

**Transforming Care Update
 Trust Board Meeting – June 2017**

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| Reporting to: | Trust Board Meeting (29.06.17) |
| Title: | Transforming Care in Partnership with the Virginia Mason Institute |
| Author: | Cathy Smith – KPO Lead |
| Date: | June 2017 |

1.0 Introduction

1.1 Several new milestones have been achieved this month and include the successful achievement of Advance Lean Training (ALT) by our new KPO specialist Marie-Claire Wiggly, the delivery of Session 3 of Lean for Leaders for the 2017/18 Cohort, the delivery of 2 Rapid Process improvement in one week and hosting a very successful Regional Sharing Event .

2.0 Background

2.1 SaTH is one of five Trusts nationally undertaking an accelerated transformation journey in partnership with Virginia Mason Institute, and supported by NHS England and NHSI. The Virginia Mason Institute Sensei and faculty staff will continue to provide training, coaching, and guidance to the KPO and Executive guiding team for a minimum of five years.

3.0 National

3.1 Transformation Guiding Board (TGB)

3.2 *The last Transformational Guiding Board (TGB) was held in London on the 19 May 2017, with the next meeting scheduled for 23 June 2017.*

3.3 *The Group reviewed the slide deck which covered core updates of the programmes business across the 5 Trusts.*

3.4 *The following points were noted:*

- *The open discussion format supported productive conversations and the next discussion should include roll-out and spread within organisations and in particular the transition of the work to mainstream business.*
- *The update on measurement for improvement.*
- *The peer groups KPOs, ODs, and Communication Directors meetings were providing mutual support and productive conversation and actions.*

3.2 Future Action Events

Attention was drawn to the forthcoming National Sharing Event in Leeds where all 5 Trusts will share their successes and challenges with value stream work, embedding the production system methodology and roll-out and spread. Trusts are reminded of their commitment to support this approach to National sharing.

4.0 Partnership: TGB Trust Updates

4.1 *Barking, Havering and Redbridge University Hospitals NHS Trust* has been focused on raising awareness and engagement in the pride way. They recognised the impact of the recent absence (due to ill health) of their CEO, and the need to refocus their efforts. Significant improvements in the process of biopsy were noted, and the subsequent result that staff from their pathology unit had requested further rapid process improvement workshops within their area.

4.2 *Leeds Teaching Hospital NHS Trust's* CEO reflected on two issues – how do we show a relationship with this work and financial stability, and the challenges faced by the KPO teams due to the rising volumes of work. Their Trust no longer uses the term 'cost improvement programme', and have adopted the terminology of 'waste reduction programme' which has changed the type of questions being asked during review meetings. This approach will be raised with NHSI Executive Team.

4.3 *Surrey & Sussex Healthcare NHS Trust's* CEO highlighted the current operational pressures in the KPO Team due to absence and anticipated this issue being resolved in the next 2 months. SATH recently hosted their Spring Conference which was well attended. Staff from their lean for leaders programme presented their work and gave a feel of how their methods went beyond the KPO Team. There were many positive reactions. The Trust has invited Amicus back to support the development of their leaders agreement.

4.4 *No updated from University Hospitals Coventry & Warwickshire NHS Trust*

4.5 SaTH NHS Trust's CEO talked through the progress of Value Streams 1 to 4, the links across pathways that are emerging strongly. Of note was the 2017 Lean for Leader Cohorts which include 4 Directors, 1 of which is Mr Wright himself. Ruth May applauded the work and confirmed that she would seek to visit the Trust soon.

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. In May the Team welcome Deidra Fowler (Director of Nursing and Quality) into the guiding team and are grateful for the continued contribution from Colin Overton. SaTH are fortunate to be supported by Deborah Dollard, VMI

Executive Sensei who will be in attendance during the July 2017 guiding team meeting.

6.0 Transforming Care Institute

6.1 The Transforming Care Institute (TCI), the venue for the majority of the Lean for Leaders and methodology training, home of the Kaizen promotion Office (KPO) and centre for the development of the transforming care production system (TCPS) continues to develop as a hub to support our staff engaged in improving patient care.

The TCI have now hosted a series of external visits 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), Chris Hopson, CEO of NHS Providers and most recently Jeremy Vanes (Chair of Royal Wolverhampton NHS Trust).

6.2 On 2 June 2017, over 80 people from across the region, and our own Trust attended SaTH's first regional sharing event. The event provided an opportunity for the Trust to showcase the great transformational work being undertaken and witness first hand the passion and commitment of our staff

A key feature of the day was the Kaizen Expo which was an opportunity to showcase the results from the work around our four high level value streams (Respiratory Discharge, Sepsis, Recruitment and Outpatient Clinics – Ophthalmology), alongside the work from our first group of Lean for Leaders.

The feedback was extremely positive, with many commenting on the great work already improving 57,000 patient pathways in such a short time. The event also created huge interest on social media with over **235,000** people picking up the messaging. Discussions are already underway in preparation for next year's event, but first I would like to thank and recognise all those that contributed or supported our first regional event.

7.0 Value Streams

7.1 Value Stream #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

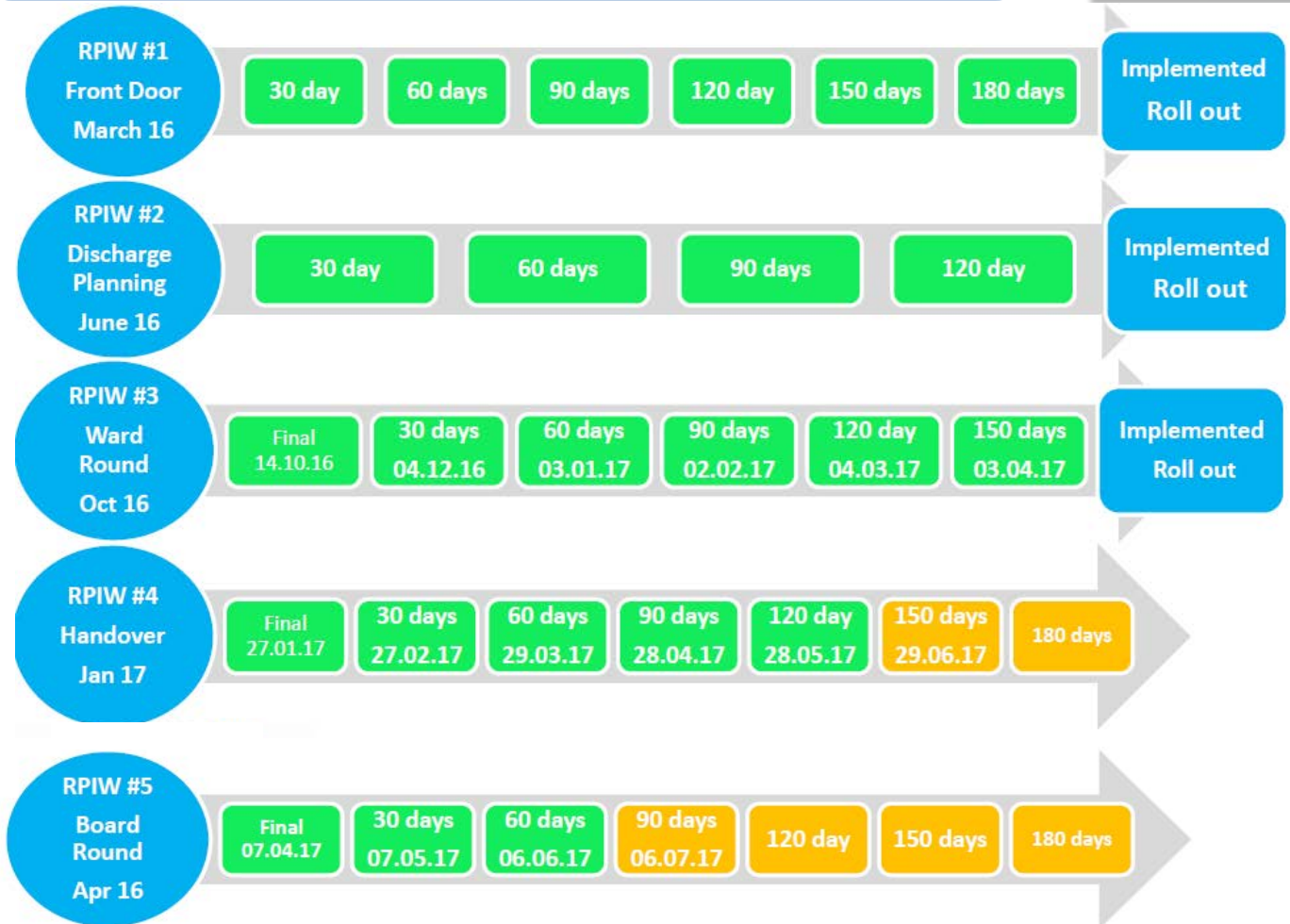
RPIW #4: Handover – Held January 2017 – At 120-day remeasures

RPIW #5: Board Round – Held April 2017 – At 60 day remeasures

RPIW #6: Day of Discharge – Planned for September 2017

Improvements

- **13** different quality improvements made and sustained to the respiratory discharge process, **11** suitable for roll out
- **32** non value adding hours removed from respiratory discharge process (per patient)
- **1357** clinical steps removed from the respiratory discharge process (per patient)
- **Roll out of the 11 improvements commenced on all four respiratory genba's and complete on AMU PRH**



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 – Roll-out

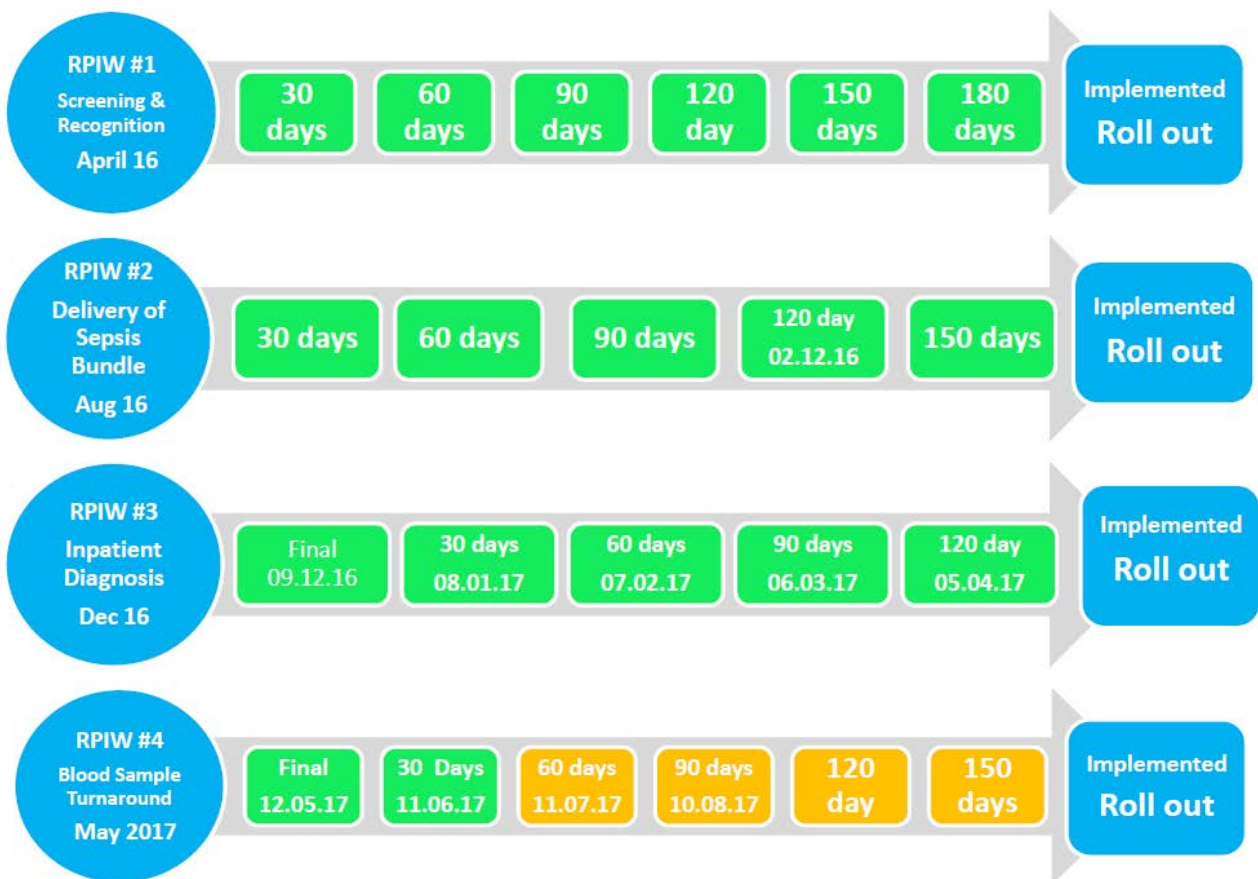
RPIW #2: Delivery of the Sepsis Bundle – Held August 2016 – Roll-out

RPIW #3: Inpatient diagnosis of Sepsis – Held December 2016 – Roll-out

RPIW #4: Turnaround of bloods – Held May 2017 – At 30 day remeasures

Improvements

- **12** quality improvements made within the sepsis pathway including use of screening tools, Sepsis trolley, reduction in late observations and blood culture processing
- **11 ½** hours of non value adding time removed from screening for sepsis , diagnosis of sepsis and delivery of sepsis bundle pathway (single patient pathways)
- **968** steps no longer required to collect equipment and collect/deliver blood culture samples (single patient episodes)
- Sepsis Trolley **rolling out** to AMU, Emergency Departments at RSH and PRH



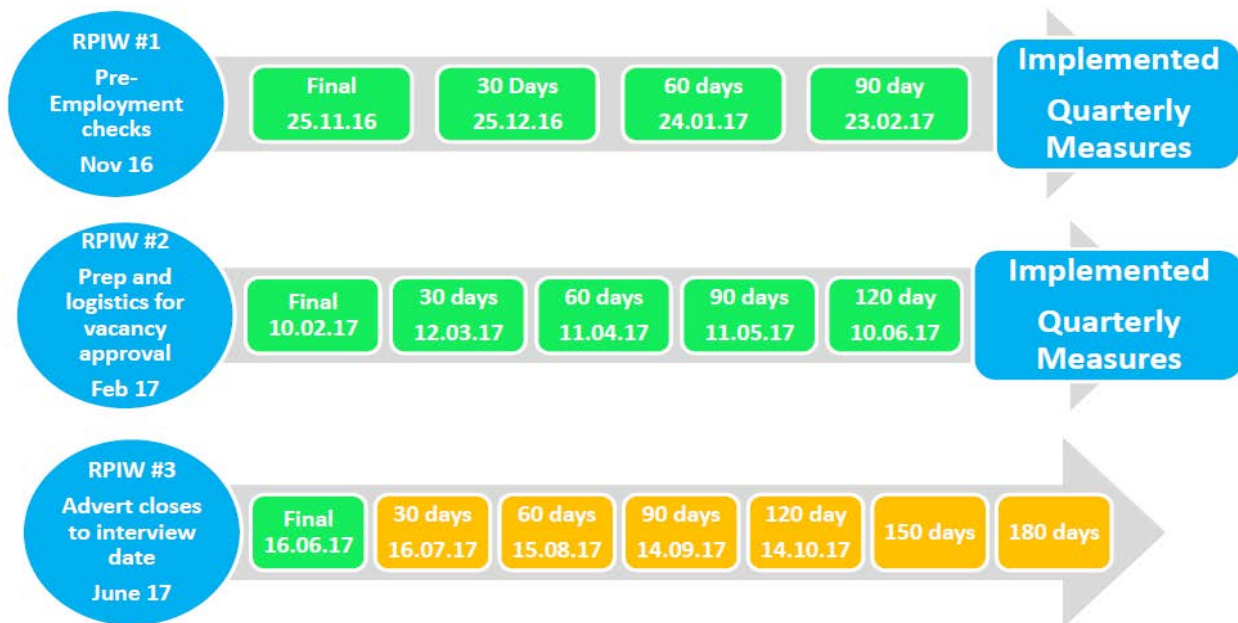
7.3 Value Stream #3 Recruitment

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

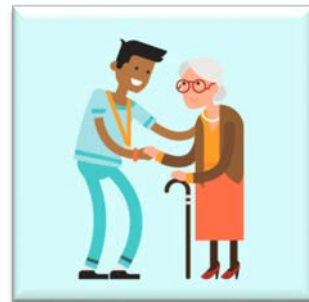
RPIW #2: Preparation and Logistics for Vacancy approval – Held February 2017 - Closed

RPIW #3: Selection and Interview Prep– Held June 2017



Improvements

- Lead time (from vacancy identified to staff member’s first day) reduced by **10 weeks** from 135 days to 63 days
- Delay in receiving candidate references reduced from 21 days to **1 day**
- Reduction in length of time from approval to post being advertised reduced to **1 day** (in test genba and having sustained at 90-days now suitable for roll-out)



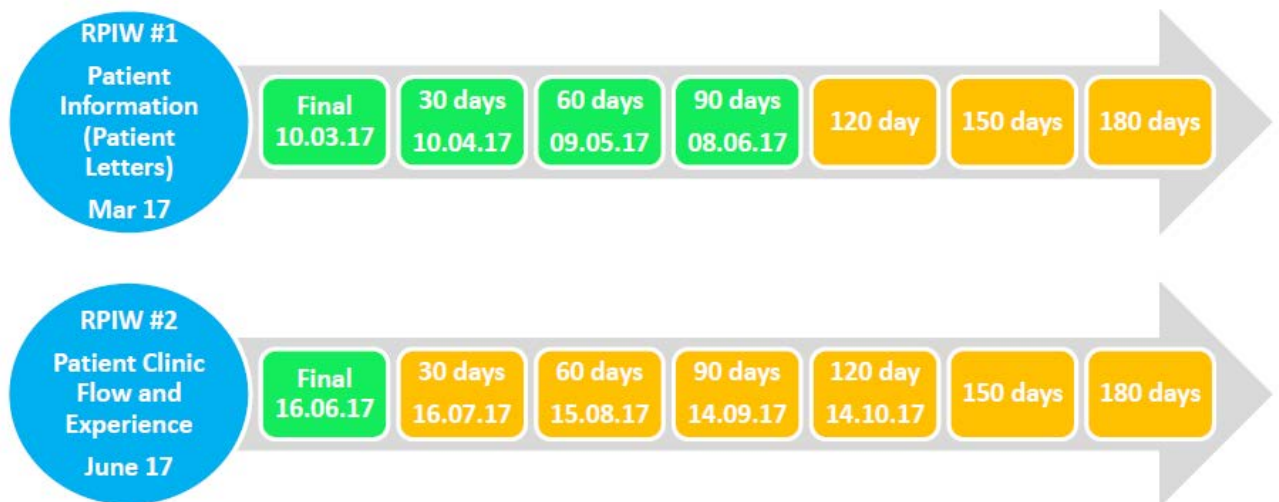
7.4 Value Stream #4 Outpatient Clinics – Ophthalmology

Value Stream #4 (Outpatient Clinics (Ophthalmology)) was chosen to continue the focus on improving the quality of experience our patients experience when attending our eye clinics. Clinical staff providing these services are committed to improving processes ahead of the move to new premises. Currently, there is variance in the quality of patient experience and the communication they receive. Additionally, some of our patients were 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) – Held March 2017 – At 90-day remeasures

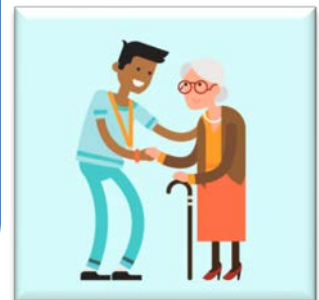
RPIW #2: Ophthalmology clinic process (PRH) – Held June 2017

RPIW #3: Clinical Preparation (RSH) – Planned for August 2017



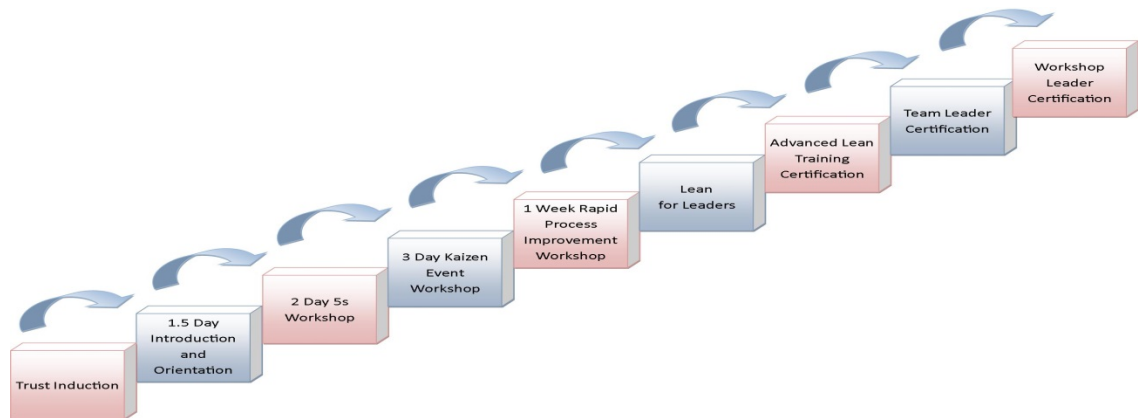
Improvements

- **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 Marie-Claire Wigley has successfully achieved her Advanced Lean Training in Seattle, and will shortly commence her accreditation for the Team Lead and Workshop Lead roles. 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 and offer Lean 4 leaders training at SaTH.
- 8.2 Cathy Smith, KPO Lead has led the final session of the first two 2016/17 cohorts of Lean for Leaders in April 2017, with 36 of the original 40 due to graduate. 1 Lean for Leader has recommenced their training at Session 3 with the 2017/18 cohort, and 2 Lean for Leaders will recommence their training with the 2018/19 cohort. 47 Lean for Leaders have just undertaken Session 3 from the 2017/18 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 1900 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 remove 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 is leading 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 successful elements of share and spread in all value streams. The vital role our leaders trained in lean methodology is now emerging strongly. The extensive roll out in the respiratory value stream, across several wards has been sustained by the commitment of our lean leaders.

9.4 Over 400 of our staff are actively using the methodology to improve patient and staff experience. This includes work to release time from non value adding activity back to direct patient care. Examples include less time looking for equipment to undertake observations on ward 28, and more time assessing patients conditions, less time

preparing patients for physiotherapy on ward 22 S&R and more time providing the rehabilitation, less time gathering for ventilation equipment for respiratory respiratory distress on ward 27 reducing the time patients are in acute distress,



10.0 Leadership (GTM Executive Lead: Victoria Maher)

- 10.1 The Leadership Academy will be formally launched on 28 June 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 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, Brian Newman, Simon Wright and Cathy Smith are progressing shared learning with GKN Sankey. We continue to learn from the system wide approaches including the VMI partnership hospitals within Denmark. It is anticipated that learning from other organisations using a lean production system will accelerate our learning.

11.0 Strategy and Policy (GTM Executive Lead: Neil Nisbet)

- 11.1 The development of the leader agreements, the psychological agreements in the way we work is being used within the STP. Medical and leadership agreements outline the required behaviours to promote the Trust Values. They will be known as Values in Practice agreements, and are due for release 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.

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 1900 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.
- Patients involved in the Rapid process improvement weeks are helping to achieve significant improvements in patient experience.
- 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'
- 1 letter template has now replaced the 17 previously used for ophthalmology clinic appointments

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 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.
- Acknowledge the patients giving generously a week of their time to participate in improvement weeks.
- To acknowledge the 1900+ staff are now educated in the Transforming Care Production System.
- To acknowledge that 450+ staff are using this approach in their work to remove waste from their processes and improve patient experience and release more time to care..
- 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 success of the Regional Sharing Event held on 2 June 2017 where our work was showcased.
- To acknowledge that another KPO Specialist has achieved their ALT training.
- To acknowledge that SaTH undertook two RPIWs in the same week, a first within the 5 Trusts in partnership with VMI.

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 | % Change |
|--|---|--------------------------|-----------------|-----------------------------|-----------------------------|----------------------------------|----------------------------------|----------|
| Service Metric 1: • Ward to Board/* RATE Audit • Nursing care element of discharge section communication | Quality Improvement Dashboard (RATE: I know when I am going home) | Ward 9 86% | 100% | Ward 9 96% | Ward 9 97% | WARD 9 100% | WARD 9 No data | |
| | | Ward 27 100% | | Ward 27 60% | Ward 27 87% | Ward 27 71.9% | Ward 27 63.5% | |
| Service Metric 2: • Ward to Board Audit/*RATE • Patient Experience – Section Care and compassion | Quality Improvement Board | Ward 9 82% | 100% | Ward 9 89% | Ward 9 80% | Ward 9 95% | WARD 9 No data | |
| | | Ward 27 74% | | Ward 27 52% | Ward 27 41% | Ward 27 91% | Ward 27 41% | |
| Quality Metric 1: • Target % of discharges per week per day | Unscheduled Care | Ward 9 78.6% | 100% | Not available | Not available | Not available | Not available | |
| | | Ward 27 87.1% | | Not available | 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% | Ward 9 6.4% | -89% |
| | | Ward 27 21.4% | | Ward 27 18% | Ward 27 18.11% | Ward 27 16% | Ward 27 19.5% | |
| 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% | Ward 9 92.3% | 37% |
| | | Ward 27 88% | | Ward 27 94% | Ward 27 89% | Ward 27 89% | Ward 27 92.3% | 4.5% |
| 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 | Ward 9 0 | 100% |
| | | Ward 27 1 | | Ward 27 3 (median) | Ward 27 2 (median) | Ward 27 2 (A) | Ward 27 1 (median) | 0% |
| 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 | Ward 9 163 HRS (7) (median 7) | -16% |
| | | Ward 27 141 | | Ward 27 167 hours | Ward 27 167 hours | WARD 27 284 15 MINS | WARD 27 177 Hrs (median- 11) | -23% |
| 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 | Ward 9 ≤ 11 response | |
| | | Ward 27 3.51 | | Ward 27 3.7 | Ward 27 3.7 | Ward 27 3.7 | Ward 27 3.78 | |
| Morale Metric 2: • Sickness Rates | Workforce Team | Ward 9 13.3% | 3.5% | Ward 9 2.4% | Ward 9 2.3% | Ward 9 3% | Ward 9 7.5% (Q4 QA) | 42% |
| | | Ward 27 7.9% | | Ward 27 7.5% | Ward 27 10.1% | Ward 27 4% | Ward 27 4.9% (Q4 QA) | 30% |
| Cost Metric 1: • A Days beyond Trim Point NB ALOS WD 9 Q1 13 Q2 14.3 Q3 14 Q4 12 (7%) • NB ALOS WD 27 Q1 13.6 Q2 10 Q3 11 Q4 11 (21%) | Informatics Team (Monthly) | Ward 9 28 | 30% | Ward 9 17 | Ward 9 19 | Ward 9 13 | Ward 9 12 | 57% |
| | | Ward 27 58 | | Ward 27 68 (Q1 QA) | Ward 27 30 (Q2 QA) | Ward 27 26 (Q3 QA) | Ward 27 10 (Q4 QA) | 83% |
| Cost Metric 2: • Temporary Staffing usage (number of shifts covered by agency/blank) | 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) | Ward 9 165/126 (/3=97) | 34% |
| | | Ward 27 113/146 (259) | | Ward 27 210/277 (/3=162) | Ward 27 250/406 (/3=219) | Ward 27 203/403 (/3=202) | Ward 27 392/279 (/3=223) | 14% |

Appendix 1b: Value Stream Metrics: Sepsis Pathway

| Transforming Care Metrics | Source | Baseline | Target | 1 st Quarter May – July 16 | 2 nd Quarter Aug – Oct 16 | 3 rd Quarter Nov 16 – Jan 17 | 4 th Quarter Feb – Apr 17 | % Change |
|---|---|----------------------------------|------------|--|---|--|---|----------|
| Service Metric 1: • Patient/Carer aware of their plan of care | Ward to Board Patient Experience Question | Q3 2015 85% | 100% | 71% | 80% | 69% | 67% | 21% |
| Service Metric 2: • Patient Experience Score Overall Score | Ward to Board Patient Experience Question | Q3 2015 84% | 90% | 74% | 80% | 85% | 88% | 5% |
| Quality Metric 1: • Antibiotics in 1 hour (CQUIN) | CQUIN | Q2 2015 21.9% | 100% | 50% | 31% | 26% | 15% | 18% |
| Quality Metric 2: • Sepsis related deaths (Trustwide) | Mortality trending data | Q3 2015 4 per month (median) | 0 | 9 per month | 5 per month | 5 per month | TBC | 25% |
| Delivery Metric 1: • Lead Time | KPO Team observations | Initial observations 427 mins | 60 mins | 372 mins | 190 mins | 190 mins | 190 mins | 56% |
| Delivery Metric 2: • Length of Stay | Informatics Team | Q3 2015 8.6 days | 5 days | 8.4 days | 9 days | 9 day | TBC | -5% |
| Morale Metric 1: • 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) | TBC | 0% |
| Morale Metric 2: • Staff Satisfaction ('I am satisfied with care I give' – those who agree) | Annual Staff Survey | 2015/16 51% | 100% | 51% | 51% | 51% | TBC | 0% |
| Cost Metric 1: • Delivery of Care (Trustwide) | Finance | Q3 2015 £278,733 | TBC | £433,629 | £242,764 | £248,115 | £230,398 (Feb & Mar only) | 17% |
| Cost Metric 2: • Average cost per case (Trustwide) | Finance | Q3 2015 £1,336 | TBC | £1,412 | £1,364 | £1133 | £1287 (Feb & Mar only) | 3% |

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 |
|---|------------------------|---|---|--|--|---------------------|----------------------|----------|
| Service Metric 1: • Length of time from approval to vacancy advertised | Recruitment tracker | 77 days (July 2016) | 14 days | 3 days (Feb 2017) | 14 days | | | |
| Service Metric 2: • Length of time from interview to conditional letter sent to candidate | Recruitment tracker | 7 days (non-medical) | 2 days | 6 days | 6 days | | | |
| Quality Metric 1: • 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) | 6 (mode, non-medical) | | | |
| Quality Metric 2: • Time from vacancy identified to interview date | Recruitment Team | 92 days (non-medical) | 46 days | 27 days | 41 days | | | |
| Delivery Metric 1: • 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) | 82 days (non-clinical) | | | |
| Delivery Metric 2: • Percentage of vacancies in the Trust | Finance | 8.20% (Aug 2016) | 4.5% | 7.9% | 7.5% | | | |
| Morale Metric 1: • Staff Engagement Score • Staff leaving in first 12 months | Workforce team | 3.73 | 5 | 3.75 | | | | |
| Morale Metric 2: • Staff turnover rate • Number of staff leaving before first 12 months | Workforce team | 297 (01.09.15 – 31.08.16) | | | | | | |
| Cost Metric 1: • 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- Jan 17) | £540,893 (per month based Mar – May 17) | | | |
| Cost Metric 2: • 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) | £1,764,199 (per month based on Mar – May 17) | | | |

Appendix 1d: Value Stream Metrics: Outpatient Clinics – Ophthalmology

| Transforming Care Metrics | Source | Baseline (Oct – Dec 2016) | Target | 1 st Quarter (Apr – Jun) | 2 nd Quarter (Jul – Sep) | 3 rd Quarter (Oct-Dec) | 4 th Quarter (Jan – Mar) | % Change |
|---|--------------------------|---|----------------------------|---|---|---|---|-------------|
| Service Metric 1: • Reduction in patient complaints | Complaints department | 6 | 0 | | | | | |
| Service Metric 2: • Reduce wait for first outpatient appointment | Information department | (Sep-Nov 2016) 126 days (18 weeks) | 63 days (9 weeks) | | | | | |
| Quality Metric 1: • Reduction in cancelled appointments by SATH | Booking Centre | (Sep-Nov 2016) 228 | 10 (96% reduction) | | | | | |
| Quality Metric 2: • Reduction in cancelled appointments by the patient | Booking Centre | (Sep-Nov 2016) 150 | 30 (80% reduction) | | | | | |
| Delivery Metric 1: • Lead Time | KPO observations/ VSM | 142 days | 63 days (9 weeks) | | | | | |
| Delivery Metric 2: • Reduction in ASI (Appointment Slot Issues) numbers | Booking Centre | (Aug-Oct 2016) 145 | 0 | | | | | |
| Morale Metric 1: • Staff engagement score ○ (OPH clinics and associated staff) ○ (Patient access) | Annual Staff survey | (3 of 5) 3.62 3.44 | 5 | | | | | |
| Morale Metric 2: • Unavailability of current nursing workforce | Finance | 24% | 22% | | | | | |
| Morale Metric 3: • Unavailability of current Consultant workforce | Booking Centre | (Sep – Nov 2016) 14.5 (cancelled clinics) | 1 (Cancelled clinic) | | | | | |
| Cost Metric 1: • Reduction in agency spend | Finance | (Apr-Nov 2016) £58k | £0 | | | | | |
| Cost Metric 2: • Increase contribution | Finance | (Apr – Sep) -10% (-273K) | 0% | | | | | |