

**Transforming Care Update  
 Trust Board Meeting – December 2016**

<b>Reporting to:</b>	Trust Board Meeting (03.12.16)
<b>Title:</b>	Transforming Care in Partnership with the Virginia Mason Institute
<b>Author:</b>	Cathy Smith – KPO Lead
<b>Date:</b>	December 2016

**1.0 Introduction**

- 1.1 This month’s update to the Trust Board reflects both the Local and National progress and achievements of the Transforming Care Programme in partnership with Virginia Mason Institute (VMI).
- 1.2 We reached a significant milestone by launching the Transforming Care Institute (TCI) here at SaTH at the end of August 2016. The establishment of the Institute reflects the engagement, enthusiasm and success of our staff. The Institute enables us to create the permanency and the high profile that our staff tell us is necessary to ensure that our new approach is embedded within the Trust and thereby not seen as the ‘latest fad’, ‘flavour of the month’, or any type of temporary solution. It clearly signals that our Transforming Care Production System (TCPS) based on the teachings of VMI is now the approach to be taken throughout the Trust to ensure continuous improvement.

**2.0 Background**

- 2.1 SaTH began our accelerated transformation programme just under 1 year ago with the KPO Team fully established in January 2016. We are one of five Trusts involved in this programme, supported by NHS England and NHSI, and as they are able to demonstrate, like us, the outputs of this work we feel it is important that our Trust Board is also aware of that work.

**3.0 National**

**3.1 Transformation Guiding Board (TGB)**

- 3.2 *At September 2016 Transformation Guiding Board (TGB) coaching and training in the VMPS methodology and philosophy was provided by the VMI Executive Sensei.*
- 3.3 *A Compact Event to reaffirm the Compact (Values Based agreement of business behaviours) will be held on 4 November 2016; 5 representatives from each Trust were invited, along with NHSI colleagues.*

3.4 *Sharing across the 5 partnership Trust's was encouraged at a London event. Roll out of the RPIW's is the common challenge facing all Trusts.*

- *Role of the Trust partner has been helpful and remains an important one to support and challenge the Trusts, to unblock barriers and to ensure there is a high level of understanding of the work at a senior level in NHSI in the context of day to day business with the Trusts.*
- *The principle that any new trust partners prompted by NHSI changes should be either an Executive Director or a direct report to one.*
- *TGB should become an Executive Director level meeting only so only Trust partners who are also NHSI Executive Directors need to attend. This has the implication of reducing the burden of meetings for any Trust partners not Exec Directors to one meeting a month (e.g. the Trust Guiding Team)*
- *As part of refreshing the approach a document should be produced to articulate the key expectations of a Trust partner.*
- *If there any new Trust partners they should form part of a further executive cohort to visit Seattle later in the year or early next.*
- *NHSI should provide the Trust with clarity as soon as that is possible within the ongoing appointments process, for the Trust partners going forward*
- *It was agreed to take a board paper to NHSI board on the programme in November to update them on progress and on the recalibration of a more Trust-led partnership.*

3.4 *For Engagement and Pace of Improvement it was agreed that the partnership should run three learning events each year, each based at a Trust. Work should be done to strengthen emerging peer groups to identify priorities. It was agreed that Medical and Nurse Directors should be brought together as one group and Kathy Maclean agreed to undertake that this autumn.*

3.5 *Learning from Others, it was agreed that further work should be undertaken to explore creating a connection with the wider lean community of Trusts in the NHS and NETS through NHSI in the first instance. The potential for linkages to the local manufacturers who use lean tools should also be encouraged.*

#### **4.0 Partnership: TGB Trust Updates**

4.1 *Barking, Havering and Redbridge University Hospitals NHS Trust have two value streams commenced; 1: First 24-hours for frail and elderly patients, and 2: Diagnostic processes. They have held two sponsor development sessions and three rapid process improvement workshops. We look forward to hearing about their achievements in due course.*

4.2 *Leeds Teaching Hospital NHS Trust have identified four value streams; 1: Elective orthopaedics (total hip and knee replacements: admission to recovery), 2: Urology (Transurethral resection of the prostate: recovery to discharge), 3: Critical Care, and 4: Outpatients. They have currently held two sponsor development sessions and five RPIW's.*

Their key achievements include:

- No listed patient for surgery being cancelled for their appointment is a great improvement on their previous 10% cancellation rate and subsequent better theatre utilisation.
- Their scheduling team used to spend 80% of their time on rescheduling cancelled appointments, and now this is decreased to 10%.
- Theatre costs, there has been a 37% reduction in sterilisation costs by reducing the number of theatre trays required and the number of tools on each tray.

4.3 *Surrey & Sussex Healthcare NHS Trust* have three value streams: 1: Cardiology inpatient flow, 2: Outpatients and 3: Management of Diarrhoea. They have held three sponsor development sessions, and five RPIW's.

Their key improvements include:

- Referral process redesigned and reduced lead time for patients arriving into a cardiology bed from 25 hours to 2 hours.
- They have halved their discharge process for cardiology patients from decision to discharge to patient leaving the bed from 4 hours to 2 hours.
- An outpatient appointment process that adult ophthalmology routine patients from 79 days to 5 days.

4.4 *University Hospitals Coventry & Warwickshire NHS Trust* have three value streams: 1: Ophthalmology outpatients, 2: Patient Safety Incidents, and 3: Theatres. They have held two sponsor development sessions and four RPIW's.

Their key achievements include:

- Sustained daily huddles in ophthalmology,
- Reduced unfilled ophthalmology outpatient slots from 5.5% to 0.6%,
- Reduced DNA rate from 7.2% to 6%,
- Reduced the set up time for ophthalmology clinics from 36 minutes to just 50 seconds.
- Grading for harm related to a patient safety incident now takes 7 minutes as opposed to 61 hours.

4.5 *SaTH NHS Trust* have four value streams identified: 1: Respiratory, 2: Sepsis, 3: Recruitment, and 4: Outpatient Clinics. They have held three sponsor development sessions and five RPIW's.

## 5.0 Local Delivery

5.1 CEO Simon Wright is responsible for alignment of the national requirements of this partnership programme with local needs. Implementation and local delivery is

steered through the guiding team meeting and Kaizen promotion office, now housed within the Transforming Care Institute.

The work supported by the Transforming Care Institute will be an enabler to the delivery of the organisational objectives, leading and supporting explicit programmes of work to forward our vision to provide the safest and kindest care in the NHS.

The alignment of the Transforming Care work with our organisational strategy will be steered and progressed through the Guiding Team, supported by VMI Executive Sensei Deborah Dollard.

- 5.2 Each Guiding Team member is responsible for ensuring the appropriate progression of the key agenda items as outlined below, and reporting back key success, learning and barriers to this work.

Simon Wright – CEO  
Role: Chair person

Deb Dollard – VMI Executive Sensei

Cathy Smith – KPO Lead  
Role: Keeper of the TCPS methodology

Edwin Borman – Medical Director  
Role: Value Stream #2 (Sepsis) Executive Sponsor  
Role: Learning

Debbie Kadum – Chief Operating Officer  
Role: Value Stream #1 (Respiratory) Executive Sponsor

Victoria Maher – Workforce Director  
Role: Value Stream #3 (Recruitment) Executive Sponsor  
Role: Education and Training Plan Review

Sarah Bloomfield – Director of Nursing and Quality  
Role: Engagement and Pace

Julia Clarke – Corporate Management Director  
Role: Communication – Progress and Plans

Tony Fox – Deputy Medical Director  
Role: Infrastructure and Resource

Brian Newman – Non-Executive Director  
Role: Non-Executive GTM Member

Neil Nisbet – Finance Director  
Role: Policy

## 6.0 Transforming Care Institute

- 6.1 The Transforming Care Institute (TCI) aims to align its work fully with the organisational strategy, making clear that the patient and family are first and foremost the focus of our work.
- 6.2 Of significant importance this month is the establishment of the Transforming Care Institute, the home of the KPO Team, and a resource for our staff to drive forward the improvements within the Trust to improve patient care, patient safety and staff experience. We launched the Transforming Care Institute (TCI) on 31 August 2016 and were delighted to welcome nearly 200 people either to the formal launch or for visits within the Institute, and the promotion of this new facility was also shared at the AGM fun day on 3 September 2016.



Fig 1: Transforming Care Institute House

## 7.0 Value Streams

### 7.1 Value Steam #1 Respiratory Discharge Pathway

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

RPIW #2: Internal discharge planning – Held June 2016

RPIW #3: Ward Round – Held October 2016

RPIW #4: Handover – Planned for 23.01.17 – 27.01.17

RPIW #5: Board Round – Planned for 2017

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.

## 7.2 RPIW #1(Front Door: Diagnosis of Respiratory Condition)

Observational boundary: Arrival at AMU with respiratory disorder, until senior doctors confirm treatment/diagnosis or discharge plan.

Out of boundary: A&E/ED, discharge planning and handover.

### Target Progress Report (TPR) Outcomes:

Metric	Baseline	Target	Final Day RPIW 11.03.16	90 Day Remeasure 10.06.16	Latest Remeasure 08.09.16	% Change
<b>Walking Distance</b>						
ACP/Jn Dr	462 steps	50% reduction	10 steps	10 steps	23 steps	95% Reduction
Nurse	420 steps		161 steps	80 steps	55 steps	87% Reduction
HCA	246 steps		38 steps	76 steps	86 steps	65% Reduction
Patient	92 steps		20 steps	28 steps	34 steps	63% Reduction
<b>Parts Travel Distance</b>						
ECG Machine	102 steps	50% reduction	14 steps	0 steps	0 steps	100% Reduction
Observation Machine	32 steps	50% reduction	0 steps	0 steps	0 steps	100% Reduction
<b>Quality (Defects)</b>						
X-ray request forms	75%	0%	6.6%	9%	34%	86% Reduction
Missing stock items	80%	0%	17%	0%	0%	100% Reduction
Privacy and Dignity	80%	0%	0%	0%	0%	100% Reduction
<b>Lead Time</b>						
Time measurement of the process being studied	204 mins	65%	63 mins	286 mins	80 mins	61%
<b>Environment, Health &amp; Safety (5S)</b>						
Consultant Room	Level 1	Level 4	Level 2	Level 4	Level 4	75%

### 7.3 RPIW #2: Internal Discharge Planning

Observational boundary: The patient arrives on the respiratory ward (Ward 9 at PRH), until the patient is informed of their plan for discharge, including their expect date of discharge.

Out of boundary: Any significant focus on board and ward rounds.

#### Target Progress Report (TPR) Outcomes:

Metric	Baseline	Target	Final Day RPIW 24.06.16	60 Day Remeasure 19.08.16	Latest Remeasure 14.10.16	% Change
<b>Walking Distance</b>						
Nurse	137 steps	50% reduction	45 steps	46 steps	48 steps	65%
Physio	264 steps		76 steps	72 steps	76 steps	71%
OT	196 steps		80 steps	78 steps	80 steps	59%
<b>Parts Travel Distance</b>						
Observation Machine	35 steps	50% reduction	16 steps	16 steps	16 steps	54%
<b>Quality (Defects)</b>						
Standard written plan	100%	0%	0%	0%	0%	100%
Bed boards	100%	0%	0%	0%	2 pts	98%
Plan and EDD	90%	0%	0%	0%	2 pts	98%
<b>Lead Time</b>						
Informed of plan and EDD	20 hr 29 mins	50%	15 mins	20 mins	70 mins	94%
Commence fact finding risk assessment	9 hrs		45 mins	50 mins	120 mins	78%
<b>Environment, Health &amp; Safety (5S)</b>						
Dr Office	Level 1	Level 4	Level 3	Level 3	Level 3	50%

### 7.4 RPIW #3: Ward Round

Observational boundary: The patient's history is reviewed following the board round and their treatment plan is handed over to the nursing staff (Ward 27 at RSH).

Out of boundary: Any significant focus on the board round.

### Target Progress Report (TPR) Outcomes:

Metric	Baseline	Target	Final Day RPIW 24.06.16	% Change
<b>Set up Reduction</b>				
Time spent reviewing patient information before patient seen	177 secs	120 secs	168 secs	5%
<b>Lead Time</b>				
End of Board Round to patient plan handed over	185 mins	60 mins	52 mins	72%
End of Board Round to first discharge patient seen	96 mins	40 mins	44 mins Priority: New pt	54%
			18 mins Priority: Disch pt	81%
<b>Environment, Health &amp; Safety (5S)</b>				
Patient bed space	Level 1	Level 4	Level 3	50%
Notes trolley	Level 1	Level 4	Level 3	50%

#### 7.5 Value Stream #2 Sepsis

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

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

RPIW #3: Inpatient – Planned for 05.12.16 – 09.12.16

RPIW #4: Transfer of care – Planned for 2017

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.

#### 7.6 RPIW #1: Screening and Recognition of Sepsis

Observational boundary: The patient arrives at AMU (PRH) with signs and symptoms which may be Sepsis, until the patient has an initial diagnosis.

Out of boundary: Emergency Department and treatment phase.



Target Progress Report (TPR) Outcomes:

Metric	Baseline	Target	Final Day RPIW 29.04.16	90 Day Remeasure 22.07.16	Latest Remeasure 14.10.16	% Change
<b>Walking Distance</b>						
Patient	84 steps	50% reduction	22 steps	22 steps	22 steps	74%
<b>Parts Travel Distance</b>						
Observation Machine	62 steps	50% reduction	2 steps	2 steps	2 steps	97%
Wheelchair	409 steps	50% reduction	29 steps	29 steps	29 steps	93%
<b>Quality (Defects)</b>						
Screening tool not used during assessment	100%	0%	0%	0%	0%	100%
Basic review for sepsis not undertaken on arrival	100%	0%	0%	20%	0%	100%
Intervention undertaken in a public area	80%	0%	0%	0%	0%	100%
<b>Lead Time</b>						
Time measurement of the process being studied	76 mins	50% Reduction	31 mins	32 mins	30 mins	76%
<b>Environment, Health &amp; Safety (5S)</b>						
Consultant Room	Level 1	Level 4	Level 3	Level 4	Level 4	75%

7.7 RPIW #2: Delivery of Sepsis Bundle

Observational boundary: The patient has a provisional diagnosis of Sepsis, to the patient receiving all elements of the Sepsis bundle.

Out of boundary: Diagnosis of Sepsis, use of the diagnostic tool, any genba outside of SAU including ambulatory clinic, and any patient having ongoing treatment/care of septic patient.

### Target Progress Report (TPR) Outcomes:

Metric	Baseline	Target	Final Day RPIW 12.08.16	30 Day Remeasure 09.09.16	Latest Remeasure 04.11.16	% Change
<b>Walking Distance</b>						
Nurse	173 steps	50% reduction	65 steps	65 steps	65 steps	62%
Doctor	235 steps	50% reduction	100 steps	100 steps	100 steps	57% r
<b>Parts Travel Distance</b>						
Drip Stand	70 steps	50% reduction	65 steps	65 steps	72 steps	3%
<b>Quality (Defects)</b>						
Pt did not receive all elements of Sepsis Bundle within 1 hr	100% 10 of 10	0%	0% 0 of 3	0% 0 of 5	0% 0 of 3	100%
Pt did not have a standardised plan of care for delivery of Sepsis Bundle	100% 10 of 10	0%	0% 0 of 3	0% 0 of 5	0% 0 of 3	100%
<b>Lead Time</b>						
Provisional diagnosis of sepsis to receiving all elements of the sepsis bundle	296 mins	60 mins	23 mins	32 mins	20 mins	93%
Admin of antibiotics to septic patient	122 mins	60 mins	22 mins 20 secs	26 mins	18 mins 30 secs	85%
<b>Environment, Health &amp; Safety (5S)</b>						
Sepsis Trolley	Level 1	Level 4	Level 2	Level 2	Level 3	50%

#### 7.8 Value Stream #3 Recruitment

##### RPIW #1: Pre-Employment Checks

Observational boundary: From when preferred candidate is selected to job offer confirmation letter sent. (TBC)

RPIW #1 planned: 21 – 25 November 2016.

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

- 8.1 Cathy Smith, Nick Holding, Louise Brennan and Richard Stephens from the KPO Team have gained their VMPS accreditation, giving us the capacity to independently run RPIW's within SaTH.
- 8.2 We are very encouraged by the appetite and enthusiasm of our staff to be involved with the Transforming Care Programme, and by the end of August 2016 we had already met and exceeded our target of educating (in YR1) 1000 of our staff in the concepts of the Transforming Care Production System,
- 8.3 Cathy is now co-teaching with Melissa Lin (VMI Sensei) the Lean for Leaders training for 40 of our ward or department leaders from across the Trust here at SaTH. Each of these 40 leaders have identified a mini value stream on which to focus their work. They will work with their line managers and teams to use the methodology, philosophy and management approaches of the Transforming Care Production System to enhance care and staff experience within their own areas over a period of 8 months.

## **9.0 Engagement and Pace (Our People) (GTM Executive Lead: Sarah Bloomfield)**

- 9.1 Progress with the two value streams, Respiratory Discharge and Sepsis continue, and improvements have been maintained. Work is now underway to share and spread the success with us departments in a way that maintains the methodology and philosophy of this approach.
- 9.2 The KPO team independently ran the Sponsor Development Day for the launch of the Value Stream #3 Recruitment. This workshop was attended by 27 staff members who confirmed the value stream map for the current state of the recruitment process and identified the future state (12months hence).
- 9.3 The topics for four rapid process improvement workshops (PRIW) were identified; the first of which will take place on 21.11.16 – 25.11.16.
- 9.4 Our fourth value stream due to commence early 2017 will focus on the outpatient process. Over 300 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 Infrastructure (Leadership) (GTM Executive Lead: Tony Fox)**

- 10.1 The Lean for Leaders programme will run annually to enable, over a period of time, all our managers to undertake this training and develop standard work within their departments. The Lean for Leaders programme will be an element of the leadership academy as we continue our work to align strategy.

10.2 The Transforming Care Institute will promote partnership working with local industry and educational organisations.

10.3 The Transforming Care Institute will host advanced lean training (ALT) in 2017 to increase the resource of ALT trained workshop leads; increasing the sustainability of this approach.

### **11.0 Policy (Mission System) (GTM Executive Lead: Neil Nisbet)**

11.1 The development of the compacts, the psychological agreements in the way we work have been created for the STP and are advanced in their development for both the medical and staff in leadership roles.

11.2 The guiding team continue to review traditional policies and practices that present barriers to this accelerated improvement programme to ensure progress continues.

11.3 Simon Wright, CEO, as part of the Transformation Guiding Board is helping to gradually align local, regional and National wider health care system approaches to the transformational programme.

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

12.1 Significant work is taking place to ensure our partners and patients understand our vision to be the safest and kindest organisation in the NHS and how the transforming care work supports that aim.

12.2 Two key concepts of our vision are to become a learning organisation and Mr Wright has presented a paper to the Transformation Guiding Board which states our intent and how the TGB can support this aim.

12.3 Our work against both the local and national communication plan is on course. There are plans to mark the one year milestone nationally and for SaTH to host an annual transforming care conference.

### **13.0 End of Year 1 Achievements:**

13.1 The Transforming Care Programme of accelerated improvement in partnership with Virginia Mason Institute is nearing its first year. The programme has met its objectives to:

- Establish an appropriately accredited KPO Team
- Establish an effective Guiding Team
- Launch 3 value streams: Respiratory Discharge, Sepsis Pathway and Recruitment
- Improving patient pathways by removing waste and undertake 4 rapid process improvement events
- Educate 1000 staff members
- Engage in the use of the tools 100+ staff members

- Create a Transforming Care Institute signifying the success and permanence of this work
- 13.2 With the launch of the Institute we are now several steps closer to our aim of having one improvement methodology, the Transforming Care Production System (TCPS) that underpins all improvement work throughout the Trust.
- 13.3 The four key functions of the Transforming Care Institute (TCI) can be described as:
1. Training
    - Induction
    - TCPS methodology master class
    - Lean for Leaders course
    - Advanced Lean Training
    - Certified expertise
  2. Facilitation
    - KPO Team
    - Value Streams
    - Coaching and Support
    - Rapid Process Improvement Events
    - Space and Resources
  3. Leadership
    - National: Transformational Guiding Board (TGB)
    - Guiding Team (GT)
    - Compacts
    - Genba Walks
    - Link to Leadership Academy
  4. Partnerships
    - Patient Partnerships
    - Virginia Mason (VMI)
    - Leeds
    - Surrey & Sussex
    - Coventry & Warwickshire
    - Barking
    - Community and Industry
- 13.4 All of the activity in these four fundamental areas will align with the SaTH organisational strategy. This alignment will be facilitated through the Guiding Team Meeting. The Education, Empowerment and Improvement work undertaken by our staff (our people) doing the work, supported by the KPO Team and the Transforming Care Institute will align and produce care consistent with the organisational strategy, ensuring that the patient and family is at the forefront of everything we do, underpinned by our values.

## **14.0 Conclusion**

14.1 The Transforming Care programme of work in partnership with Virginia Mason Institute has met a major milestone in the work with the establishment of the Transforming Care Institute. This reflects the appetite and capability of the Trust to engage staff to work in a structured, proven approach to accelerate improvement for the benefit of patients and staff.

## **15.0 Recommendation**

15.1 The Trust Board is asked to:

- Acknowledge that over 7,000 patient journeys are safer and kinder thanks to our staff engaging with the Transforming Care Production System (TCPS).
- Acknowledge that our staff have walked 3,000 less miles than they normally would following the small, incremental changes that have been made using TCPS.
- Acknowledge the establishment of the Transforming Care Institute (TCI).
- Acknowledge the 1300+ staff educated in the Transforming Care Production System and 320+ staff using this approach.
- Acknowledge the 140+ 'Bright Stars' who are embedding Every Day Kaizen work.
- To note the open invitation to make contact with the KPO Team and visit the Transforming Care Institute.
- To acknowledge the improvements achieved through the RPIW work for both respiratory discharge pathway and for the sepsis pathway.

## Appendix 1. Compact – Expectation of Trust Partners



### Expectations of Trust Partners

#### Introduction:

- *It was agreed at the outset of the NHS Partnership with Virginia Mason Institute to assign a Trust partner from the TDA (now NHSI) to each Trust. The below sets out the role and expectations of Trust partners to support a consistency of understanding and approach in carrying out the role.*

#### Position of a Trust Partner:

- *NHSI Trust partners should be an Executive Regional Managing Director or a direct report to one to ensure sufficient seniority of experience, influence and decision making.*

#### Level of engagement expected:

- *Attendance at all Trust Guiding team meetings once a month*
- *Attendance at any associated improvement events on an ad hoc basis as agreed with the Trust to enhance understanding*
- *Attendance at cross partnership level meetings/events as and when required*
- *Exposure to lean principles to understand the work, eg a visit to Seattle for an orientation at the Virginia Mason Institute and the potential to undertake basic lean training through one of the existing modules being undertaken by the Trusts such as 'lean for leaders'*
- *Should receive papers and notes/read out of TGBs*

#### Role:

*Overall the role of the Trust partners is to support and challenge to the Trusts in their improvement work as a critical friend through:*

- *Acting as the first point of contact for any Trust level issue that may require escalation to NHSI in relationship to the partnership, in liaison with the NHSI programme team*
- *Sharing perspectives and experiences with the other Trust partners to help facilitate the sharing of learning with each other and across the five Trusts*
- *Ensuring the context of the VMI partnership work the Trusts are involved in is connected in to the routine day to day business interactions*
- *Supporting the Trusts with broader national/regional stakeholder engagement in the context of building understanding and advocacy of their improvement work*
- *Reinforcing the behaviours signed up to by NHSI as part of the Compact*
- *Supporting and enabling the removal of any national/regional barriers to the improvement work where that is possible*



## NHS Partnership with Virginia Mason Institute – Compact between NHSI and participating Trusts

### **Shared Vision**

A collective ambition for the programme's success after 5 years (and beyond):

- An accelerated transformation in the quality of services provided at each trust, brought about by a profound board to ward culture change with a relentless focus on putting patients first and eliminating waste
- The trusts are the safest in the country, underpinned by long term sustainability and a new covenant with staff and the patients and communities they serve
- The wider sharing of learning enriches the health system, demonstrating how culture change, alongside stable leadership, can improve patient care and save money

### **Compact commitments**

Recognising the effort and spirit of partnership between NHSI and trusts that will be required for our five-year vision to be achieved, we agree to an explicit set of responsibilities.

Our compact sets down these reciprocal commitments. We aspire to fulfil these commitments and will be open to respectful communication from our partner(s) about how well we do in that regard. We accept that this is a developmental journey for all of us.





<p><b>Focus on Staff</b></p> <ul style="list-style-type: none"> <li>• Ensure that NHSI staff have sufficient understanding of the transformation programme to interact with trusts in a consistent way</li> </ul> <p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Demonstrate full commitment to the programme and champion it within NHSI</li> <li>• Be clear, reasonable and consistent regarding expectations on pace and progress</li> <li>• Facilitate consistent behaviours of other stakeholders in the trust environment</li> <li>• Provide professional leadership support across executive and non-executive board positions</li> <li>• Commit to supporting trust leadership and maintaining Board stability and explore avenues to reinforce that</li> </ul>	<p><b>Focus on Staff</b></p> <ul style="list-style-type: none"> <li>• Promote an exemplary culture where staff are respected, involved and valued, making the trust an employer of choice</li> <li>• Galvanise front line engagement and action through demonstrating the potential of the programme</li> <li>• Gather evidence of staff satisfaction and motivation changes over time</li> </ul> <p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Support board stability and longevity</li> <li>• Ensure systematic engagement of the whole board (including non-executives) in delivery</li> <li>• Chief Executives to personally lead the programme and visibly role model the approach</li> <li>• Keep commitments on deliverables, timelines and measurement</li> <li>• Stick to the LEAN management system across the organisation</li> <li>• Acknowledge collective responsibility with NHSI and other Trusts around delivery of the programme and the duty to support each other</li> </ul>
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