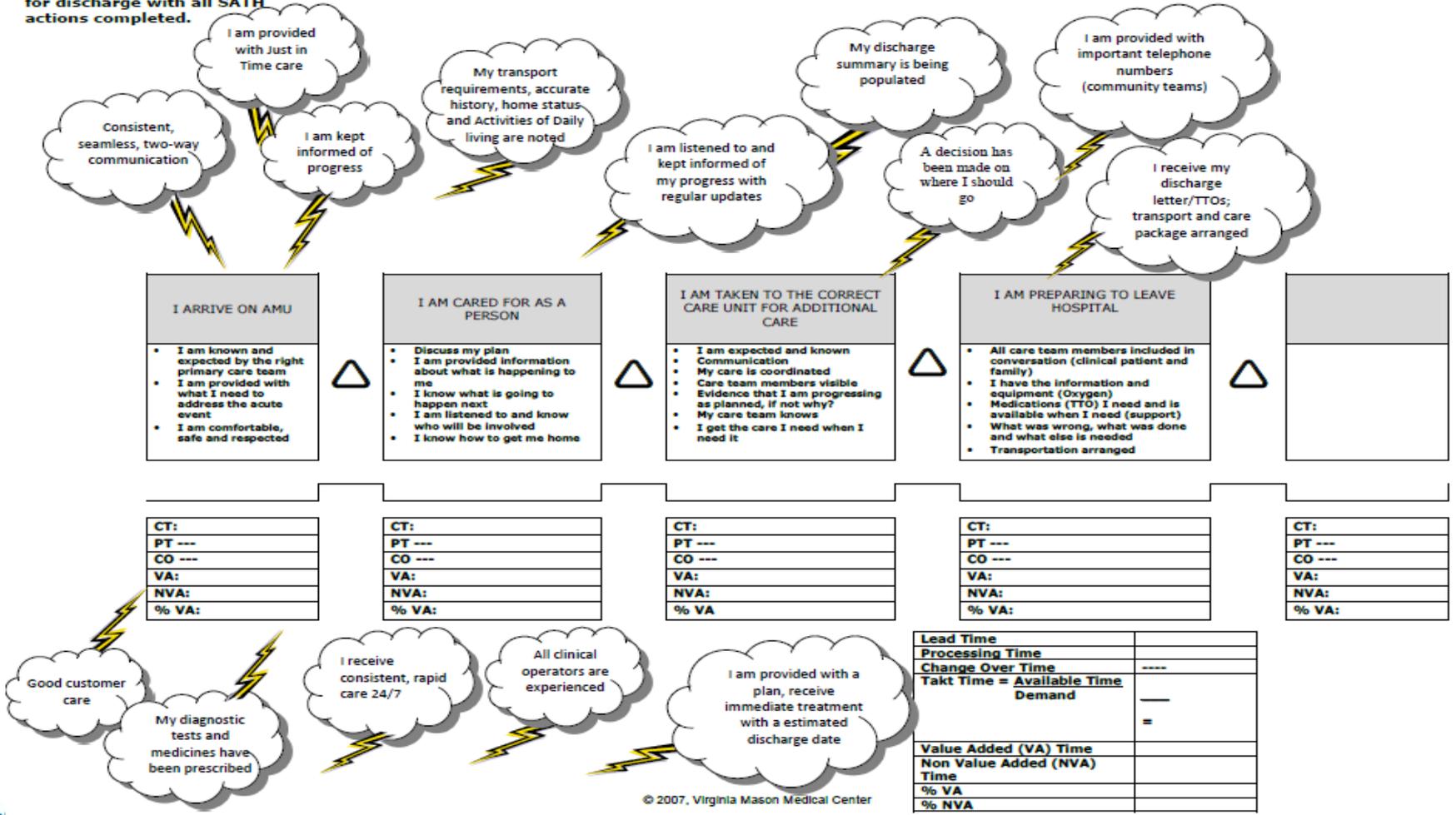
Future State

Author:

To: Patient ready for discharge with all SATH actions completed.

Value Stream for: Respiratory Discharge

Date prepared:



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Next Steps 120 days

Value Stream #1 (Respiratory) – RPIW #1 (Front Door) - Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 11/4/16	60 days 11/5/16	90 days 13/6/16	% Change
Space Square footage utilized in the process		Refer to VSM								
Inventory Dollar value of supplies on the shelf waiting to be used		Refer to VSM								
Walking Distance Distance measured in steps traveled by the staff in the process.		50% reduction								
<i>ACP/Jnr DR</i>	462	231	N/A	N/A	10	10	4	9	10	98%
<i>RN</i>	420	210			161	161	76	30	80	81%
<i>HCA</i>	246	123			38	38	60	10	76	69%
<i>Patient</i>	92	46			20	20	30	31	28	70%
Parts Travel Distance Distance measured in feet traveled by the parts in the process		50% reduction								
<i>ECG machine</i>	102	51	N/A	N/A	14	14	0	0	0	100%
<i>Observation machine</i>	32	16			0	0	0	0	0	100%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied		65% reduction			(SIM)	(SIM)				
<i>Lead time (minutes)</i>	3hs 24 min	1hr 12min	N/A	N/A	2hr 3min	2hr3min	1hr 30min	3hr 13min	4hr 46 min	-29%
<i>Sum of Cycle Times (minutes)</i>	2hr 27min	51 min			1hr6min	1hr6min	52min	60min	51min	68%
Work in Process (WIP) Counted number of work within the process at a specific point in time (document time)	2		N/A	N/A	2	2	2	2	2	0%
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	1		N/A	N/A	1	1	1	1	1	0%
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box.										
<i>% of X-ray request forms with missing MD initials/GMC No/illegible</i>	75%	0%			6.6%	6.6%	50%	3%	9%	88%
<i>Missing stock items</i>	80%	0%	N/A	N/A	17%	17%	3.3%	0%	0%	100%
<i>Privacy and dignity (swab/blood/history taken in public area)***</i>	80 %	0%			0%	0%	0%	0%	0%	100%
Productivity Gain		Refer to VSM								
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the 5S Audit Tool. (Consultant room 1)	Level 1	Level 4	N/A	N/A	Level 2	Level 2	Level 3	Level 3	Level 4	75%



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Value Stream #2 – Sepsis - Metric

Value Stream Metrics	Source	Baseline (Q3 2015)	Target	1 st Quarter 2016/17 (Jun 16)	% Change
Service Metric 1: A. <i>Patient/carer aware of their plan of care</i>	Ward to Board – Patient Experience Question	Q3 2015 84.8%	100%		
Service Metric 2: A. <i>Patient Experience Score – Overall score</i>	Ward to Board – Patient Experience	Q3 2015 84.0%	90%		
Quality Metric 1: A. <i>Sepsis 6 delivered in 1hr</i>	CQUIN	Q2 2015 21.9%	100%		
Quality Metric 2: A. <i>Sepsis related deaths (Trust-wide)</i>	Mortality trending data	Q3 2015 4 per month	0		
Delivery Metric 1: A. <i>Lead time</i>	KPO Team observations	Initial observations 427 mins	60 mins		
Delivery Metric 2: A. <i>Length of Stay</i>	Info department	Q3 2015 8.6 days	5 days		
Morale Metric 1: A. <i>Staff Engagement Score</i>	Annual Staff survey	2015/16 3.7 (out of 5)	5 out of 5		
Morale Metric 2: A. <i>Staff Satisfaction (“I am satisfied with care I give” – those who agree)</i>	Annual Staff survey	2015/16 51%	100%		
Cost Metric 1: A. <i>Delivery of Care (Trust-wide)</i>	Finance	Q3 2015 £278,733.00	TBC		
Cost Metric 2: A. <i>Average Cost per Case (Trust-wide)</i>	Finance	Q3 2015 £1,336.00	TBC		

Key Dates

- Sponsor Team Monthly Meeting 13.06.16
- VS#2 RPIW #2 60-day remeasure due 24.06.16
- VS#2 RPIW #2 90-day remeasure due 22.07.16
- VS#2 RPIW #2 (Commencement of Sepsis 6) 08.08.16 – 12.08.16



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Value Stream #2 – Sepsis – Macro VSM

Process Boundaries

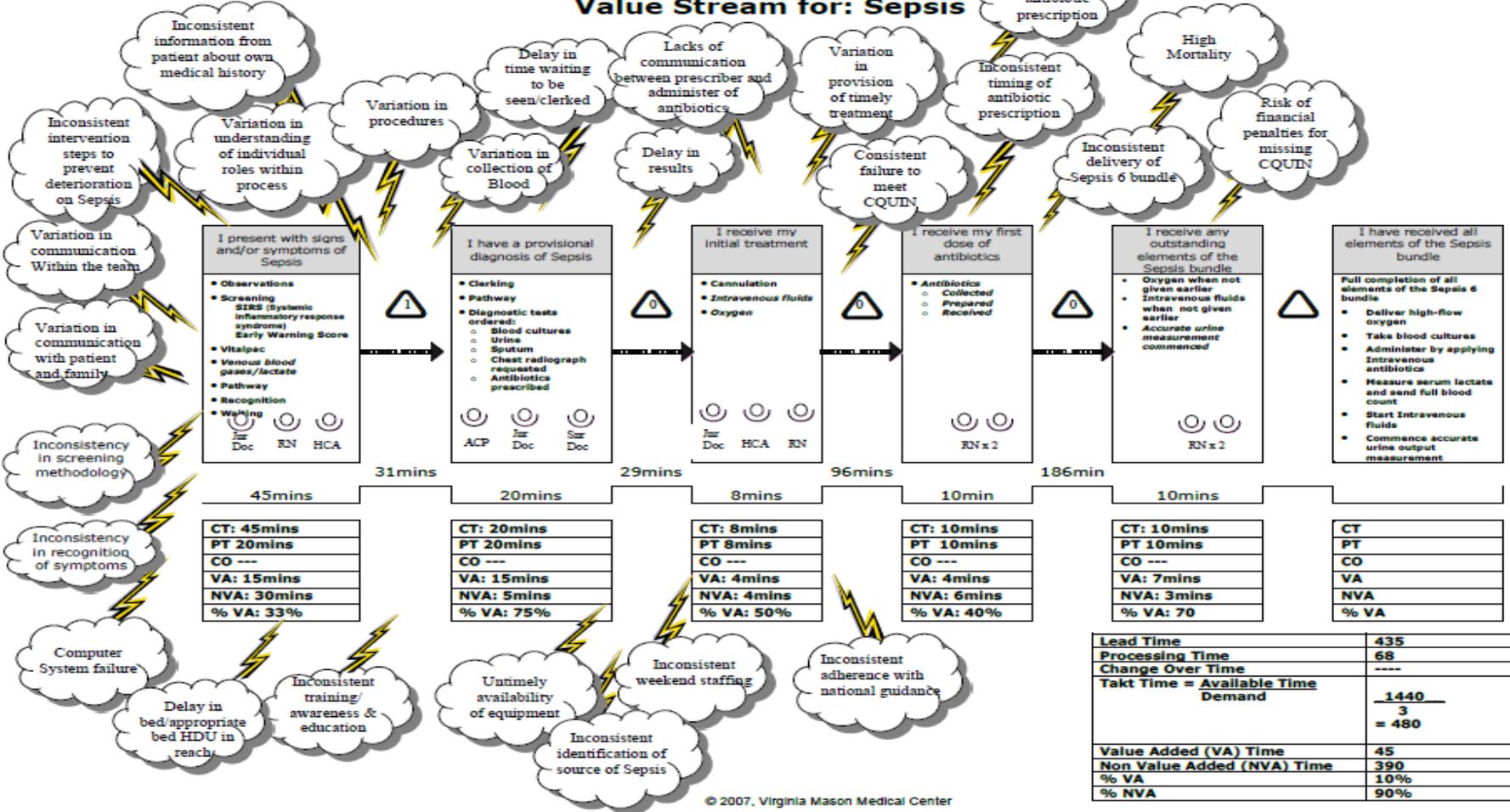
From: When I present with signs and/or symptoms that may be Sepsis Current State Future State

To: When I have received all elements of the Sepsis bundle

Author: Richard Stephens, Nick Holding

Date prepared: 23/2/16

Value Stream for: Sepsis



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Value Stream #2 – Sepsis– Future VSM

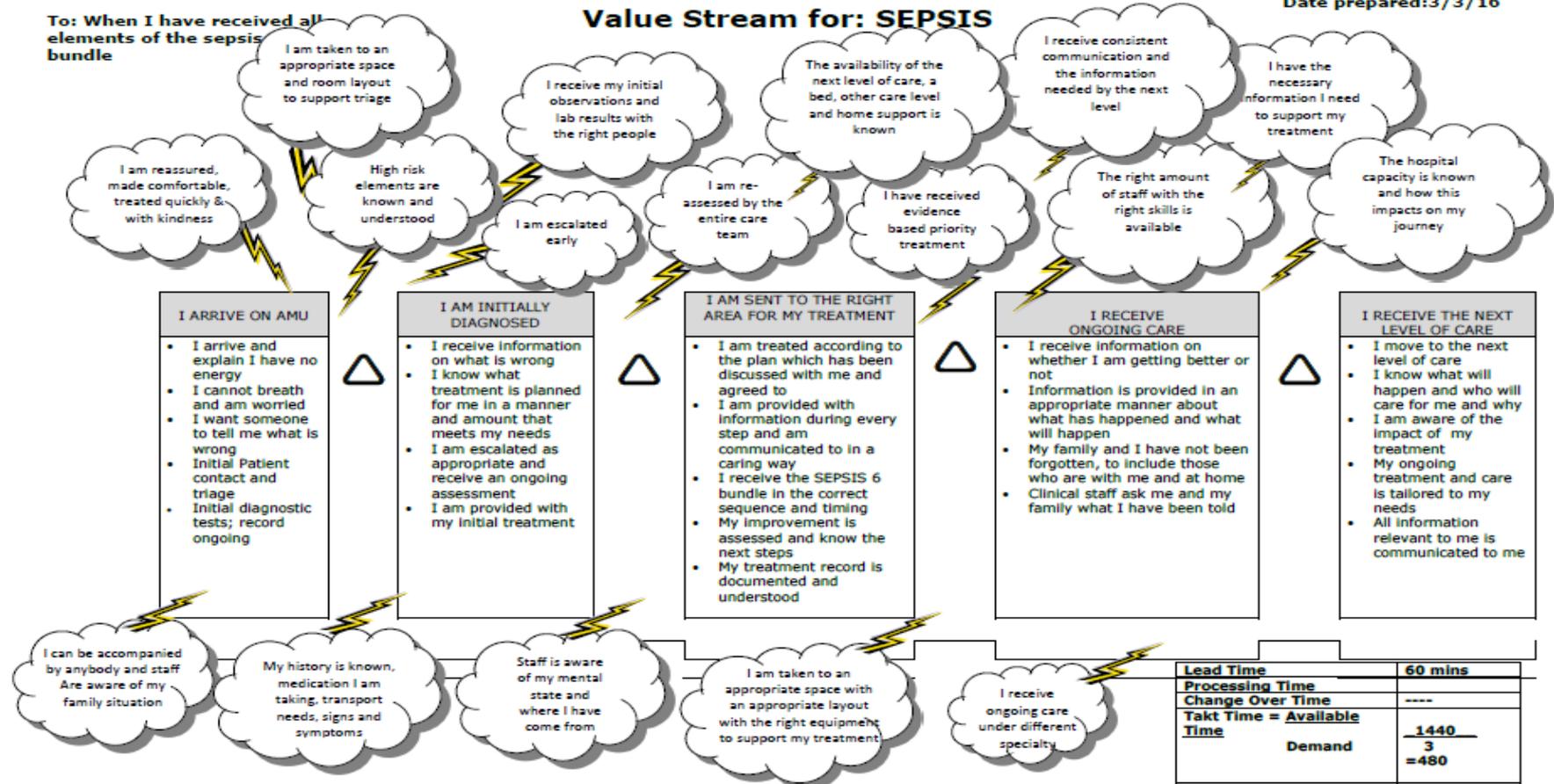
Process Boundaries
From: Patient arrives with signs and/ or symptoms that may be sepsis Future State

Author: CS/NH/RS

Date prepared:3/3/16

To: When I have received all elements of the sepsis bundle

Value Stream for: SEPSIS



Lead Time	60 mins
Processing Time	---
Change Over Time	---
Takt Time = Available Time	1440
Demand	3
	=480
Value Added (VA) Time	
Non Value Added (NVA) Time	
% VA	
% NVA	



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Value Stream #2 Sepsis – RPIW #1 (Screening and Recognition) Target Progress Report (TPR)

Metric (units of measurement)	Baseline	Target	Day 2	Day 3	Day 4	Final	30 days 27/05/16	60 days 24/06/16	90 days 22/07/16	% Change
Walking/Travel Distance Distance measured in feet traveled by patient in the process. • Number of steps taken by patient before they are reviewed for signs and/or symptoms of Sepsis	84	50% reduction 42	N/A	22	22	22	22	Next step		74%
Parts Travel Distance Distance measured in steps traveled by the parts in the process. • Observation machine • Wheelchair	62 409	50% reduction 31 204	N/A	2 29	2 29	2 29	2 29			97% 93%
Lead Time Time measured in minutes or seconds as appropriate to the process being studied • Lead time (minutes) • Cycle Time for completion of Nursing Documentation. (which may include unnecessary elements leading to delay in continuing patient care) (minutes)	76mins 45mins	50% reduction 38mins 22mins	N/A N/A	N/A N/A	31mins 11mins	31mins 11mins	36mins 10mins			53% 78%
Work in Process (WIP) Counted number of work within the process at a specific point in time	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Standard Work In Process (SWIP) Lead time divided by takt time. Percent target should be the same as lead time target. Must be a WHOLE number.	N/A	N/A	N/A	N/A	N/A	N/A				N/A
Quality (defects)(%) Defects measured as a percent of total products/services produced. You must include specific data (e.g., "3 defects of 12 products) in this box. • % of patients who did not have a screening tool used during their observations and assessment • % of patients who did not have a standardised basic review (sepsis) on arrival • % of patients who had intervention* undertaken in public area (privacy and dignity) *observations/swab/history	100% 100% 80%	0% 0% 0%	N/A N/A N/A	N/A 0% N/A	0% 0% 0%	0% 0% 0%	30% 0% 0%			70% 100% 100%
Environmental, Health & Safety (5S) Measured as a Level from 1 to 5 (there is no level 0), as described in the Consultation Room	Level 1	Level 4	Level 2	Level 3	Level 3	Level 3	Level 3			50%

Remarks: (Team Leader to complete):



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Transforming Care Production System REPORT OUT

Organisational Objectives	Value Stream	Report Out Updates	KPO Overview	Improvement Stream
<p>Trust Strategy launch planned for 20.07.16</p> 	<div data-bbox="324 207 705 368" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Value Stream #1 Discharge process for respiratory patients. From the patient arrives to ready for discharge</p> </div> <ul style="list-style-type: none"> • 5 topics for RPIW's identified • Executive sponsor: Debbie Kadum (COO). • First RPIW held March 2016 • 120-day re-measure due 10.07.16 • Second RPIW [Early Discharge Plan] planned for 20.06.16 – 24.06.16 • Third RPIW [Handover to inpatient Ward] planned for 10.10.16 – 14.10.16 	<div data-bbox="768 207 1149 264" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Communication and Media</p> </div> <ul style="list-style-type: none"> • CEO accountability board functional • National Communication Plan developed • Implementation of Local Communication Plan commenced • Transforming Care Weekly Newsletter produced by KPO • Story Board created for local video <div data-bbox="749 549 1168 628" style="border: 2px solid red; border-radius: 50%; padding: 5px; text-align: center; color: red;"> <p>National Sharing & Learning Event in Coventry 29.06.16</p> </div>	<div data-bbox="1232 207 1584 264" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Infrastructure / Resources</p> </div> <ul style="list-style-type: none"> • KPO Training Plan remains on target • Review of organisational meeting structure in progress • Standard work for leaders developing <div data-bbox="1232 435 1584 492" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Education and Training</p> </div> <ul style="list-style-type: none"> • Education and Training Plan on target • Transforming Care Methodology Orientation delivered to 64 staff • VMPS included in all staff induction • Consideration being given for ALT training for Executives and Senior Leaders <div data-bbox="1232 778 1545 835" style="border: 2px solid red; border-radius: 50%; padding: 5px; text-align: center; color: red;"> <p>Lean for Leaders July 2016</p> </div>	<div data-bbox="1647 207 1908 264" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Innovation</p> </div> <div data-bbox="1613 278 1922 392" style="border: 2px solid red; border-radius: 50%; padding: 5px; text-align: center; color: red;"> <p>Transforming Care Methodology training in action</p> </div> <ul style="list-style-type: none"> ➢ Cohort #4 08.07.16 ➢ Cohort #5 16.09.16 ➢ Cohort #6 06.12.16 • SAFER • Exemplar Ward <div data-bbox="1647 649 1908 706" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>TCPS Elements</p> </div>
<ul style="list-style-type: none"> • Transforming Care Institute September 2016 • Leadership Academy October 2016 • Integration System • Sustainability Plan • Transforming Care Production System • Leadership Academy 	<div data-bbox="324 792 705 878" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Value Stream #2 Pathway for Patients with signs of Sepsis</p> </div> <ul style="list-style-type: none"> • 4 topics for RPIW's identified • Executive Sponsor: Edwin Borman (Medical Director) • RPIW held April 2016 • 60-day re-measure due 24.06.16 • Second RPIW [Commencement of Sepsis 6] planned for 08.08.16 – 12.08.16 	<div data-bbox="778 649 1149 706" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Engagement and Pace</p> </div> <div data-bbox="811 728 1091 792" style="border: 2px solid red; border-radius: 50%; padding: 5px; text-align: center; color: red;"> <p>Compact Development</p> </div> <ul style="list-style-type: none"> • Jack and Mary– Jane supporting medical and leadership Compact development • Leadership Compact Day on 21.06.16 • Over 195 members of staff engaged with VMPS • Over 775 members of staff educated from awareness level with VMPS 	<div data-bbox="1232 878 1584 935" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Future Dates</p> </div> <p>RPIW Weeks:</p> <ul style="list-style-type: none"> • RPIW #3 w/c 20.06.16 • RPIW #4 w/c 08.08.16 • RPIW #5 w/c 10.10.16 • RPIW #6 w/c 21.11.16 	<p>Improvement work within the postal/portering system utilising 5S, Waste Wheel, Standard work sheet, Genba</p> <p>Process improvement work for patient meal service including waste utilising Waste Wheel, Takt Time, Value Stream Mapping, Genba</p> <p>Mapping of HR procedures to identify delay and variability in process utilising Current and Future State Value Stream Mapping</p>
	<div data-bbox="324 1235 705 1292" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Value Stream #3 Recruitment</p> </div> <ul style="list-style-type: none"> • Executive Sponsor: Victoria Maher • Value Stream boundaries created • SDS anticipated September 2016 	<div data-bbox="778 1078 1149 1135" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Policy</p> </div> <ul style="list-style-type: none"> • Genba Walk Policy complete • Genba Walks commenced <div data-bbox="778 1228 1149 1285" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Learning</p> </div> <ul style="list-style-type: none"> • KPO Leads developing learning log to escalate, adopt and spread processes • Lean for Leaders launched and participants invited 		<p>Improvement of ward store rooms utilising 5S, Genba</p> <p>Review of IT processes to ensure customer is at the forefront of design and implementation utilising 5 Whys</p>

Engage 100

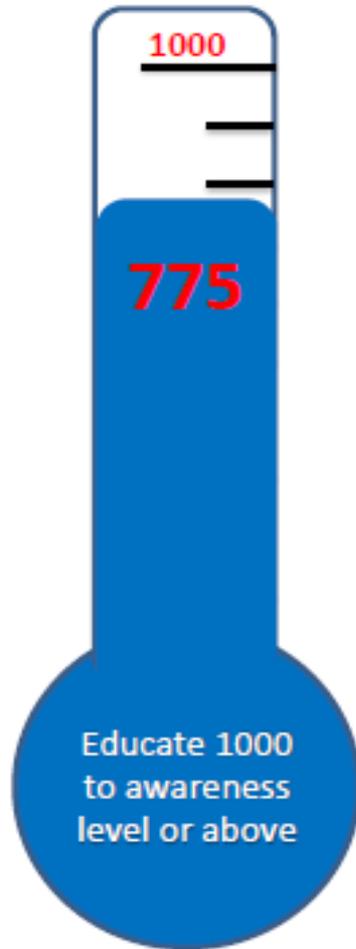


- Almost 200 staff members have now received training and will use the tools/methodology to improve process

Work being undertaken includes:

- Areas of improvement identified within the postal/portering system
- Process improvement for the meal service including waste in the process and over production
- Mapping HR procedures to highlight areas of delay and variability in the process
- Improvement of ward store rooms using 5S tools
- Review of IT processes to ensure the customer is at the forefront when new IT systems are being designed and implemented

Educating 1000



- Induction continues
- Continued Patient Experience & Involvement Panel (PEIP) engagement
 - Genba Walks
 - Feeding into RPIWs
 - Receiving Weekly TC Newsletter
- Non-Executive presentation undertaken at Trust Board Development
- Genba walks used to support embedding of RPIW improvements
- Presentation to Therapy Services