

Transforming Care Update Trust Board Meeting – July 2017

Reporting to:	Trust Board Meeting (27.07.17)
Title:	Transforming Care in Partnership with the Virginia Mason Institute
Author:	Cathy Smith – KPO Lead
Date:	July 2017

1.0 Introduction

- 1.1 The KPO Team and Trust staff have continued to actively engage the technical tools, philosophy and management concepts from the Transforming Care Production System to support improvements to patient and staff experience. This includes progressing the work in our four value streams, Respiratory Discharge, Sepsis, Recruitment and OPD Ophthalmology, and testing the methodology within the Emergency Department at PRH. A key element to support all of this work is the continued training, coaching offered by our TCPS Methodology days, Lean for Leader training and 5S workshops

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. Most recently, we were delighted to see the return of Melissa Lin, Transformation Sensei from VMI, who conducted 8 genba walks with Lean for Leaders from the 2016/17 cohort. In addition, we have benefited once again from the onsite presence and experience of Deb Dollard, Executive Sensei from VMI, at our Guiding Team Meeting.

3.0 National

3.1 Transformation Guiding Board (TGB)

- 3.2 *The last Transformational Guiding Board (TGB) was held in London on the 23 June 2017, with the next meeting scheduled for 21 July 2017.*
- 3.3 *The Group reviewed the slide deck which covered core updates of the programmes business across the 5 Trusts.*

- 3.4 *Of particular note is the opportunity for SaTH Guiding Team to bid for a proportion of additional money to enable VMI to provide further support to accelerate the transformational journey. The bid will focus on providing additional resource (either in hours or coaching) for the KPO Team. The focus of the additional resource will be to accelerate the roll-out of 5S, considering the potential and opportunity to provide all members of SaTH with the skills to 5S their working environment.*

4.0 Future Action Events

This year's National Sharing and Learning Event will be held in Leeds on Friday 28 July 2017 where all 5 Trusts will share their transformational work. SaTH has great engagement, with over 40 staff members seeking to share and retrieve ways to escalate our collective learning.

5.0 Local Delivery

- 5.1 Two further Guiding Team Meetings in June and July 2017 have been held since the last Trust Board Meeting. Decisions made include:
- Value Stream #5 confirmed as Patient Safety. Boundaries to incorporate from the identification of an adverse event to the completion of investigation, feedback to patient and staff, with confirmation of learning. The Sponsor Development Day will be held on Monday 18 September 2017.
 - Ways to explore extending 5S training to all staff will be undertaken.
 - Guiding Team Meeting noted the continued commitment of the Value Stream Sponsor Teams, the Lean for Leaders and all staff implementing improvements.

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.

In addition, the TCI continue to host external visitors, most recently Jeremy Vanes (Chair of Royal Wolverhampton NHS Trust) who fed back *'Can I please ask you to circulate my thanks to all involved with the very interesting day I had at Shrewsbury, and my admiration for the considerable efforts you are all making... I have cascaded some notes to the Trust Board and certain improvement leads at Wolverhampton. I wouldn't be at all surprised if this then stimulates some further rapport, and please feel free to encourage your teams to make enquiries about Wolverhampton developments.....Thank you all again. The day exceeded all of my expectations'.*

- 6.2 Following the success of SaTH's Transforming Care Sharing Event held on 2 June 2017, the decision has been made to make this an annual event, and we look forward to planning the next event in June 2018.

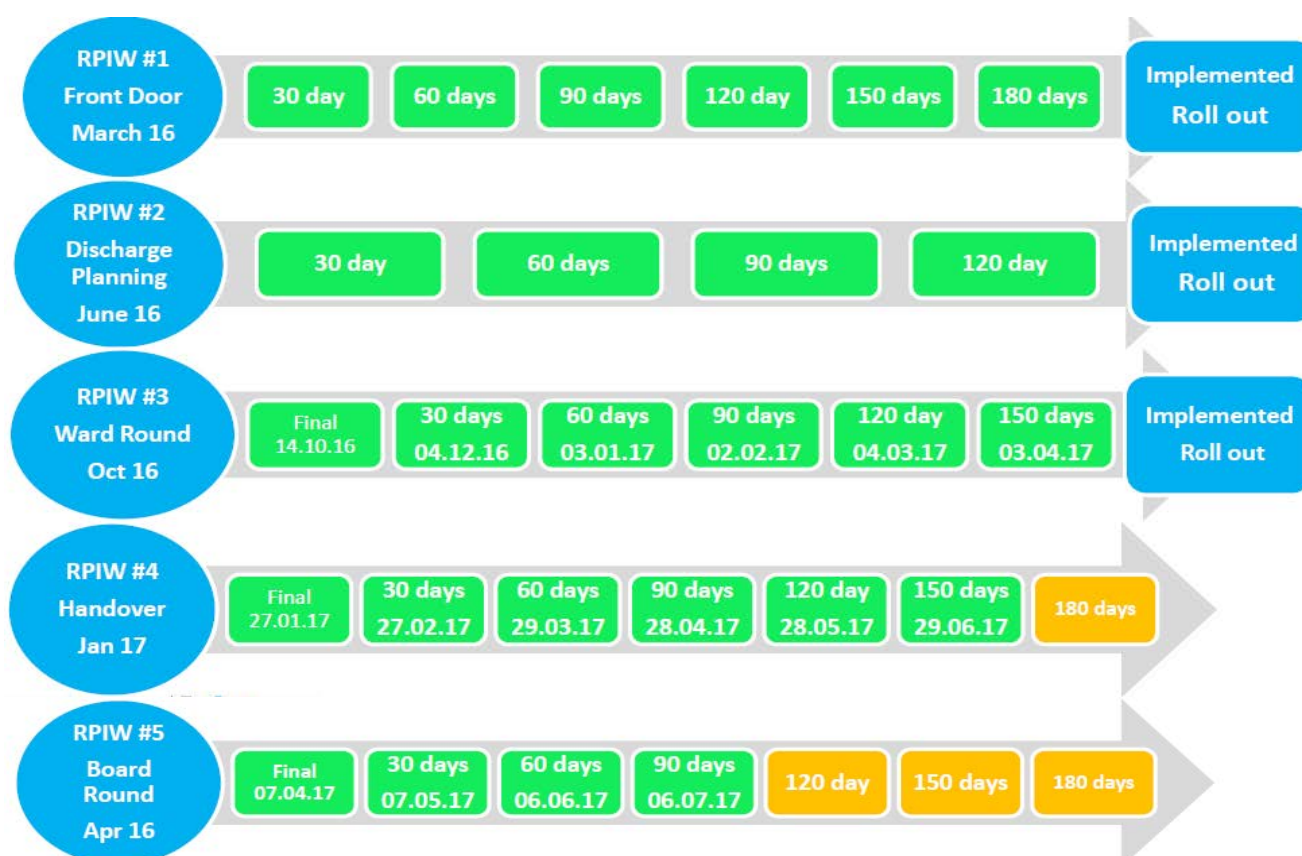
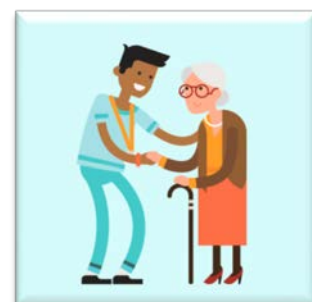
7.0 Value Streams

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.

Improvements

- **13** different quality improvements made and sustained to the respiratory discharge process
- **11** quality improvements implemented within Ward 9 (Respiratory, PRH), 10 quality improvements implemented within AMU, PRH. Focus is now on AMU, RSH and Ward 27 at RSH.
- **32** non value adding hours removed from respiratory discharge process (per patient)
- **1357** clinical steps removed from the respiratory discharge process (per patient)
- Implementation very much supported by Lean for Leaders on 3 out of 4 genbas, including ward managers, matrons, Respiratory Consultants

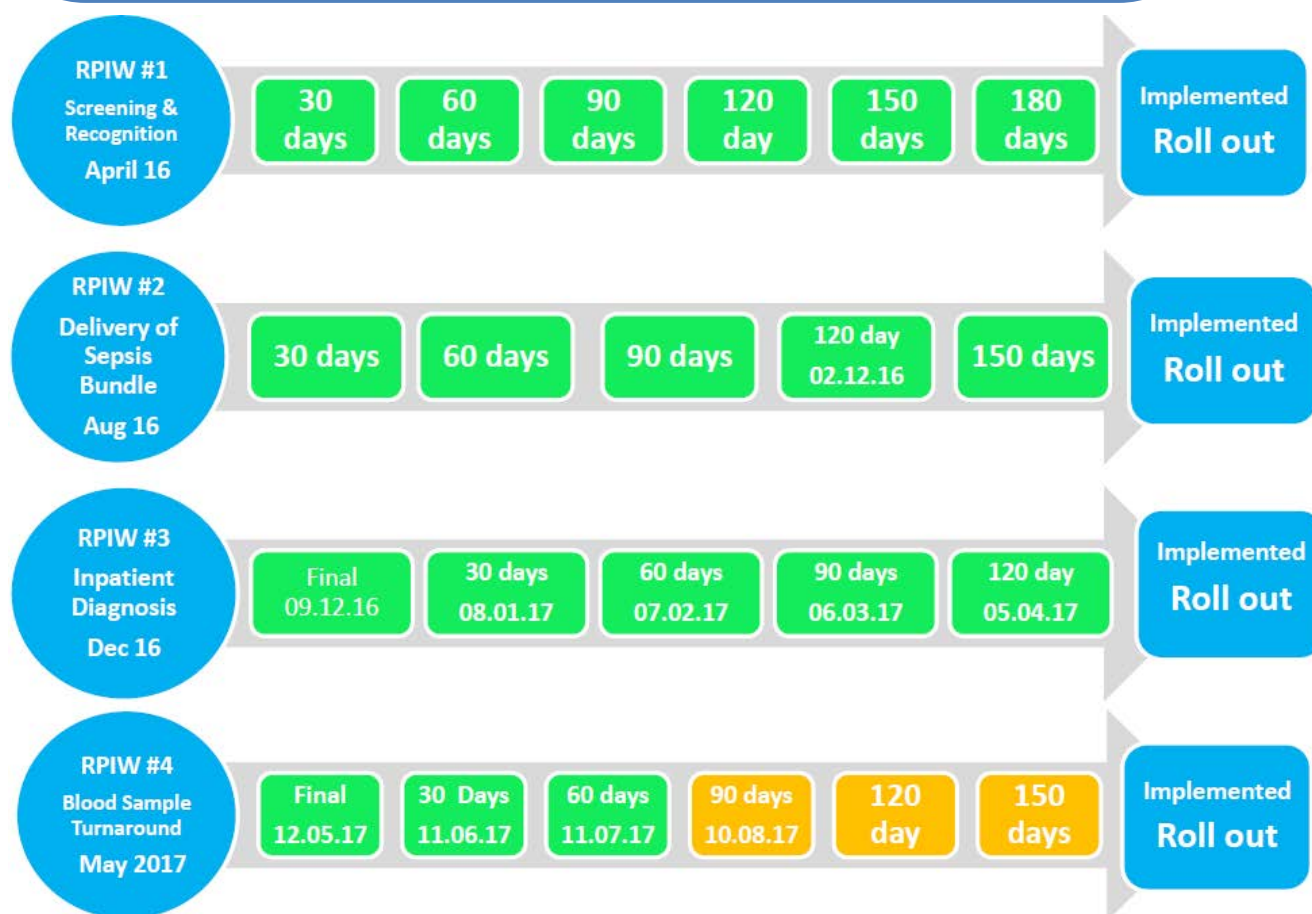
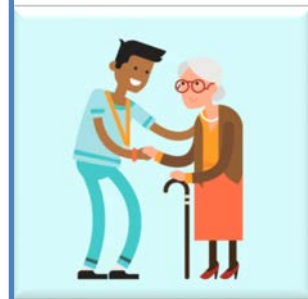


7.2 Value Stream #2 Sepsis

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.

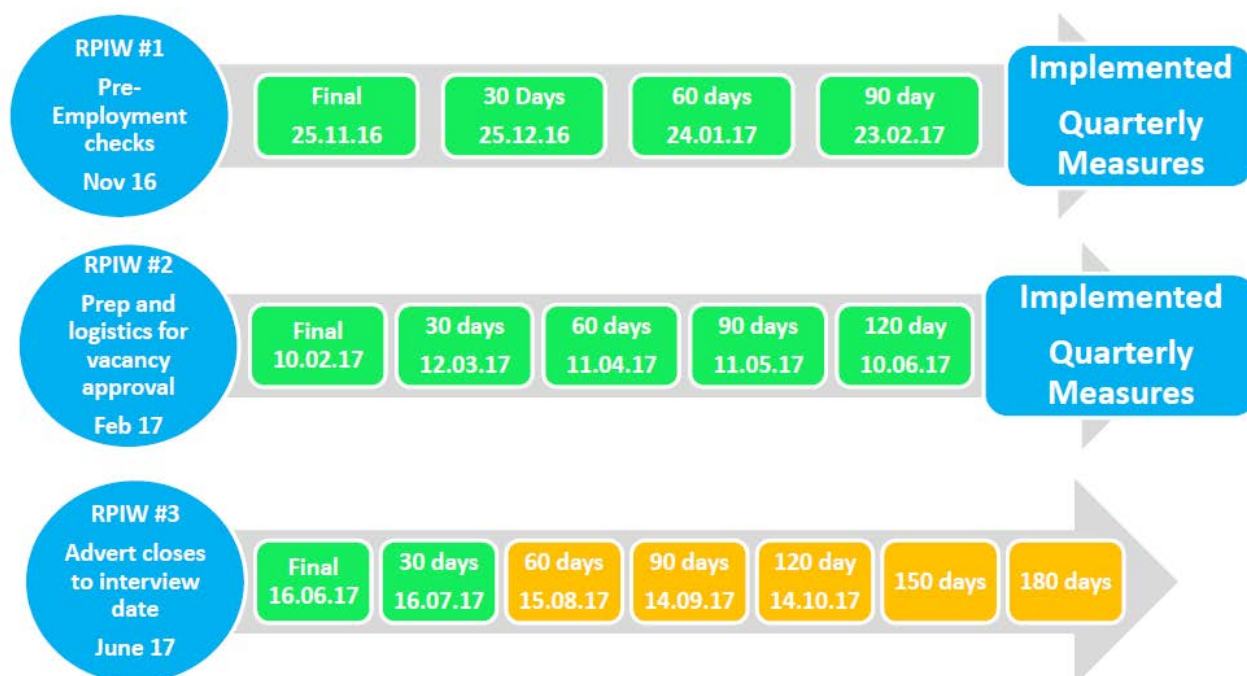
Improvements

- **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



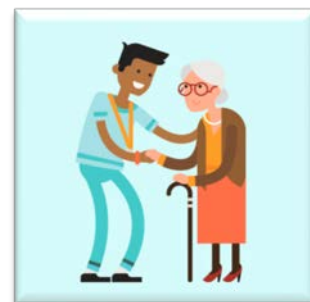
7.3 Value Stream #3 Recruitment

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.



Improvements

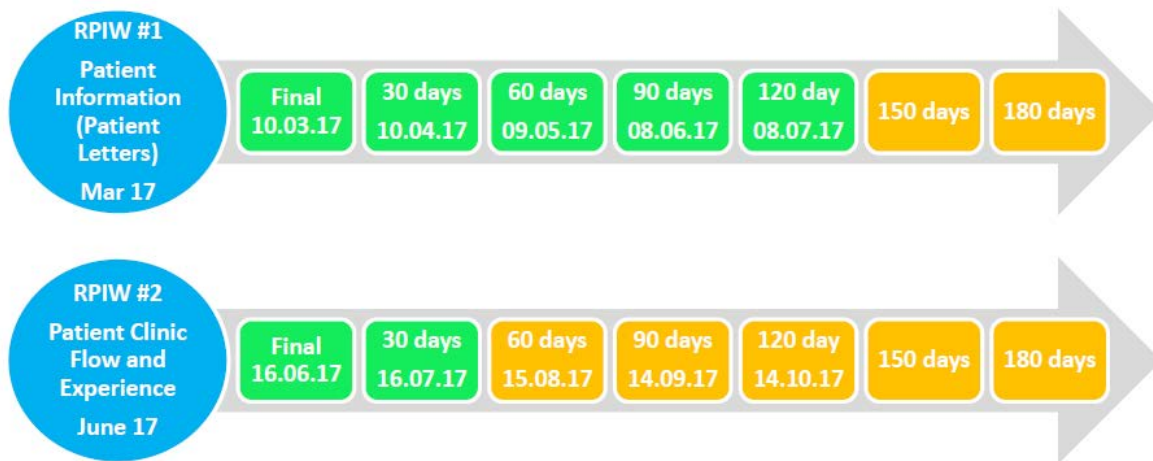
- Lead time (from vacancy identified to staff member's first day) reduced by **10 weeks** from 135 days to 63 days
- Delay in receiving candidate references reduced from 21 days to **1 day**
- Reduction in length of time from approval to post being advertised reduced to **1 day** (in test genba and having sustained at 90-days now suitable for roll-out)
- Potential new staff aware of interview date at advert stage – **19 day** improvement
- Lead time from close of advert to interview reduced by **15 days**



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.



Improvements

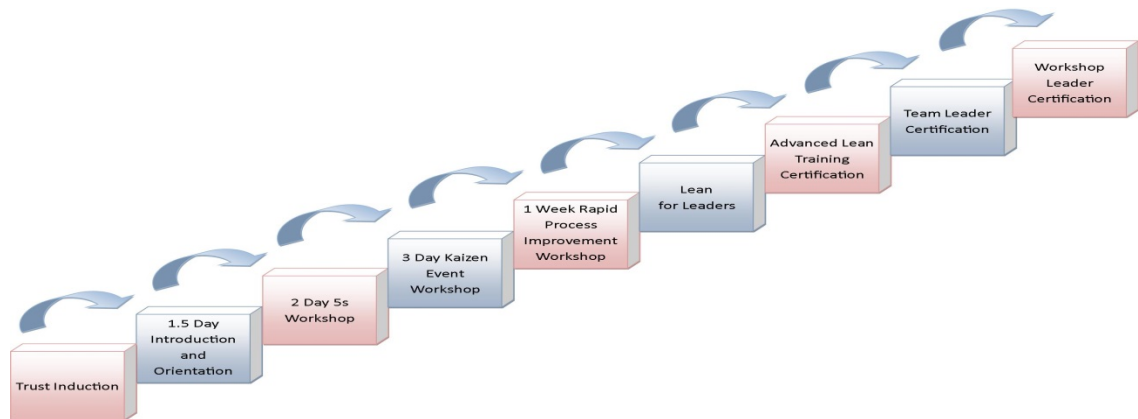
- **52 day** reduction in the time from receipt of referral until first contact is made with patient
- **47%** reduction in the number of times letters are delayed due to requesting a letter after the deadline for electronic transfer to next process
- **100%** reduction in the number of Booking staff unaware of overall process for sending patient letters (Process = from referral arriving at SATH, to patient arriving in clinic)
- Staff training to assist patients who need guiding planned. Video created.
- 5S applied to Ophthalmology clinic letters resulting in reduction from **17** letters to **1** letter



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. The 2017/18 cohorts are now well underway with 45 active participants.

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 1970 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.
- 8.4 460+ staff are using TCPS training to improve patient care or remove the burden of work on our staff. It should be noted that our original target of engaging 500 staff within 5 years will be met within just 2 years.



- 8.5 The KPO team are supporting the trust-wide roll out of the TCPS 5S methodology to provide improved environmental organisation within clinical store rooms. Over 10 areas from across the Trust have currently undertaken 5S improvements. These improvements have been captured in target progress reports (TPR), and will be remeasured at 30, 60 and 90 days to ensure sustainability and embedding.



Fig 1: Quarantine area in Pre-Op at PRH



Fig 2: Post 5S on Ward 32



5S Anesthesia Shadow Board - After

Fig 3: Using 5S methodology, making care safer



Fig 4: 5S Methodology

9.0 Engagement and Pace (GTM Executive Lead: Deirdre Fowler)

- 9.1 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 the speciality wards has been sustained by the commitment of our staff.

10.0 Leadership (GTM Executive Lead: Victoria Maher)

- 10.1 The Leadership Academy was 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.

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. Leadership agreements outline the required behaviours to promote the Trust Values, known as Values in Practice agreements, have been released.
- 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. Recent communication and media activity includes a webinar, contributions to national transformational programme newsletter, sepsis video and case study for NHSI.

13.0 Outcomes

- 13.1 TCPS improvements are demonstrating associated benefits 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
 - Reduction in length of stay for respiratory patients
 - 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 This month we would like to celebrate:

- The engagement of our staff in the 5S roll-out.
- The successful application of the methodology in the Emergency Department at PRH.
- The launch of the latest value stream, focussing on Patient Safety.
- Engagement with the National Sharing and Learning Event in Leeds.

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.
- To acknowledge the 1970+ staff are now educated in the Transforming Care Production System.
- To acknowledge that 460+ 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 note the Guiding Team's recommendation to support a bid to increase KPO capacity to accelerate the delivery of 5S training.

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	Q5 2017/18 Apr - June 2017	% Change
Service Metric 1: • Ward to Board/* RATE Audit • Nursing care element of discharge <i>section communication</i>	Quality Improvement Dashboard (RATE: I've been told when I'm going home)	Ward 9 86%	100%	Ward 9 96%	Ward 9 97%	WARD 9 100%	Ward 9 No data	Ward 9 83% (median)	3.4%
		Ward 27 100%		Ward 27 60%	Ward 27 87%	Ward 27 71.9%	Ward 27 63.5%	Ward 27 40%* (median)	-60%
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%	Ward 9 No data	Ward 9 95% (median)	16%
		Ward 27 74%		Ward 27 52%	Ward 27 41%	Ward 27 91%	Ward 27 41%	Ward 27 95% (median)	28%
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%	WARD 9 14%	-26%
		Ward 27 21.4%		Ward 27 18%	Ward 27 18.11%	Ward 27 16%	Ward 27 19.5%	WARD 27 13%	-39%
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%	WARD 9 87%*	30%
		Ward 27 88%		Ward 27 94%	Ward 27 89%	Ward 27 89%	Ward 27 92.3%	Ward 27 91.5%*	3.4%
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	WARD 9 0 (Mode)	100%
		Ward 27 1		Ward 27 2 (median)	Ward 27 2 (median)	Ward 27 2 (A)	Ward 27 1 (median)	WARD 27 2 (median)	-100%
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)	WARD 9 89 HOURS (MEDIAN /14)	17%
		Ward 27 141		Ward 27 167 hours	Ward 27 167 hours	WARD 27 264 15 MINS	WARD 27 177 Hrs (median- 11)	WARD 27 111 HOURS (MEDIAN /11)	21%
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 5 11 response	Ward 9 5 11 response	
		Ward 27 3.51		Ward 27 3.7	Ward 27 3.7	Ward 27 3.7	Ward 27 3.78	Ward 27 3.78	
Morale Metric 2: • Sickness Rates	Workforce Team	Ward 9 13.9%	3.5%	Ward 9 2.4%	Ward 9 2.3%	Ward 9 3%	Ward 9 7.5% (Q4 QA)	WARD 9 5.5%	42%
		Ward 27 7.9%		Ward 27 7.5%	Ward 27 10.1%	Ward 27 4%	Ward 27 4.5% (Q4 QA)	WARD 27 4.1%	30%
Cost Metric 1: • A Days beyond Trim Point NB ALOS WD 9 Q1 13 Q2 14.3 Q3 14 Q4 12 Q5 11 • NB ALOS WD 27 Q1 13.6 Q2 10 Q3 11 Q4 11 Q5 10	Informatics Team (Monthly)	Ward 9 28	30%	Ward 9 17	Ward 9 19	Ward 9 13	Ward 9 12	WARD 9 3	89%
		Ward 27 58		Ward 27 68 (Q1 QA)	Ward 27 30 (Q2 QA)	Ward 27 26 (Q3 QA)	Ward 27 10 (Q4 QA)	WARD 27 8 (Q5 MA)	86%
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=86)	Ward 9 185/126 (/3=97)	Ward 9 205/97 (/3=101)	
		Ward 27 111/146 (259)		Ward 27 210/277 (/3=162)	Ward 27 250/406 (/3=219)	Ward 27 201/403 (/3=202)	Ward 27 292/279 (/3=223)	Ward 27 456/323 (/3=260)	

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%	5%	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	14 per month	25%
Delivery Metric 1: • Lead Time	KPO Team observations	Initial observations 427 mins	60 mins	372 mins	190 mins	190 mins	67 mins	84%
Delivery Metric 2: • Length of Stay	Informatics Team	Q3 2015 8.6 days	5 days	8.4 days	9 days	9 day	12 days	-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)	3.7 (out of 5)	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%	71%	29%
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	£1,388,800 (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	KPD 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%					