1.0 Introduction
This paper provides the Trust Board with an update of the Transforming Care programme in partnership with Virginia Mason Institute (VMI). Together we aim to make SATH the safest and kindest hospital in the NHS. Our work is now underway to create the climate that supports continuous improvement within our healthcare community and teach the methodology and philosophy that accelerates change.

2.0 Background
SaTH is now 6 months into this accelerated transformation programme, and along with 4 other Trusts are supported by VMI, NHSE and NHSI. The KPO Team is established and the results from the first RPIW for Value Stream #1 (Respiratory) are encouraging and demonstrate the methodology works.

3.0 Approach
This first RPIW (a five-day workshop focused on a particular process in which people who do the work are empowered to eliminate waste and reduce the burden of work) focussed on from when ‘the respiratory patient arrives at AMU to when the patient learns of their diagnosis/treatment plan and decision to admit or discharge home’.

An RPIW can:
- Improve patient satisfaction
- Improve staff satisfaction
- Empower and engage staff to make their own areas better
- Provide protected time to accomplish a large amount of work
- Accelerate improvement using Plan Do Study Act (PDSA) approach
- Occurs after direct observation of work

RPIW Roles:
Away Team: A maximum of 9 individuals make up the Away Team. They represent the functions of the staff providing care during the process and topic of the RPIW.

Home Team: These are the staff working in the area (the genba) being studied and who will be asked to try new ways of working during the RPIW.

Advisory Team: Those experts who can enable change during the RPIW.

RPIW Sponsor: Provides challenge and removes barriers.
Workshop Lead: Enables the RPIW and ensures processes and outcomes.

Team Lead: Supports and guides the Away Team to success.

Process Owner: Supports the Home Team and is responsible for implementation.

3.1 Value Steam #1 RPIW #1
Value Stream #1: Front Door: Diagnosis of Respiratory Condition
This pathway was chosen for our first value stream as we could see great opportunities to improve the patient experience for those admitted with respiratory disease to our service. 40% of all our emergency admissions to the Trust have a respiratory disease and are admitted via AMU. [Please see Appendix 1 for Value Stream Maps].

RPIW #1 Boundaries:
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).

RPIW Leaders:
RPIW Sponsor: Debbie Kadum
Workshop Lead: Melissa Lin (VMI)
Team Leader: Cathy Smith
Process Owner: Sarah Kirk

Away Team:
Emma Jones  Heather Brown  Saskia Jones-Perrott
Hannah Griffiths  Luisa Webb  Angela Kremmyda
Deb Archer  Ellie Jehu

Home Team:
Supported by Lesley Stokes (Ward Manager)
Hannah Pope  Mirian Gilbert  Di Foster
Kerry Goodwin  Sister Giggs  Zoe Scott
Ian Griffiths  Kirsty Williams  Kally Wilcox
Graham Harvey  Helen Harvey  Martin Yearn

Advisor Team:
Vicky Jefferson  Natalie Dulson  Elsa Davies
Tony Fox  Bruce Jenkins  Angela Lewis
Helen Jenkinson  Karen Lee  Dr Simon Chapple
Linda Izquierdo  Steve Darlington  Jill Dale
Alex Pitas  Ruth Dudgeon
Outcomes:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline</th>
<th>Target</th>
<th>Final Day RPIW</th>
<th>30 Day Remeasure</th>
<th>% Change (Baseline 30 day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Distance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACP/Junior Doctor Nurse</td>
<td>462 steps</td>
<td>50% reduction</td>
<td>10 steps</td>
<td>4 steps</td>
<td>98% Reduction</td>
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<tr>
<td>HCA</td>
<td>420 steps</td>
<td></td>
<td>161 steps</td>
<td>82 steps</td>
<td>82% Reduction</td>
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<tr>
<td>Patient</td>
<td>246 steps</td>
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<td>38 steps</td>
<td>60 steps</td>
<td>75% Reduction</td>
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<tr>
<td></td>
<td>92 steps</td>
<td></td>
<td>20 steps</td>
<td>30 steps</td>
<td>78% Reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parts Travel Distance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECG Machine</td>
<td>102 steps</td>
<td>50% reduction</td>
<td>14 steps</td>
<td>0 steps</td>
<td>100% Reduction</td>
</tr>
<tr>
<td>Observation Machine</td>
<td>32 steps</td>
<td>50% reduction</td>
<td>0 steps</td>
<td>0 steps</td>
<td>100% Reduction</td>
</tr>
<tr>
<td>Quality (Defects)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray request forms</td>
<td>75%</td>
<td>0%</td>
<td>6.6%</td>
<td>50%</td>
<td>35% Reduction</td>
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<tr>
<td>Missing stock items</td>
<td>80%</td>
<td>0%</td>
<td>17%</td>
<td>3.3%</td>
<td>96% Reduction</td>
</tr>
<tr>
<td>Privacy and Dignity</td>
<td>80%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>100% Reduction</td>
</tr>
<tr>
<td>Lead Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time measurement of the process being studied</td>
<td>3 hr 24 min</td>
<td>65%</td>
<td>2 hr 3 min</td>
<td>1 hr 30</td>
<td>56%</td>
</tr>
</tbody>
</table>

The 30 day measures were supported by the Kaizen Promotion Office Team who ensured that the methodology and philosophy was followed. Direct observation has been completed on the Genba (RSH ambulatory care) over several hours and was undertaken by Sarah Kirk (Process Owner), and Carla Webster (KPO facilitator) supported by Debbie Kadum, RPIW Sponsor

Even at this early stage the results demonstrate achievement of many of the improvements targets which is a reflection of the commitment of the AMU staff and RPIW teams to continue the improvement work.

The work continues; to sustain these improvements and remove barriers to achieving all targets set for this RPIW. The observations and measures will be repeated at 60 days and repeated again at 90 days. The Value Stream Team will oversee the overarching Value Stream and report via Debbie Kadum, Executive Sponsor, to the Guiding Team.
**Value Stream #2 RPIW #1**

**Value Stream #2: Screening and recognition of Sepsis**

We know that at least 4 of our patients at SaTH 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. Within this value stream we are looking to improve the ability to quickly recognise the signs and symptoms of Sepsis in a consistent and standardised way, using the concepts of standard work, mistake proofing and set up reduction. [Please see Appendix 2 for Value Stream Maps].

**RPIW Boundaries:**
Observational boundary: Patient arrives at AMU with signs and symptoms which may be Sepsis, until the patient has initial diagnosis. (Out of boundary: ED, treatment phase).

**Teams:**
Sponsor: Jo Banks  
Workshop Lead: Cathy Smith  
Team Leader: Nick Holding  
Process Owner: Viola Jones  

**Away Team:**
Jane Houlston  
Jenny Lawson  
Samantha Turner  
Christine Evans  
James Nottle  
Julie Congrove  
Emma Salvoni

**Home Team:**  
Supported by Tracy Smith (Ward Manager)  
Debbie Archer  
Courtney Pugh  
Karren Shaw-Jones  
Fong Liu  
Sarah Moody  
Joanne Fletcher  
Louisa Webb  
Alison Downes  
Louise Killman  
Abbie Watts  
Doreen Hardy  
Jane Titley  
Dr Arhmaed  
Dr Tanswell  
Penny Plover  
Anna Reeves  
Sally Shephard  
Jaynie Edwards  
Kate Hyde  
Teresa Smith  
Yvonne White  
Sharon Farmer  
Jane Northall  
Sally Jones  
Maxine Robinson  
Betty Arnold  
Dr Haralock  
Dr Ahmad  
Philip Lowe  
Fran Revitt  
Kerry Tasker  
Helen Hesbrook  
Sean Eccleston  
Carol Wassell  
Danny Murphy  
Marianne Rogerson  
Emma Budge  
Kerry Jordan  
Dr Mamood  
Dr Khan

**Advisor Team:**
David Chan  
Tom Wood  
Dr Fiona Jutsum  
Rachel Holloway  
Keith Sillitoe  
Kirsty Ditcher  
Sheila Fryer  
Dr Ian Tanswell  
Shelly Church  
Lynne Breakall  
Adam Huxley  
Nick Evans
3.1 **Education and Training**

The KPO’s successful training continues. Cathy Smith was successful in her assessment of RPIW Team Lead, and is now undertaking her assessment for RPIW Workshop Lead; Nick Holding was successfully assessed at the Sponsor Development Session, and is now undertaking his assessment for RPIW Team Lead. Louise Brennan and Tracy Rowson have both been certified following their ALT training programme, and Louise will commence her RPIW Team Lead assessment in June 2016.

The proposal submitted to the TDA for a fourth training place with VMI was successful and Richard Stephens has now been appointed as KPO Specialist. Richard will travel to Seattle in May 2016 to undertake Session 1 of his ALT training, returning in July 2016 to complete Session 2.

The Virginia Mason Institute offers ongoing support from experienced Sensei, Melissa Lin who will be onsite in April 2016, and Rhonda Stewart in June 2016.

Melissa Lin, MS, CPHQ, LSSBB, coaches and guides health care leaders and providers worldwide through their cultural transformation toward Lean as their management method. Prior to joining Virginia Mason Institute, her national experience in healthcare strategy consulting gives her breadth and depth across a number of domains, with a particular focus on strategic planning, board governance, and partnerships. With her Lean background, she led training and coaching engagements for small and large hospital groups, implemented organization-wide strategies and has spoken at numerous regional and national health care conferences.

Melissa is certified in the Virginia Mason Production System® and certified in TapRoot Root Cause Analysis. With her continuous improvement foundations originating from The Dartmouth Institute of Health Policy and Clinical Practice, she is a Lean Six Sigma Black Belt and a Certified Professional of Healthcare Quality.

3.2 **Engagement and Pace**

3.2.1 **Guiding Board meetings**

The National Guiding Board Meetings continue to provide an environment for candid discussion around how best to accelerate our Transforming Care programme and align with Trust and National objectives. One of the outputs of this group was to organise an event with Gary Kaplan, CEO of Virginia Mason Hospital. This took place on 11th March 2016. The Guiding Board will oversee contribution to the Coventry Sharing Event in June 2016.

3.2.2 **Guiding team meeting**
SaTH’s Guiding Team Meetings are well established, and are supported by Kirsten Turner from Virginia Mason who continues to challenge and support in her role of coach to the Guiding Team. The success of the Guiding Team Meeting is now evident with the Transforming Care work transitioning into ‘every day work’.

3.2.3 The Way we Work
The Guiding Team remains committed to ensuring that our approach to transforming care within the Trust compliments the healthcare climate within Shropshire. The work to review the ‘way we work’ within the Trust is coming to its conclusion and is a great opportunity to align the Transforming Care work with Trust strategy.

3.2.4 Leadership behaviours
The Trust values adopted by our employees provide a great building block on which to develop the leadership behaviours within the Trust, supporting an environment for continuous improvement. These expected enhanced leadership behaviours will become explicit in documentation (Compact) for senior leadership and clinicians working within our Trust during this year, support by compact development experts Amicus.

3.2.5 Improvement work and ‘Report Out’
The improvement work not directly from value streams such as the process for obtaining medication for patients to take home on day of discharge has led to the identification of the opportunity to reduce the process time for obtaining medication by 3 hours. These ‘improvement stream’ outcomes will also be shared at regular Friday lunch time Report Outs to all our staff.

3.3 Infrastructure
We are delighted that the Kaizen Promotion Office team will extend by a further KPO Specialist and therefore a third value stream can commence in the Autumn and will focus on ‘recruitment’.

The KPO team will:
- Provide the expert knowledge to support the rapid improvement events for the value stream work.
- Provide the expert knowledge to teach techniques at the leadership and orientation training
- Teach techniques and support departmental continuous improvements
- Support 100 staff members to personally improve the care/experience of their patients in the first 12 months of the programme
- Educate 1000 staff members in the transforming care methodology
- Deliver the lean for leaders programme for selected departmental leaders during 2016/17.

3.4 Communication and Media
Adrian Osborne, Director of Communication has led SaTH’s approach to communication of this transformation programme which includes:
Julia Clerk has joined the guiding team and will take the Executive led for communication.

3.5 Policy
Neil Nesbitt has a responsibility within the guiding team for helping to identify and resolve issues where current policy recreates barriers to transforming care. This work is accelerating as the RPIW teams seek to sustain improvements.

4.0 Conclusion
It is wonderful to see the enthusiasm of so many of our staff to be part of the transforming care work. The engagement with Sponsor Development Days, Value Stream Teams, RPIWs, Report Out, Transforming Care Methodology training has been incredibly inspiring. Further opportunity will soon be available as we launch induction sessions, Lean for Leaders modules (course of 6 over 8 months) and genba walks.

The encouraging measures at 30 days from our first RPIW demonstrate that we are beginning to realise the first of our objectives in our journey of continuous improvement for the benefit of patients and staff.

We are particularly proud of the improvements achieved through the RPIW, considering the additional challenges of high activity levels, industrial action and high numbers of vacancies. We now look forward to the next RPIW for our second value stream, the pathway for the septic patient

5.0 Recommendation
The Trust Board is asked:

1. To acknowledge the improvements at 30 days achieved from the first RPIW in partnership with VMI.

2. To acknowledge the continued work by the two value stream teams (respiratory discharge and pathway for patients with signs of sepsis).

3. To note an open invitation to make contact with the KPO team and explore opportunities to take a closer look at this work.

4. Note the next RPIW (25.04.16 – 29.04.16) and Report Out on Friday 29th April 2016 at 12.00 noon.

Author: Cathy Smith – Kaizen Promotion Office Lead (SaTH)
Transforming Care in partnership with the Virginia Mason Institute

Date: April 2016
Appendix 1a: Value Stream #1 (Respiratory) Value Stream Map – Overarching
Appendix 1b: Value Stream #1 (Respiratory) Value Stream Map – RPIW #1 Front Door

X Current State
Process Boundaries
From Pt. I arrive with Respiratory disorder
Future State
For I know my treatment or diagnostic plan

Value Stream for:
#1 Front Door: Diagnosis of Respiratory Condition

Authors: Cathy Smith & Carla Webster
Date prepared: 9th Feb 2016 Last update: 23/2/16

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Appendix 2b: Value Stream #1 (Respiratory) Value Stream Map – RPIW #1 Recognition and Screening

Process Boundaries
From I arrive on AMU PKH from GP referral

To I have a provisional diagnosis of Sepsis

Value Stream for: Sepsis - Screening and Recognition

Current State

Future State

Value Stream Map

Authors: Nick Holding

Data prepared: 24th March 2016

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