# The Shrewsbury and Telford Hospital NHS
## NHS Trust

**Paper 5**

## Transforming Care Update
## Trust Board Meeting – 2 February 2017

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| **Reporting to:** | Trust Board Meeting (02.02.17) |
| **Title:** | Transforming Care in Partnership with the Virginia Mason Institute |
| **Author:** | Cathy Smith – KPO Lead |
| **Date:** | January 2017 |

### 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). Of note is the request from NHI and NHSE to consider how we might best accelerate this programme of work without jeopardising the rigor of the methodology

1.2 We have reached another significant milestone as the KPO team celebrates their first anniversary. In just twelve months the team have all successfully attained accreditation in the Virginia Mason Production System (VMPS), overseen the work of 4 value streams, 8 Rapid process improvement weeks, educated 1400 staff and engaged 350 of shining stars in using the methodology tools. We know that the tools are only about 20% of the equation and 80% of true lean processes is down to leadership. The delivery of the lean for leaders programme will provide our leaders with the skills and approached needed. Our first forty leaders have commenced the course and we anticipate training a further 55 leaders from April.

The establishment of the Transforming Care Institute reflects our intent to establish the Transforming Care Production System (TCPS) as the one improvement method for our Trust. 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 provides the right environment to share our success and learning both internally and nationally.

### 2.0 Background

2.1 We are one of five Trusts involved in a minimum of 5 year partnership with Virginia Mason Institute, supported by NHS England and NHSI. The Virginia Mason Institute Sensei and faculty staff have and will provide training, coaching, and guidance for the KPO and guiding team.

### 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) was held on 4 November 2016; 5 representatives from each Trust were invited, along with NHSI colleagues.*

*3.4    Each Trust has offered to undertake an additional Value Stream, all of which will concentrate on similar areas (ie aspects of urgent care flow and 7 day services)*
- *SaTH has selected Recruitment: Orientation of New Staff as contribution to urgent care flow*
- *Aim to reduce attrition in first 6 months from appointment*
- *Linking to STP partners through workstream on workforce*
- *Timing – Launch April with first RPIW before summer*

*3.5    Each Trust will contribute to a commissioned case study of an existing Value Stream. SaTH has proposed Sepsis as our case study and we await further information regarding how the case study work will be commissioned nationally.*
- *Work will show how Sepsis screening can be increased by 75% with 100% of patients receiving Sepsis bundle in 1 hour*
- *Focus of case study will be roll out of work from ward to the Trust*

*3.6    Financial approval has been sought for the commitment of further programme resource.  At December TGB it was agreed to undertake further work to finalise these arrangements.  SaTH has resubmitted proposals (against the key principles supplied by NHSi)*

*3.7    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.*

*3.8    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 four sponsor development sessions and eight 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) continues to align its work with the organisational strategy, making clear that the patient and family are first and foremost the focus of our work.

## 7.0 Value Streams

### 7.1 Value Steam #1 Respiratory Discharge Pathway

RPIW #1: Front Door: Diagnosis of Respiratory Condition – Held March 2016 - Closed
RPIW #2: Internal discharge planning – Held June 2016 - Closed
RPIW #3: Ward Round – Held October 2016 – At 60-day remeasures
RPIW #4: Handover – Held January 2017
RPIW #5: Board Round – Planned for April 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 | Final Remeasures 08.09.16 | % Change |
|---|---|---|---|---|---|---|
| **Walking Distance** | | | | | | |
| 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 |
| **Parts Travel Distance** | | | | | | |
| ECG Machine | 102 steps | 50% reduction | 14 steps | 0 steps | 0 steps | 100% Reduction |

| Metric | Baseline | Target | Final Day RPIW | 60 Day Remeasure | Final Remeasure | % Change |
|---|---|---|---|---|---|---|
| Observation Machine | 32 steps | 50% reduction | 0 steps | 0 steps | 0 steps | 100% Reduction |
| **Quality (Defects)** | | | | | | |
| 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 |
| **Lead Time** | | | | | | |
| Time measurement of the process being studied | 204 mins | 65% | 63 mins | 286 mins | 80 mins | 61% |
| **Environment, Health & Safety (5S)** | | | | | | |
| 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 | Final Remeasure 14.10.16 | % Change |
|---|---|---|---|---|---|---|
| **Walking Distance** | | | | | | |
| 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% |
| **Parts Travel Distance** | | | | | | |
| Observation Machine | 35 steps | 50% reduction | 16 steps | 16 steps | 16 steps | 54% |
| **Quality (Defects)** | | | | | | |
| 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% |
| **Lead Time** | | | | | | |
| 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% |
| **Environment, Health & Safety (5S)** | | | | | | |
| 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 | 30-day remeasures 04.12.16 | 60-day remeasures 03.01.17 | % Change |
|---|---|---|---|---|---|---|
| **Set up Reduction** | | | | | | |
| Time spent reviewing patient information before patient seen | 177 secs | 120 secs | 168 secs | 158 secs | 60 secs | 66% |
| **Lead Time** | | | | | | |
| End of Board Round to patient plan handed over | 185 mins | 60 mins | 52 mins | | 123 mins | 34% |
| End of Board Round to first discharge patient seen | 96 mins | 40 mins | 44 mins Priority: New pt  18 mins: Priority: Disch pt | | 56 mins | 42% |
| **Environment, Health & Safety (5S)** | | | | | | |
| Patient bed space | Level 1 | Level 4 | Level 3 | Level 3 | Level 2 | 50% |
| Notes trolley | Level 1 | Level 4 | Level 3 | Level 3 | Level 3 | 50% |

| Implementation Metric | | | | | | |
|---|---|---|---|---|---|---|
| Bay nurse attends ward round daily | 0% | 100% | | 80% | 100% | 100% |
| Bay nurse hands over tasks for discharge patients next steps | 0% | 100% | | 80% | 90% | 90% |

7.5 RPIW #4: Handover

Observational boundary: Decision to transfer a patient with respiratory disorder (from AMU PRH) to completion of handover (patient arrived on Ward 9 (PRH) with all necessary communication complete).

Out of bounds A&E /ED, board round, ward round, initial assessment and ongoing treatment.

**7.6    Value Stream #2 Sepsis**

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 – 30-day remeasures
RPIW #4: Blood Samples – Planned for May 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.

7.7    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 | Final Remeasure 14.10.16 | % Change |
|---|---|---|---|---|---|---|
| **Walking Distance** | | | | | | |
| Patient | 84 steps | 50% reduction | 22 steps | 22 steps | 22 steps | 74% |
| **Parts Travel Distance** | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 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% |
| **Quality (Defects)** | | | | | | |
| 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% |
| **Lead Time** | | | | | | |
| Time measurement of the process being studied | 76 mins | 50% Reduction | 31 mins | 32 mins | 30 mins | 76% |
| **Environment, Health & Safety (5S)** | | | | | | |
| Consultant Room | Level 1 | Level 4 | Level 3 | Level 4 | Level 4 | 75% |

7.8    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 | Final Remeasure 04.11.16 | % Change |
|---|---|---|---|---|---|---|
| **Walking Distance** | | | | | | |
| Nurse | 173 steps | 50% reduction | 65 steps | 65 steps | 65 steps | 62% |
| Doctor | 235 steps | 50% reduction | 100 steps | 100 steps | 100 steps | 57% |
| **Parts Travel Distance** | | | | | | |
| Drip Stand | 70 steps | 50% | 65 steps | 65 steps | 72 steps | 3% |

| | | reduction | | | | |
|---|---|---|---|---|---|---|
| **Quality (Defects)** | | | | | | |
| 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% |
| **Lead Time** | | | | | | |
| 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% |
| **Environment, Health & Safety (5S)** | | | | | | |
| Sepsis Trolley | Level 1 | Level 4 | Level 2 | Level 2 | Level 3 | 50% |

7.9 RPIW #3: Inpatient diagnosis of Sepsis

Out of boundary: The treatment of sepsis and patients being treated outside of Ward 28.

Target Progress Report (TPR) Outcomes:

| Metric | Baseline | Target | Final Day RPIW 09.12.16 | 30 Day Remeasure 09.09.16 | % Change |
|---|---|---|---|---|---|
| **Lead Time** | | | | | |
| From patient observations to provisional diagnosis of sepsis | 251 mins | 60 mins | 160 mins | | 36% |
| **Walking Distance** | | | | | |
| Nurse and | 105 steps | 40 steps | 60 steps | | 43% |

| HCA | | | | | |
|---|---|---|---|---|---|
| **Parts Travel Distance** | | | | | |
| Observation equipment | 34 steps | 16 steps | 8 steps | | |
| **Quality (Defects)** | | | | | |
| % of patient who did not have a screening tool used | 100% | 0% | 30% | | 70% |
| % of observations that were late | 12% | 0% | 12% | | 12% |
| % of CQUIN audits not completed | 100% | 0% | 30% | | 30% |
| **Environment, Health & Safety (5S)** | | | | | |
| Ward corridor | Level 1 | Level 4 | Level 2 | | 25% |

7.10 **Value Stream #3 Recruitment**

RPIW #1: Pre-Employment Checks – Held November 2017
RPIW #2: Preparation and Logistics for Vacancy approval – Planned for February 2017
RPIW #3: Topic to be confirmed – Planned for June 2017

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

Target Progress Report (TPR) Outcomes:

| Metric | Baseline | Target | Final Day RPIW 25.11.16 | 30 Day Remeasure 25.12.16 | Final Remeasure 24.01.17 | % Change |
|---|---|---|---|---|---|---|
| **Lead Time** | | | | | | |
| Post info form received to sending candidate their offer letter | 42 days | 7 days | 1 day | 1 working day | 0 working days | 98% |

| Quality (Defects) | | | | | | |
|---|---|---|---|---|---|---|
| % of times post info data is incomplete | 60% | 0% | 0% | 0% | 0% | 40% |
| % of episodes the candidate did not attend pre-meet with all appropriate docs | 50% | 0% | 0% | 20% | 0% | 30% |
| % of episodes the candidate did not complete the OH and DBS online by the end of the pre-meet | 50% | 0% | 0% | 20% | 12.5% | 30% |
| **Implementation Metric** | | | | | | |
| Length of time from requesting references to receiving them | 21 day | 2 days (working) | | 3 days | 7 days | 86% |
| Length of time from receiving post info to contract sent out | | 20 days (working) | | 12 days | 23 days | 60% |
| **Environment, Health & Safety (5S)** | | | | | | |
| Interview room | Level 1 | Level 4 | Level 2 | Level 3 | Level 3 | 50% |

## 8.0    Education & Training (Values) (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    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 December 2016 we had already met and exceeded our target for educating and engaging our staff in the concepts of the Transforming Care Production System.

8.3     Cathy continues to co-teaching with Melissa Lin (VMI Sensei) the Lean for Leaders training for 38 of our ward or department leaders from across the Trust here at SaTH.  Each of these 38 leaders have identified a mini value stream on which to focus their work.

8.4     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 three value streams, Respiratory Discharge,  Sepsis and Recruitment continues, 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 #4 Outpatients (Ophthalmology) on 17 January 2017. This workshop was attended by 27 staff members who confirmed the value stream map for the current state of the Outpatient (Ophthalmology) process and identified the future state (12 months hence).

9.3     The topics for the rapid process improvement workshops (RPIW) were identified; the first of which will take place on 06.03.17 – 10.03.17.

9.4     Over 330 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:

- To note the commitment for an additional Value Stream and case study for Sepsis
- To note the planned increase on KPO resource to support accelerated implementation
- 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 1400+ staff educated in the Transforming Care Production System and 330+ 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 the respiratory discharge pathway, the sepsis pathway and recruitment pathway.
- To acknowledge the successful launch of Value Stream #4 Outpatients (Ophthalmology).

**Appendix 1:** NHS Partnership with VMI Quarterly Measurement Framework Slide set

Please see separate document