The Shrewsbury and Telford Hospital NHS — NHS Trust

Transforming Care Update
Trust Board Meeting – September 2017

Reporting to:	Trust Board Meeting (28.09.17)
Title:	Transforming Care in Partnership with the Virginia Mason Institute
Author:	Cathy Smith – KPO Lead
Date:	September 2017

1.0 Introduction

1.1 As we approach the end of the second year of our partnership with Virginia Mason, we are able to celebrate some breakthrough objectives. We report steady progress on all four established value streams, Respiratory Discharge, Sepsis, Recruitment and Outpatient Department (Ophthalmology), as well as confirm the launch of the fifth value stream, Patient Safety.

1.2 Underpinning all of this transformational work is the continued training and coaching of our staff and leaders, and the Transforming Care Production System.

2.0 Background

2.1 All five Trusts, SaTH, Leeds, Coventry and Warwick, Barking Havering & Redbridge and Surrey & Sussex, continue with their transformation journey in partnership with Virginia Mason Institute. All five Chief Executives continue to meet with NHS England, NHSI and Virginia Mason Executive Sensei on a monthly basis to steer, develop and maximise this partnership. In the last two months we have had considerable support from Virginia Mason Institute, including a week long sensei visit from Marlon Borbon; a four day coaching support with Rosemary King as we launch our Advanced Lean Training here at SaTH; continued coaching support from Deb Dollard at the Guiding Team, and Melissa Lin supporting our KPO Lead.

3.0 National

3.1 Transformation Guiding Board (TGB)

3.2 Of note, the reporting format to the Transformation Guiding Board has changed during September 2017 to a more formulaic template, providing a greater degree of trend analysis from the reported quarterly metric. Of particular note is the forthcoming visit from NHSI and VMI colleagues, who are visiting all five Trusts to review engagement within those Trusts, opportunities for greater support from NHSI, opportunities for improvement with our partnership with VMI.

3.3   The National Sharing and Learning Event was held in Leeds on 28 July 2017. SaTH was able to showcase the work undertaken within the OPD Ophthalmology Value Stream, as well as continuing to make relationships with the four other organisations, as well as linking in with West Sussex and being able to offer 40 members of our staff a great opportunity to share their transformational work and experiences.

4.0   Local Delivery

4.1   Productive Guiding Team Meetings have been held in August and September 2017. The Guiding Team has outlined the following next steps:

➢ Greater alignments of our Lean for Leaders work with the Exemplar programme.
➢ The strategic decision to support all leaders (who line manage 1 or more member of staff) to undertake Lean for Leaders programme, and then to continuously use the Transforming Care Production System to improve patient care and reduce the burden of work for staff.
➢ To support the approach that SaTH has one improvement method, Transforming Care Production System (TCPS) embedded within the Trust and this is now the way we do our work.

5.0   Transforming Care Institute

5.1   The Transforming Care Institute (TCI) continues to provide and host a range of training, coaching and development opportunities for our staff.

5.2   Of note in this report is that we have held for the first time at SaTH the Advanced Lean Training (ALT) course, of which seven of our staff, including Victoria Maher, Workforce Director, have begun their Advanced Lean Training, and we were delighted to have Sarah Rafferty, Medical Lead from Surrey & Sussex with us for this training.

5.3   Cathy Smith, KPO Lead was supported in the delivery of this training by Rosemary King, Transformational Sensei from VMI.

5.4   Our cohort of ALT candidates on accreditation will have the opportunity to progress to Team Lead and then Workshop Lead for Rapid Process Improvements Weeks (RPIW). This will increase the capacity within SaTH to progress improvement work across the Trust.

5.5   The KPO Team were delighted to welcome a number of NHS Graduate Trainees to the TCI where they spent the day understanding the work being undertaken, visited genbas and being introduced to the methodology through interactive activities. We plan to continue to offer regular opportunities for external visitors to join our own staff, exploring the work in more detail, and how they may get involved in future work streams.
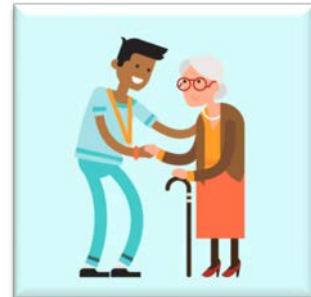
6.0   Value Streams

6.1   **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.

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 manages, matrons, Respiratory Consultants

RPIW #1 Front Door March 16	30 day	60 days	90 days	120 day	150 days	180 days	Implemented Roll out
RPIW #2 Discharge Planning June 16	30 day	60 days	90 days	120 day			Implemented Roll out
RPIW #3 Ward Round Oct 16	Final 14.10.16	30 days 04.12.16	60 days 03.01.17	90 days 02.02.17	120 day 04.03.17	150 days 03.04.17	Implemented Roll out
RPIW #4 Handover Jan 17	Final 27.01.17	30 days 27.02.17	60 days 29.03.17	90 days 28.04.17	120 day 28.05.17	150 days 29.06.17	180 days
RPIW #5 Board Round Apr 16	Final 07.04.17	30 days 07.05.17	60 days 06.06.17	90 days 06.07.17	120 day 05.08.17	150 days 05.09.17	180 days

6.2 **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.
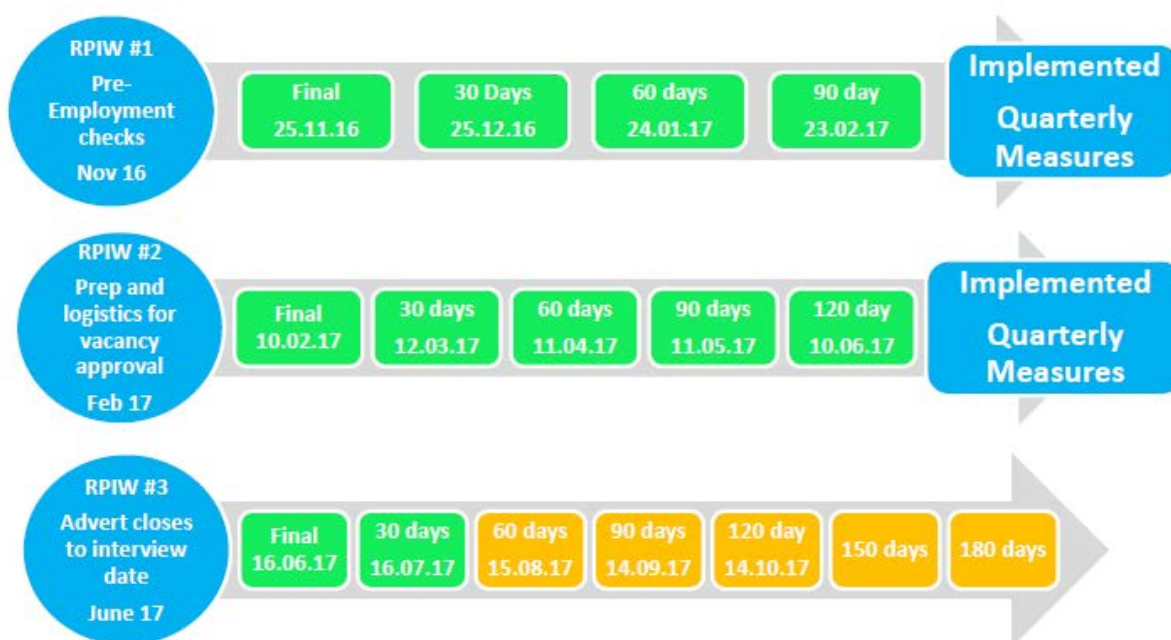
Improvements

- **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
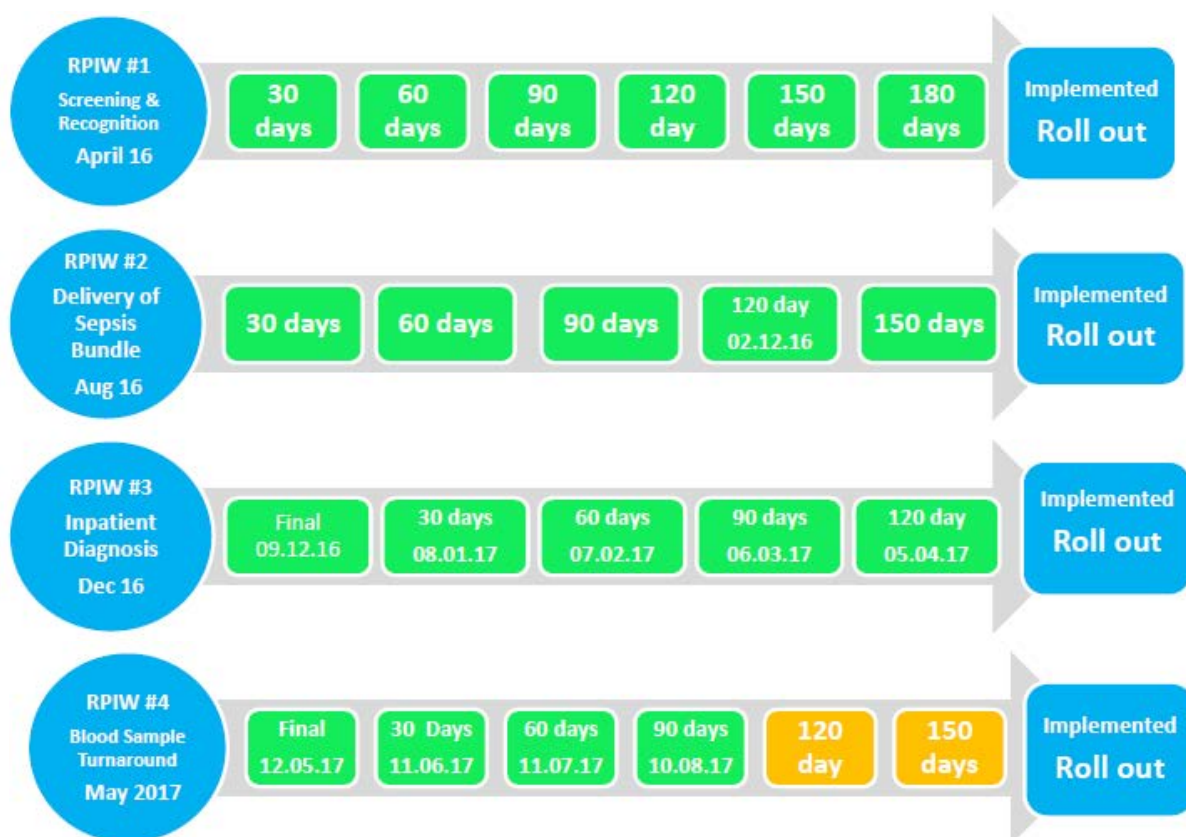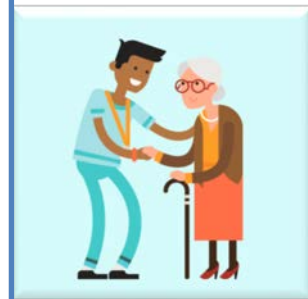
6.3 Value Stream #3 Recruitment

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**
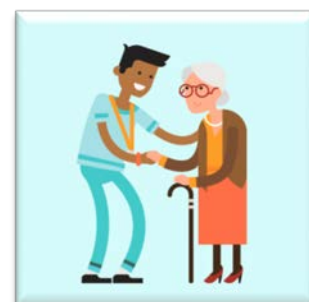
### 6.4 Value Stream #4 Outpatient Clinics – Ophthalmology

Value Stream #4 (Outpatient Clinics (Ophthalmology)) was chosen to continue the focus on improving the quality of our patients' experience when attending our eye clinics. Clinical staff providing these services are committed to improving processes

and keen to progress the work in their 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
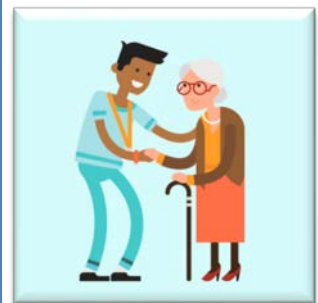
7.0   Education & Training (GTM Executive Lead: Victoria Maher)

7.1   This month we report that the target to educate 2000 of our own staff by 1 October 2017 has already been met and we are absolutely delighted with the engagement of our staff. We have seen Consultants undertaking the role of Sponsors and Process

Owners within the RPIW weeks; our Executives developing their knowledge of TCPS through the Lean for Leaders Training and Advanced Lean Training. We have many health care assistants, nurses, midwives and administration staff undertaking 5S. Away Team roles and Process Owner responsibilities making incremental changes that are all helping to move SaTH to a safer and kinder hospital.

7.2   Our capability and capacity continues to increase, leading us ever nearer to a point where we will have a sustainable improvement methodology, understood, delivered and developed by our own staff. Marie-Claire Wigley, KPO Specialist has commenced her accreditation as Team Lead for RPIWs and is being assessed by our own KPO Lead, Cathy Smith.
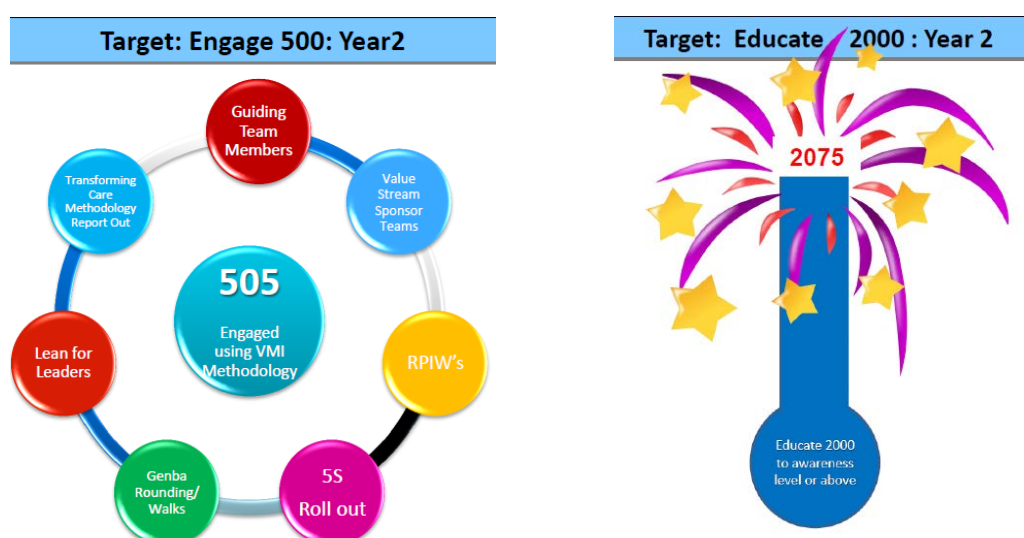
7.3   The KPO team are supporting the trust-wide roll out of the TCPS 5S methodology to provide improved environmental organisation within clinical store rooms. Over 10 areas from across the Trust have currently undertaken 5S improvements. These improvements have been captured in target progress reports (TPR), and will be re measured at 30, 60 and 90 days to ensure sustainability and embedding.

Fig 1: ED Store Room at RSH

7.4   Of particular celebration is the progress that our KPO Facilitators and KPO Administrator are making in the roll-out of the 5S methodology. They are being

supported in their own development by undertaking the Lean for Leaders programme. They now share that knowledge through the teaching of 5S across the Trust, the outcome of which is to provide a safer and more efficient environment for both our patients, their relatives and our staff.
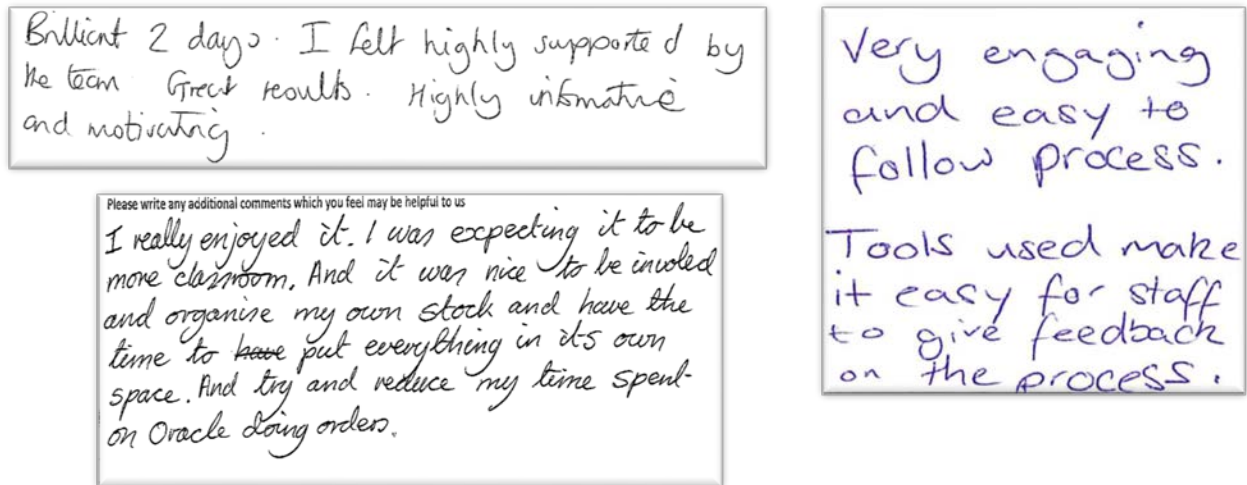

Fig 2: Feedback from just some of the staff who have attended the 5S training workshop

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

8.1 We see each day more elements of the engagement and pace of the lean methodology and world class management system, along with the philosophy of the elements of our production system. Of particular note are the Production Boards that allow staff to know their business and to run their business by being clear of what they need to do each day and the state of that activity. Secondly we are beginning to see the People Link boards that help to join the dots between the Trust Strategy and the required activity and behaviours of our staff in delivering those objectives.

8.2 People Link boards allow our staff and leaders to see the improvement activity that is happening within those areas, and also for staff to identify ideas for improvement within their working environment, helping to support and enable staff to make improvements.

9.0 Leadership (GTM Executive Lead: Victoria Maher)

9.1 The work of the Transforming Care Institute and the Leadership Academy are aligned and continue to support and complement each other in the delivery of the Trust Strategy.

9.2 The launch of the Values in Practice Agreement is an enabler to support our leaders and to support our transformation work by creating the right behaviours and culture to enable change and transformation. We look forward to celebrating in the new year, with our Lean for Leaders and ALT graduates, and supporting them to retain

their certification by continuing to demonstrate and acknowledge their capability of using TCPS and coaching others.

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

10.1   Guiding Team continues to support and develop standard work for Trust Executive, implementing daily huddles and regular Executive Genba Rounding. The move towards greater leadership within the genba, 'the place where the work happens' and using the TCPS methodology to improve processes is an approach that will take time to embed but one that we are already seeing, resonates well with leaders and our staff alike.

10.2   The Guiding Team is role modelling approaches such as using a 5 Why methodology to understand the root cause of issues and concerns within the processes, the use of measurement to know what it is we are trying to fix, and a plan, do, study, act (PDSA) approach to implementing improvements.

11.0   Communication and Media (GTM Executive Lead: Julia Clarke)

11.1   Continued communication to highlight our transformational work and how it supports our vision to be the safest and kindest organisation continues. We have had an approach by the nursing standard to share how staff, particularly nurses have been involved in the work, and we have had a case study published with the NHSI.

12.0   Outcomes

12.1   Transforming Care Production System continues to demonstrate incremental improvements in the following areas:

12.2   This month we would like to celebrate:
- A very successful Sponsor Development Day launching the Patient Safety Value Stream. where 26 highly motivated individuals, staff and partners, identified seven areas for a Rapid Process Improvement Week and described a future state for the reporting of patient incidences with the removal of delays, greater patient involvement, enhanced feedback to patients, families and staff, and involvement and co-design of this new process with our patients.
- The first Advanced Lean Training (ALT) course to be held at SaTH.
- Report from Brian Bennett, PEIP, in gathering patient feedback prior to the RPIW, which is looking at day of discharge.

13.0   Recommendation

13.1   The Trust Board is asked:
- To acknowledge that the objective to educate 2000 staff by 1 October 2017 has already been met by the KPO Team.
- The objective to engage 500 staff by 1 October 2017 with using the Transforming Care Production System has been achieved ahead of target.

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 section communication	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 – 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 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.%*	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 3 (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)	37%
		Ward 27 141		Ward 27 167 hours	Ward 27 167 hours	WARD 27 284 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 ≤ 11 response	Ward 9 ≤ 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.%	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 4.9% (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=80)	Ward 9 165/126 (/3=97)	Ward 9 206/97 (/3=101)	
		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)	Ward 27 456/323 (/3=260)	

Appendix 1b: Value Stream Metrics: Sepsis Pathway

Transforming Care Metrics	Source	Baseline	Target	1st Quarter May – July 16	2nd Quarter Aug – Oct 16	3rd Quarter Nov 16 – Jan 17	4th 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 (pro a year only)	17%
Cost Metric 2: • Average cost per case (Trustwide)	Finance	Q3 2015 £1,336	TBC	£1,412	£1,364	£1133	£1287 (pro a year 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%	7.5%	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- Jan17)	£540,853 (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	1st Quarter (Apr – Jun)	2nd Quarter (Jul – Sep)	3rd Quarter (Oct-Dec)	4th 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
   o (OPH clinics and associated staff)
   o (Patient access)
	Annual Staff survey	(3 of 5)
		 3.82
		
		 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% (-275k)	0%					