

## Transforming Care Update Trust Board Meeting – April 2017

<b>Reporting to:</b>	Trust Board Meeting (27.04.17)
<b>Title:</b>	Transforming Care in Partnership with the Virginia Mason Institute
<b>Author:</b>	Cathy Smith – KPO Lead
<b>Date:</b>	April 2017

### 1.0 Introduction

- 1.1 This month's update to the Trust Board demonstrates the next steps taken along a positive transformation journey in partnership with Virginia Mason Institute. The milestones we can report this month is the delivery of all 6 sessions of lean for leaders for cohorts one and two, the successful delivery of 5 independent RPIWS by the KPO lead enabling us to now move forward with independently offering lean for leaders training.

### 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. With the next meeting scheduled for 21<sup>st</sup> April 2017.*

- 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-fresh 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. SaTH are fortunate to be supported by Deborah Dollar VMI executive sensei who was in attendance at the April guiding team meeting.

## **6.0 Transforming Care Institute**

- 6.1 The Transforming Care Institute (TCI) is now the venue for the majority of the Lean for Leaders and methodology. 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) and most recently Chris Hopson, CEO of NHS Providers.

## **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.

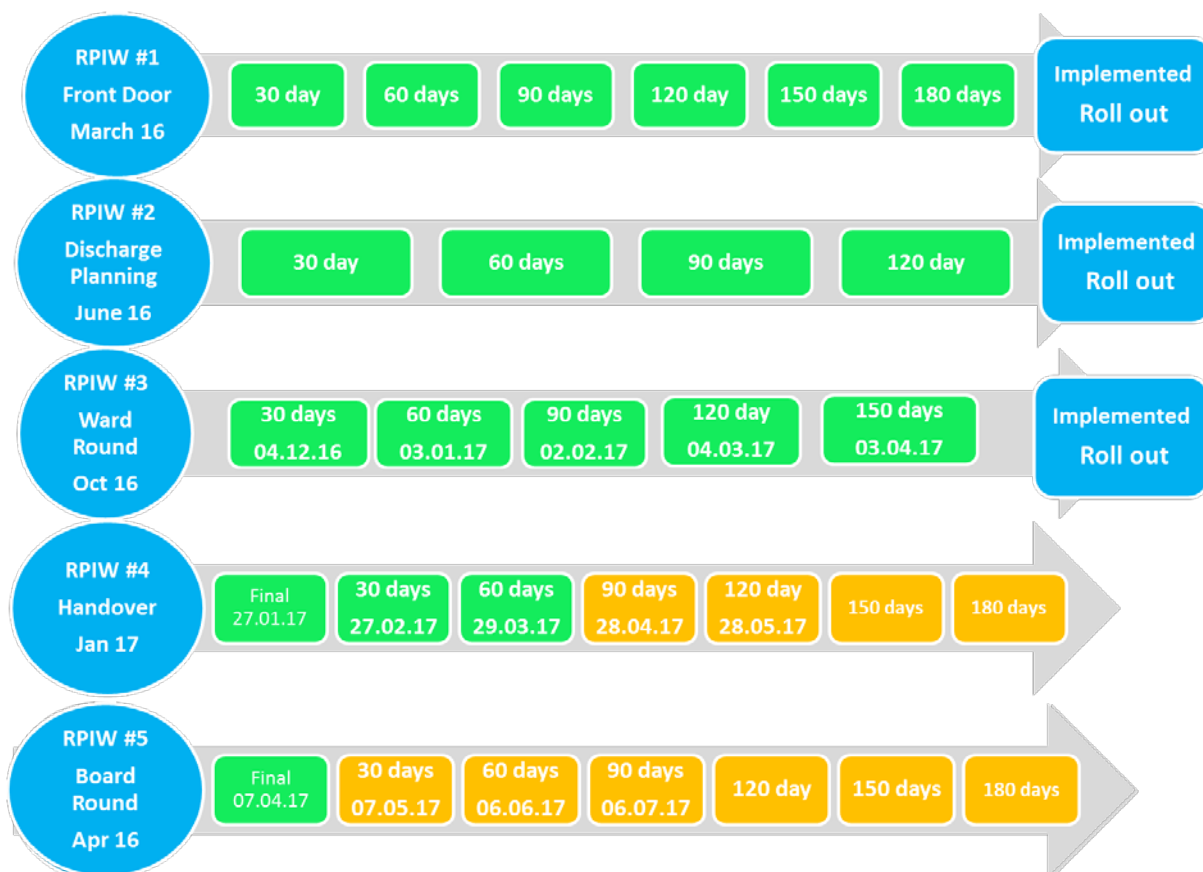
RPIW #1: Front Door: Diagnosis of Respiratory Condition – March 2016 – Roll out

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

RPIW #3: Ward Round – Held October 2016 – Roll out

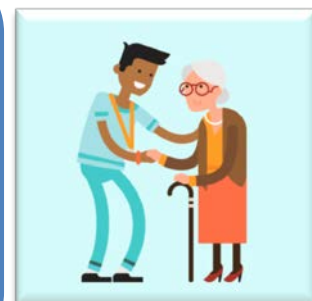
RPIW #4: Handover – Held January 2017 – At 60-day remeasures

RPIW #5: Board Round – Held April 3-7 2017 – At 30 day remeasures



### 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

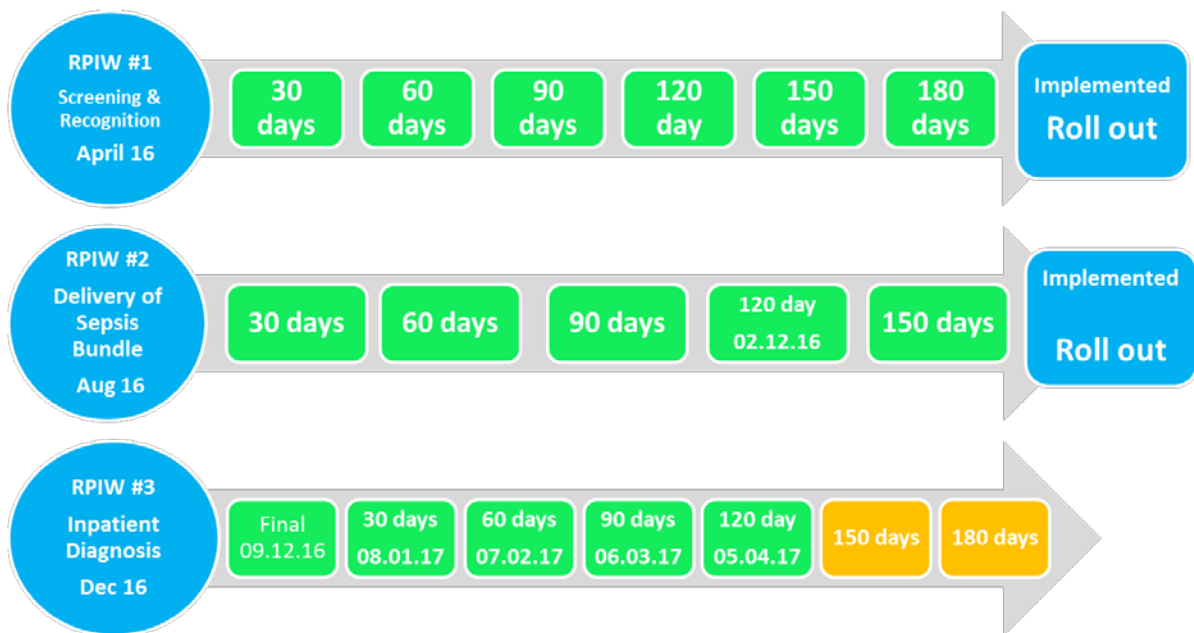
Value Stream #2 (Sepsis) was chosen as at least 4 patients will die each month from Sepsis and within the UK 44,000 people die each year. Early recognition and screening for Sepsis is vital to ensure timely and effective treatment.

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

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

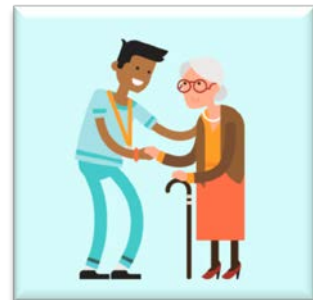
RPIW #3: Inpatient diagnosis of Sepsis – Held December 2016 – At 90-day remeasures

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)



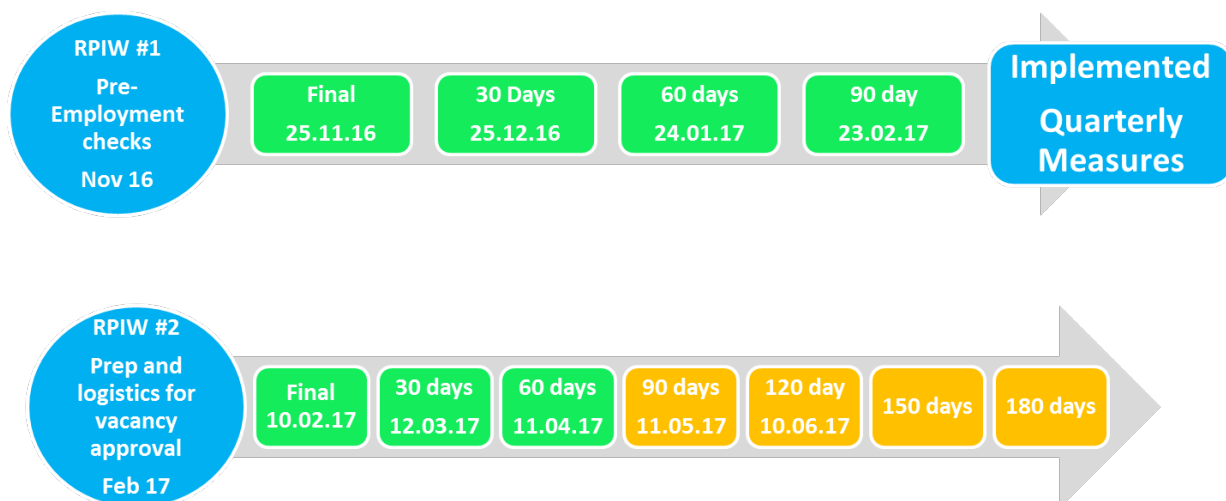
### 7.3 Value Stream #3 Recruitment

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

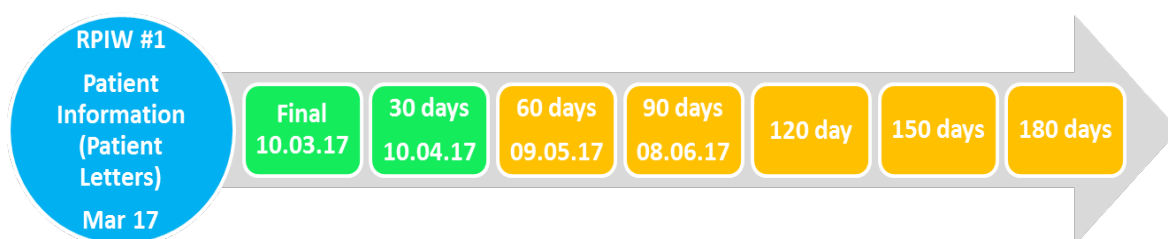
RPIW #3: Selection and Interview Prep– Planned for 12-16 June 2017



#### 7.4 Value Stream #4 Outpatient Clinics – Ophthalmology

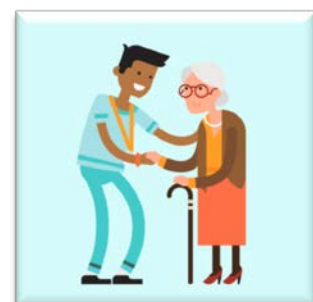
Value Stream #4 (Outpatient Clinics (Ophthalmology)) was chosen because effective communication with our outpatients is critical to providing a high quality service and ensuring all our patients arrive at the right clinic, at the right time and with appropriate information to ensure a high level of patient 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



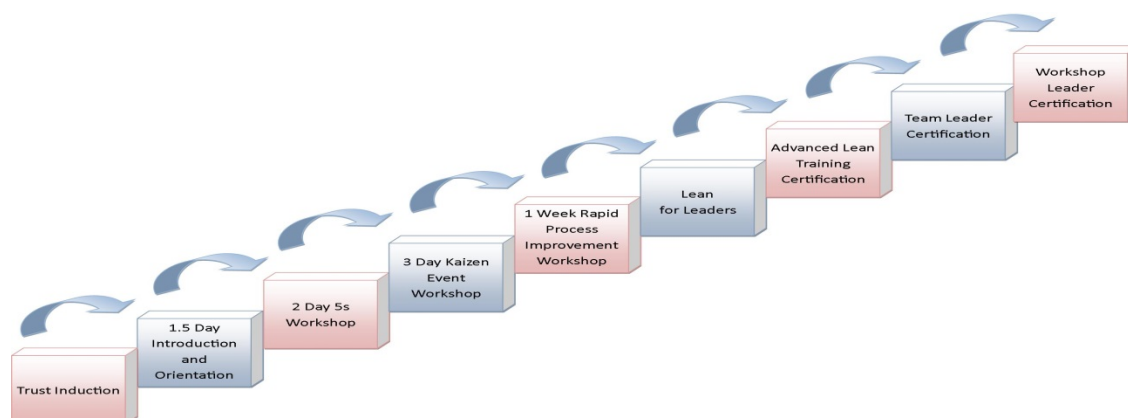
#### Improvements

- **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 has led 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. Cathy is now able 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.
- 8.4 400+ 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.
- 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.
- 8.7 The cohorts for Lean for Leaders this year will include our CEO, Executive Directors, 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 Plans are underway to organise a Regional Sharing Event on June 2<sup>nd</sup> 2017, which will promote the TCPS across stakeholders, partners and other Trusts across the region
- 9.4 Over 400 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 formally launched in May 2017. An element of the required learning for senior 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 leaders within the organisation will have a job description requirement in their job description to complete the Lean for Leaders programme within 18 months of joining the Trust to support their fitness to work with in SATH.
- 10.2 The Transforming Care Institute is promoting partnership working with local industry, including GKN met with Brian Newman, Simon Wright 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 learning from, 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 will be released 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. Twice monthly stand ups to share and discuss the transforming care happening within the organisation are now established and are start to support the acceleration of this work.

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

- 12.1 We take every opportunity to show how this work aligns with our vision to be the safest and kindest organisation, in particular how now over 57,000 patient journeys over a year will be safer and kinder following the work undertaken by our staff. The Transforming Care Production System which is SaTH's prepared method of improvement and our management system is becoming better understood by our patients, staff and partners. To date over 1700 staff have been educated in the methodology.

#### **13.0 Conclusion**

- 13.1 The Transforming Care programme of work is demonstrating tangible improvements in our test genbas.
- Over 57,000 patient experiences (per annum) are safer and kinder.
  - Non value adding time is released from poor processes back to direct care
  - Recruitment time is reduced
  - Set up time for rehabilitation is reduced and patients are better prepared
  - Board rounds are focus on the patients priorities of 'help me get better & help me get home'
  - Staff are training in eye clinics to guide visually impaired patients
- 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 acknowledge that SaTH is now independently teaching the VMI accredited 4 'lean 4 Leaders course'
- To acknowledge that SaTh is independently running Rapid Process Improvement Weeks.
- To acknowledge that over 57,000 patient journeys (pa) are safer and kinder thanks to our staff engaging with the Transforming Care Production System (TCPS) and the 4 value streams.
- To acknowledge that our staff are removing waste from their processes.
- To acknowledge the 1700+ staff are now educated in the Transforming Care Production System.
- To acknowledge that 400+ 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: • 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: • 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: • 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: • 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: • 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: • 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: • 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: • 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: • Sickness Rates	Workforce Team	Ward 9 13.3%	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: • 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: • 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 <sup>st</sup> Quarter May – July 16	2 <sup>nd</sup> Quarter Aug – Oct 16	3 <sup>rd</sup> Quarter Nov 16 – Jan 17	4 <sup>th</sup> Quarter Feb – Apr 17	% Baseline Change
<b>Service Metric 1:</b> • Patient/Carer aware of their plan of care	Ward to Board Patient Experience Question	Q3 2015 85%	100%	71%	80%	69%		19%
<b>Service Metric 2:</b> • Patient Experience Score Overall Score	Ward to Board Patient Experience Question	Q3 2015 84%	90%	74%	80%	85%		1%
<b>Quality Metric 1:</b> • Antibiotics in 1 hour (CQUIN)	CQUIN	Q2 2015 21.9%	100%	50%	31%	26%		18%
<b>Quality Metric 2:</b> • Sepsis related deaths (Trustwide)	Mortality trending data	Q3 2015 4 per month (median)	0	9 per month	5 per month	5 per month		25%
<b>Delivery Metric 1:</b> • Lead Time	KPO Team observations	Initial observations 427 mins	60 mins	372 mins	190 mins	190 mins		56%
<b>Delivery Metric 2:</b> • Length of Stay	Informatics Team	Q3 2015 8.6 days	5 days	8.4 days	9 days	9 day		-5%
<b>Morale Metric 1:</b> • 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%
<b>Morale Metric 2:</b> • Staff Satisfaction ('I am satisfied with care I give' – those who agree)	Annual Staff Survey	2015/16 51%	100%	51%	51%	51%		0%
<b>Cost Metric 1:</b> • Delivery of Care (Trustwide)	Finance	Q3 2015 £278,733	TBC	£433,629	£242,764	£248,115		11%
<b>Cost Metric 2:</b> • 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
<b>Service Metric 1:</b> • Length of time from approval to vacancy advertised	Recruitment tracker	77 days (July 2016)	14 days	3 days (Feb 2017)				
<b>Service Metric 2:</b> • Length of time from interview to conditional letter sent to candidate	Recruitment tracker	7 days (non-medical)	2 days	6 days				
<b>Quality Metric 1:</b> • 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)				
<b>Quality Metric 2:</b> • Time from vacancy identified to interview date	Recruitment Team	92 days (non-medical)	46 days	27 days				
<b>Delivery Metric 1:</b> • 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)				
<b>Delivery Metric 2:</b> • Percentage of vacancies in the Trust	Finance	8.20% (Aug 2016)	4.5%	7.9%				
<b>Morale Metric 1:</b> • Staff Engagement Score • Staff leaving in first 12 months	Workforce team	3.73	5	3.75				
<b>Morale Metric 2:</b> • Staff turnover rate • Number of staff leaving before first 12 months	Workforce team	297 (01.09.15 – 31.08.16)						
<b>Cost Metric 1:</b> • 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)				
<b>Cost Metric 2:</b> • 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 <sup>st</sup> Quarter (Apr – Jun)	2 <sup>nd</sup> Quarter (Jul – Sep)	3 <sup>rd</sup> Quarter (Oct-Dec)	4 <sup>th</sup> Quarter (Jan – Mar)	% Change
<b>Service Metric 1:</b> • Reduction in patient complaints	Complaints department	6	0					
<b>Service Metric 2:</b> • Reduce wait for first outpatient appointment	Information department	(Sep-Nov 2016) 126 days (18 weeks)	63 days (9 weeks)					
<b>Quality Metric 1:</b> • Reduction in cancelled appointments by SATH	Booking Centre	(Sep-Nov 2016) 228	10 (96% reduction)					
<b>Quality Metric 2:</b> • Reduction in cancelled appointments by the patient	Booking Centre	(Sep-Nov 2016) 150	30 (80% reduction)					
<b>Delivery Metric 1:</b> • Lead Time	KPO observations/ VSM	142 days	63 days (9 weeks)					
<b>Delivery Metric 2:</b> • Reduction in ASI (Appointment Slot Issues) numbers	Booking Centre	(Aug-Oct 2016) 145	0					
<b>Morale Metric 1:</b> • Staff engagement score ○ (OPH clinics and associated staff) ○ (Patient access)	Annual Staff survey	(3 of 5) 3.62  3.44	5					
<b>Morale Metric 2:</b> • Unavailability of current nursing workforce	Finance	24%	22%					
<b>Morale Metric 3:</b> • Unavailability of current Consultant workforce	Booking Centre	(Sep – Nov 2016) 14.5 (cancelled clinics)	1 (Cancelled clinic)					
<b>Cost Metric 1:</b> • Reduction in agency spend	Finance	(Apr-Nov 2016) £58k	£0					
<b>Cost Metric 2:</b> • Increase contribution	Finance	(Apr – Sep) -10% (-273K)	0%					