Paper 17

Recommendation	**Trust Board**	
☐ **DECISION** ☑ **NOTE**	is asked to **note** the progress of the Transforming Care work in partnership with Virginia Mason Institute and support the alignment of this work with the operational delivery of the Organisational Objectives.	
Reporting to:	**Trust Board**	
Date	29 March 2018	
Paper Title	Transforming Care Update – March 2018	
Brief Description	Several more significant steps have been achieved: • Over 2500 staff have been educated in the methodology • Over 100 leaders in the organisation have completed / commenced their lean training • SaTH will support the NHSI KPO • Over 69 wards/departments have introduced 5S as a methodology to improve safety • Patient safety huddles have been successfully tested within Maternity Services.	
Sponsoring Director	Simon Wright - CEO	
Author(s)	Cathy Smith – KPO Lead	
Recommended / escalated by	Simon Wright - CEO	
Previously considered by	Regular update required by Trust Board	
Link to strategic objectives	Safest and kindest	
Link to Board Assurance Framework	Delivery of Transforming Care Methodology.	
Outline of public/patient involvement	Patient supporting this work through the People's Academy	
Equality Impact Assessment	◉ **Stage 1 only (no negative impacts identified)** ○ **Stage 2 recommended (negative impacts identified)** *** EIA must be attached for Board Approval** ○ negative impacts have been mitigated ○ negative impacts balanced against overall positive impacts	

Freedom of Information Act (2000) status	⦿ **This document is for full publication**
	○ **This document includes FOIA exempt information**
	○ **This whole document is exempt under the FOIA**

The Shrewsbury and Telford Hospital NHS

NHS Trust

Transforming Care Update
Trust Board Meeting – March 2018

Reporting to:	Trust Board Meeting (29.03.18)
Title:	Transforming Care in Partnership with the Virginia Mason Institute
Author:	Cathy Smith – KPO Lead. Executive lead Simon Wright CEO.
Date:	January 2018

1.0   Introduction

1.1   This month, March 2018, we can report that our accelerated transformation journey in partnership with Virginia Mason Institute (VMI) has taken several more significant steps towards embedding one improvement methodology at SaTH. Cathy Smith, KPO Lead has successfully completed the Virginia Mason Production Lean Certification Trainer Training Programme and is now licenced to certify team and workshop leads to run improvement events. We have been successfully running our own events for the past year and now we have the capability to train and certify the event leaders. On a further celebratory note, Marie-Claire Wigley (KPO specialist) has successfully completed her VMPS workshop certification. Marie-Claire will now join the other 4 KPO Specialists in leading our improvement workshops. At the end of March 2018, Nick Holding, Senior KPO Specialist leaves the KPO Team to join ESIP (NHSI) and Louise Brennan, KPO Specialist, has been appointed as his replacement. We would like to acknowledge the contribution that Nick has made to the work of the KPO Team and the development of Lean Leaders within the Trust.

2.0   Scale of our Transforming Care Work

2.1   The KPO Team have supported 29 improvement events and have 24 planned for the next 12 months. Each event has 5- 8 team members representing staff, patients, and partner organisations all contributing time, effort and passion to improve patient care and staff experience. As they explore the current state of our processes they test ideas and generate solutions before measuring the impact over 90days.

2.2   Additionally, the Team have educated 2502 staff members (TCPS methodology training 30 minutes or more), and have supported over 600 staff to use the tools, methodology and philosophy to improve patient care and/or staff experience.

2.3   Absolutely essential to the embedding and spread of the impact of our one improvement methodology of the Transforming Care Production System, is the development of leaders in lean. The KPO Team have delivered Lean for Leaders training to over 130 key individuals across a wide variety of clinical and non-clinical departments. A significant step to aligning our lean approach with our ward accreditation programme 'Exemplar' has been the inclusion of Lean for Leader graduation as a requirement, from 1 April 2018, for the achievement of Exemplar Diamond Award.
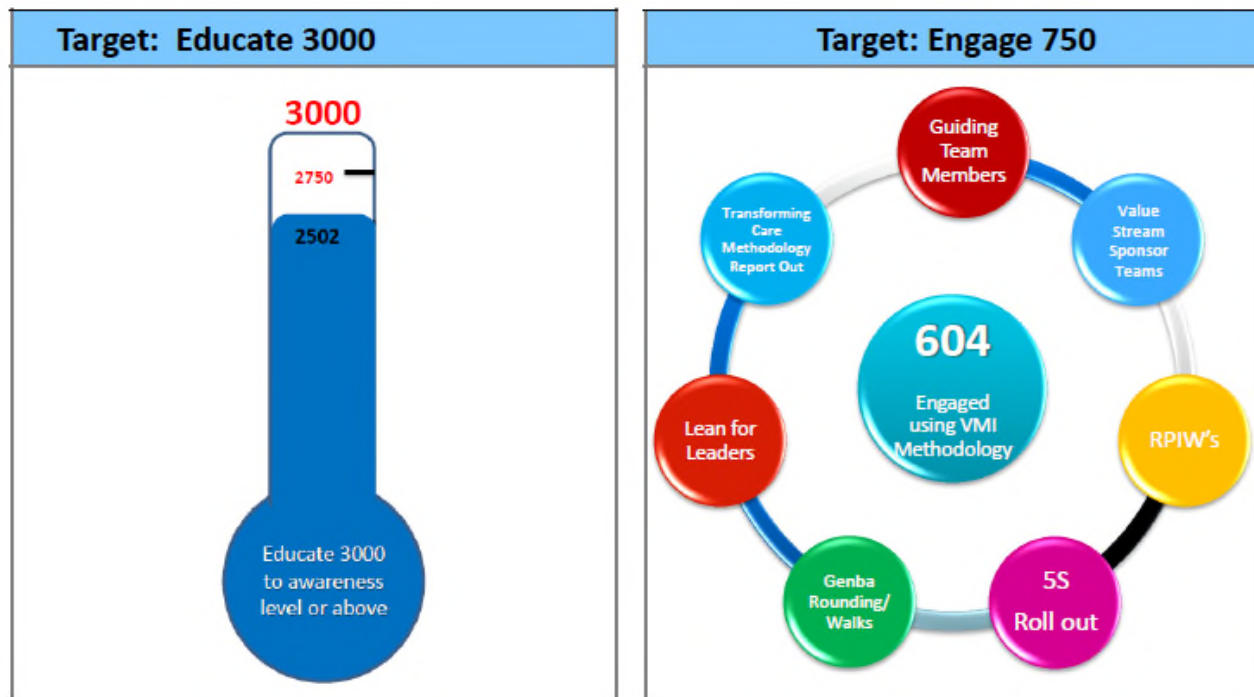

Fig 1. Educated and Engaged

2.4 A component of our journey to be self-sustaining after 5 years is the delivery of Advanced Lean Training (ALT) at SaTH. It is commendable that 12 staff members have such belief that the Transforming Care Production System can help us to improve the experience of patients and staff that they have committed to undertake the intense Advanced Lean Training. All 12 individuals will be supported by our KPO Lead to accredit as Team and Workshop Leads thus increasing the capacity of SaTH to undertake improvement events and spread the depth and coverage of expertise.

2.5 5S (sort, simplify, sweep, standardise and self-disciplinary) is our 'go to' tool to help improve the organisation and safety of clinical and non-clinical environments across the Trust. We are absolutely delighted by the level of interest, the benefits staff report from the application of this methodology and the level of comfort to expand this approach across whole departments. It is notable that the KPO Facilitators and Administrator have supported 69 wards and departments to apply 5S; many of them through our 2-day 5S workshops. These workshops continue to be offered on a monthly basis and remain very popular.
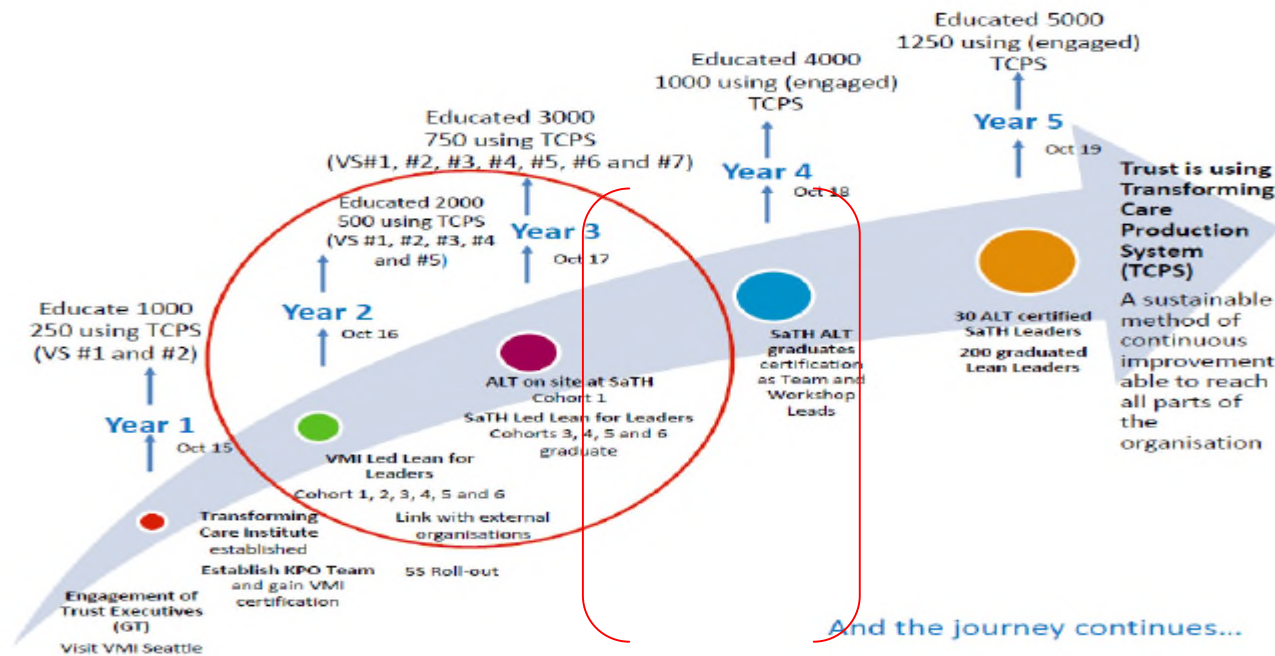
KEY MESSAGE: SaTH on course to have an embedded self-sustaining improvement methodology within the next two years

3.0   Next Steps to support the implementation of the transforming care production system (TCPS).

3.1   We now need to target support to introduce the methodology through training and application to areas that have not taken this opportunity to date. These areas include Ward 7 and Ward 9 at PRH, and Ward 21 and ITU at RSH. In addition other Staff groups that need to be invited and supported to participate in TCPS , improvement work, in the near future will include medical secretaries and porters.

3.2   There are exciting plans to offer doctors the opportunity to work with the Transforming Care Institute through the new Clinical Fellows posts to be advertised at SaTH. In addition, the Medical Director is exploring opportunities to include a PA for improvement work within all Consultant job plans.

3.3   A reaccreditation process for our lean leaders to demonstrate how they continually implement the TCPS methodology and contribute to improvement work will be launched next month.

3.4   In addition to 5 active value streams, we have launched a value stream for the Emergency Department Pathway, and next month, we will launch and undertake the Sponsor Development Day for the Radiology Value Stream.

4.0   Impact

4.1   The impact of the implementation of the transforming care production system is achieved in a variety of approaches including via focused work on 7 active value streams (work streams).

1. Respiratory discharge in transition to the Unscheduled Care management team
2. Sepsis pathway
3. Recruitment process
4. Outpatient Ophthalmology service
5. Patient safety (Initially focused in women and children's services)
6. Emergency Department value stream launched this month

7. Radiology pathway to hold their sponsor development day in April to agree the future desired process

4.2   The value stream work provides the focus and urgency to improve the experience of our patients and staff involved in or using these services. It provides an opportunity for patients to actively co-design changes alongside staff as equal partners. Several patients have taken the opportunity to join the week long improvement workshops and/or be part of a sponsor development team overseeing the one - two year program of work for that speciality. We have our first patient who wishes to be a sponsor for an RPIW in ophthalmology, setting the targets for the team. Two patients have asked to undertake the transforming care training day and the support from the people's academy has been very encouraging.

4.3   The transforming care methodology helps staff describe the current state of a process, remove waste and develop the current best known way of providing a process or service, within current resources. This work then leads to standard work tested in a department/ward. The challenge for us all now is how to maximise this learning and implement the improvements to similar processes across the Trust whilst enabling staff to gain ownership of the change.

4.4   The impact of the lean for leader's knowledge and approach to change is a key component of the success of this work. For example, teams in pharmacy, Day surgery, facilities and procurement have developed a breadth and depth of lean implementation that has fundamentally transformed the way their teams work.

5.0   Benefits

5.1   Local Key benefits of note this month include:

- Reduction in the lead time from admission to discharge with respiratory disease from 140 hours to 89 hours
- A 2-day reduction in the average length of stay for a respiratory patient
- Increase in spells and income for both Ward 9 and Ward 27 (respiratory wards)
- Decrease from 135 days from a vacancy to a member of staff starting in post to 72 days (non medical)
- 24% decrease in non-medical vacancies across the Trust
- 50% reduction in the time from referral to leaving an ophthalmology outpatient appointment (140 days to 70 days)
- Introduction of safety huddles now within Antenatal Ward and Wrekin Midwife Led Unit
- 63% reduction in unnecessary testing for CDIF samples within pathology department.

- Significant reduction in the time taken to complete swallow test for patients following suspected stroke (achievement of National standard)

5.2   Wider partnership benefits: Transformation Guiding Board (TGB) update

- The five trusts are sharing ideas on the success and challenges of implementing standard work to maximise the collective benefit.
- The business behaviour team is supporting the CEOs and KPO leads with approaches to accelerate the spread of tested improvements across departments and organisations.
- NHSI is hosting, with SaTH contributions, a national event on May 17th to support the spread of lean methodology across the wider NHS and in particular the six additional trusts that commence their lean journey in May.
- Our KPO and Guiding team will support the work of the newly formed NHSI KPO team, including hosting site visits. Alan Martyn national director for lean transformation will visit in the first week of April.
- The five (VMI partnership) Trusts will shared experience and learning at an event in Barking in July
- A three year evaluation of the VMI partnership accelerated transformation programme has commenced and we will receive 6 monthly updates of this work.

6.0   Recommendation

6.1   The Trust board is asked:

- to note the transforming care work and the positive impact on patient experience
- to note the engagement and commitment of staff and patients to learn the methodology and undertake improvement work
- to note the growing number of leaders who wish to coach others in this work
- to acknowledge the contribution of Nick Holding as KPO Senior Specialist
- to support the alignment of this work to the organisational strategy and business objectives for 2018/19
- to support a consistent message of one improvement methodology within the trust
- to support clarity in the of messaging Trust improvement goals for 2018/19

NHS Partnership with Virginia Mason Institute

Transformation Guiding Board

March 2018

Report Out

**The Shrewsbury and Telford Hospitals NHS Trust
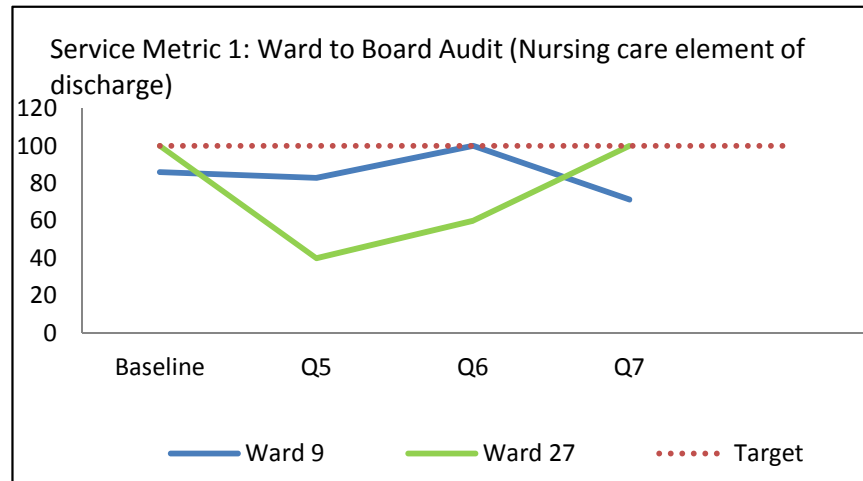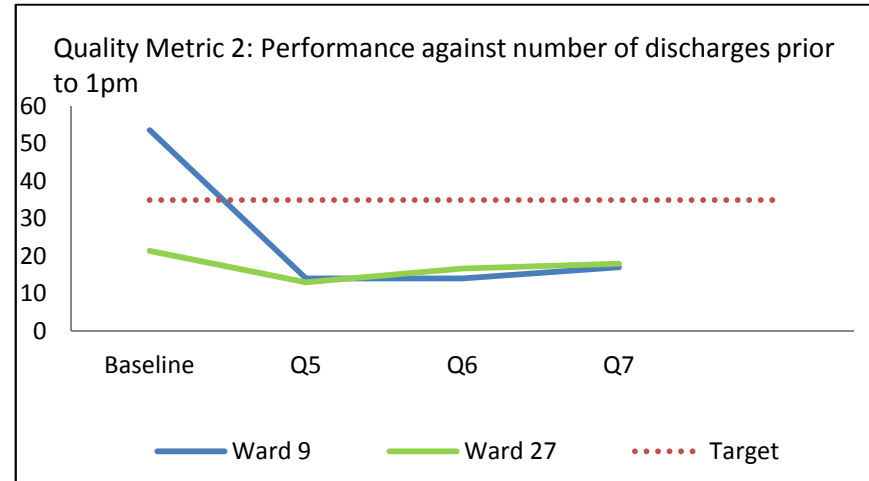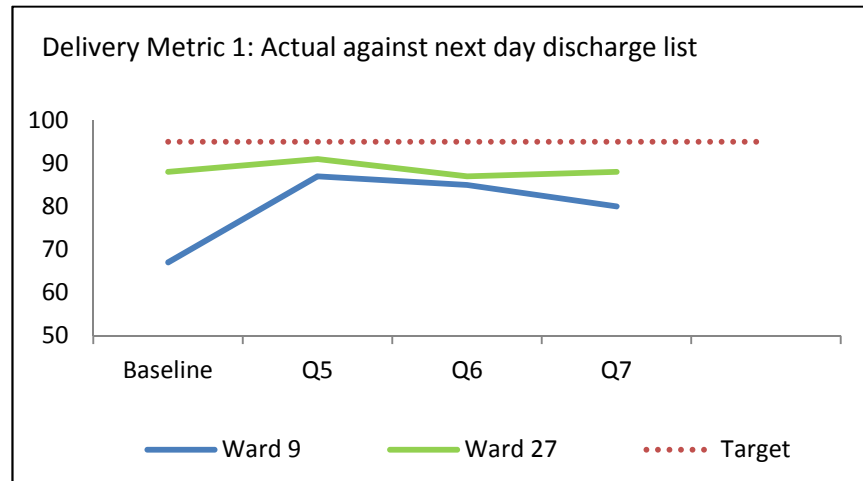Transforming Care Production System**

Value Stream #1 – Respiratory Discharge

SDS date: 7 March 2016 Date metrics updated: Q7 Dec 17
Exec sponsor: Debbie Kadum

Delivery Metric 1: Actual against next day discharge list

Legend: Ward 9 · Ward 27 · Target

Quality Metric 2: Performance against number of discharges prior to 1pm

Legend: Ward 9 · Ward 27 · Target

Service Metric 1: Ward to Board Audit (Nursing care element of discharge)

Legend: Ward 9 · Ward 27 · Target

Value Stream #1 – Respiratory Discharge

Highlight report Value Stream 1

- Significant additional spells accommodated within the two respiratory wards
- Consistent reduction of average length of stay (2 day reduction)
- Spread achieved across both respiratory wards
- Transition of Value Stream to Care Group (needing nurture)
- First RPIW requested by Care Group which was criteria led discharge successful
- Lead time target has been met with a reduction of over 40 hours
- Standard work has been implemented, including 4pm huddles, board rounds and ward rounds
- Visual controls to aid timely provision of medication, discharge summary and handovers are supporting the process
- Continued measurement and report out will be received via Care Group Board and the Transforming Care stand ups
- We acknowledge and thank the original VSST for their tenacity and achievements

Supporting RPIWs/Kaizen Events for Value Stream 1

	Value Stream 1: Respiratory Discharge	Progress 30,60,90 + days	Plan for roll out (post 90 days)
RPIW #1: 07 Mar 2016	Front Door: Diagnosis of Respiratory Condition	Closed	Roll Out
RPIW #2: 20 June 2016	Internal Discharge Planning.	Closed	Roll Out
RPIW #3: 10 Oct 2016	Ward Round	Closed	Roll out
RPIW #4: 23 Jan 2017	Handover	Closed	Roll out
RPIW #5: 3 April 2017	Board Round	Closed	Roll out
RPIW #6: 25 Sept 2017	Patient discharge from Ward	90 days	Progressing to roll-out
RPIW #7: 5 March 2018 Care Group Led	Criteria Led Discharge	Post RPIW	

Major improvements/benefits: Date of last update: Feb 18

- 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 now on AMU, PRH 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 Leaders on 3 out of 4 genbas, including ward managers, matrons, respiratory Consultants
- Average length of stay reduced by 2 days and 6% increase in spells
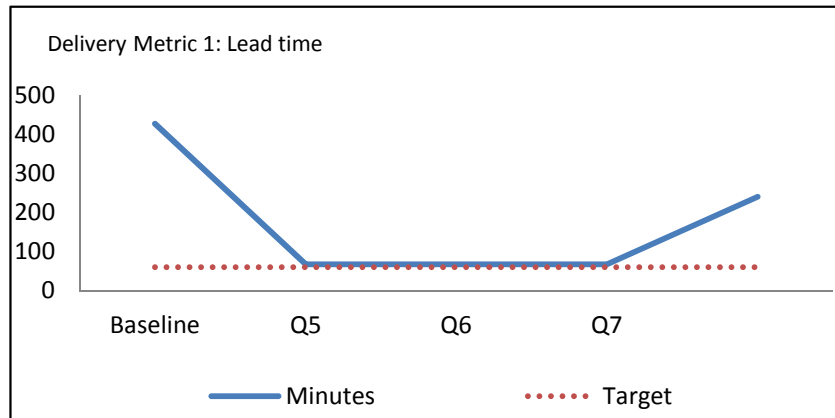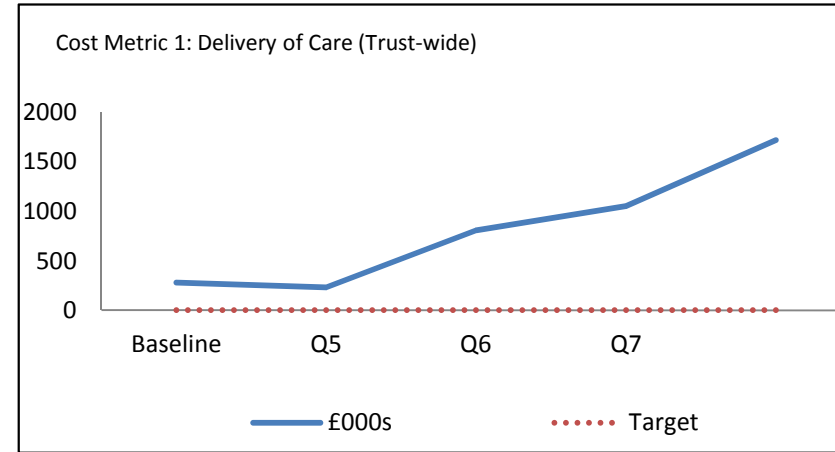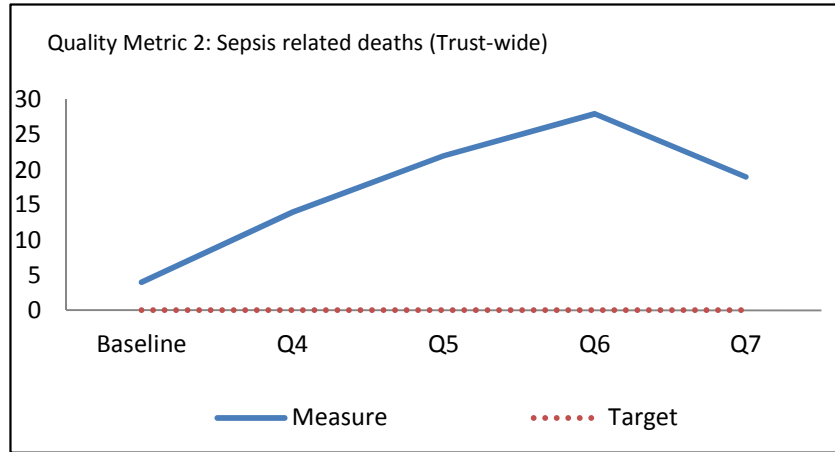
Value Stream #2 – Sepsis Pathway
SDS Date: 25 April 2016 Date metrics updated: Q7 Jan 2018
Exec sponsor: Dr Edwin Borman

NHS
Improvement

Quality Metric 2: Sepsis related deaths (Trust-wide)

Measure ····· Target

Cost Metric 1: Delivery of Care (Trust-wide)

£000s ····· Target

Delivery Metric 1: Lead time

Minutes ····· Target

Value Stream #2 – Sepsis Pathway

Highlight report Value Stream 2

- **Learning about the value stream**
  - Lots of previous focus on treatment of sepsis, now realise lots more needed on recognition of symptoms
  - Engagement of value stream sponsor team needs monitoring, support and prioritisation
- **Link to strategy and goals**
  - Morale Metric 1 tracking staff engagement, supporting Trust OD work
  - Quality Metric 1 supporting wider Trust objective to achieve overall CQUIN
- **Key improvements on quality, safety and finance**
  - Creation of eLearning Workbook for all Trust staff. 800 staff completed in first two weeks
  - Delivery of Sepsis Bundle in test areas down to 30mins
  - Roll out of Sepsis Trolley continuing across all Emergency access areas
- **Risks or challenges**
  - Operational ownership of Sepsis as a work programme
  - Fluctuating mortality figures due to small numbers and variance in measurements
  - Speed of spread required versus maintaining methodology

Supporting RPIWs/Kaizen Events for Value Stream 2

	Value Stream 2: **Sepsis**	Progress 30,60,90	Plan for roll out (post 90 days)
RPIW #1: 25 April 2016	Recognition and screening of Sepsis	Closed	Roll Out
RPIW #2: 08 Aug 2016	Delivery of Sepsis Bundle	Closed	Roll Out
RPIW #3: 5 Dec 2016	Inpatient Diagnosis of Sepsis	Closed	Roll Out
RPIW #4: 08 May 2017	Blood Sample Turnaround	Closed	
Kaizen Event: 17 Dec 2017	Developing a Sepsis Trolley in ED	Ongoing	
RPIW #5: 19 March 2018	Developing guidance for Sepsis	Planned	

Major improvements/benefits: **Date of last update: March 18**

- 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
- Sepsis Box rolling out to AMU at PRH
- Development of over 30 sepsis champions
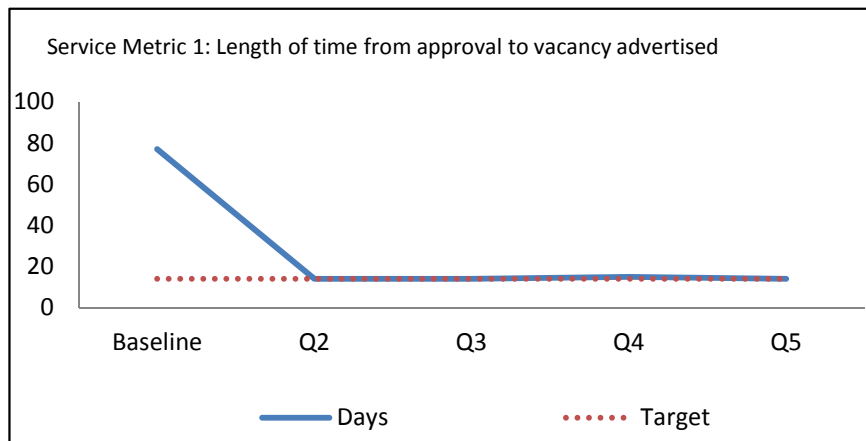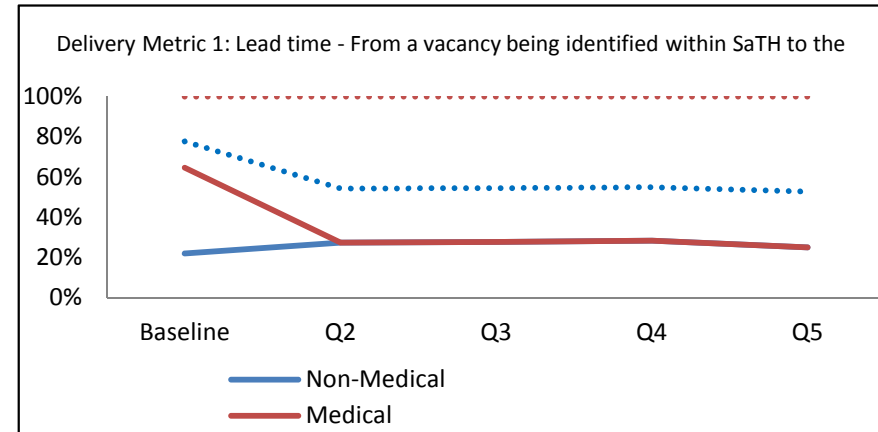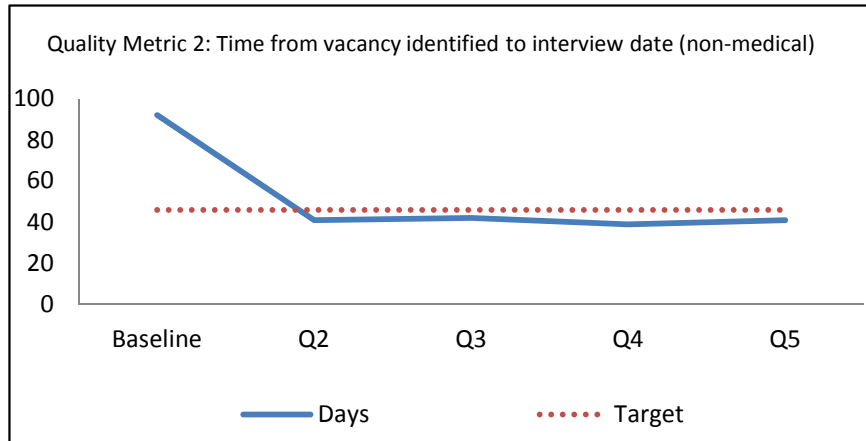- 1000+ staff completed sepsis learning e-book

Value Stream #3 – Recruitment
SDS Date: 21 November 2016 Data metrics updated: Feb 18
Exec sponsor: Victoria Maher

Quality Metric 2: Time from vacancy identified to interview date (non-medical)

Delivery Metric 1: Lead time - From a vacancy being identified within SaTH to the

Service Metric 1: Length of time from approval to vacancy advertised

Value Stream #3 – Recruitment

Highlight report Value Stream 3

- Reduction in lead time (**From** when a vacancy is advertised, To the applicant starts with the Trust) from 135 days to 72 days.
- Decrease in number of applicants per vacancy. This prompted the scope for RPIW #4 to focus on the candidate experience. New starter information created.
- Introduction of TRAC system, making progress transparent and aid data collection
- Roll out of ward web pages through RPIW process

Supporting RPIWs and Kaizen Events for Value Stream 3

	Value Stream 3: **Recruitment**	Progress 30,60,90	Plan for roll out
RPIW #1: 21 Nov 2016	Pre-Employment Checks	Closed	Roll Out
RPIW #2: 06 Feb 2017	Preparation and Logistics for Vacancy Approval	Closed	Roll Out
RPIW #3: 12 June 2017	Advert to Interview	Closed	Roll Out
RPIW #4: 2 Oct 2017	Contact with Candidate	90 days	Progressing to roll out
RPIW #5: 29 Jan 2018	Departmental preparation for 1st day	30 days	Progressing to roll out
RPIW #6:	Advert to Interview	Planning	

Major improvements/benefits: Date of last update: March 2018

- Lead time (from vacancy identified to staff member's first day) reduced by 10 weeks from 135 days to 72 days
- 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
- New starter information leaflet to improve candidate experience on their first day in the Trust
- Experienced Based Design Questionnaire used within RPIW to understand and improve staff experience of recruitment
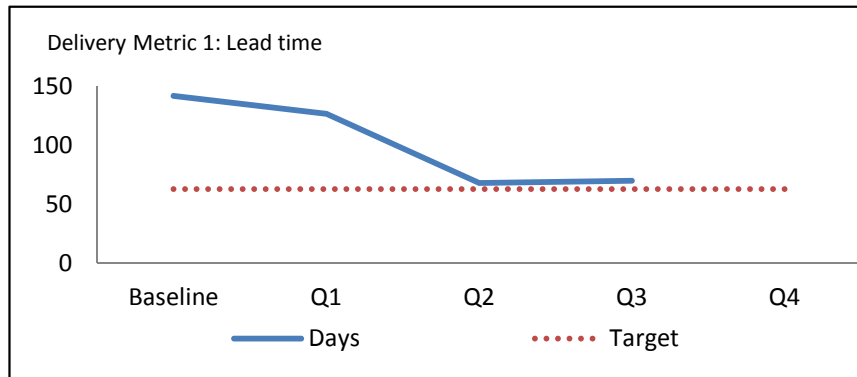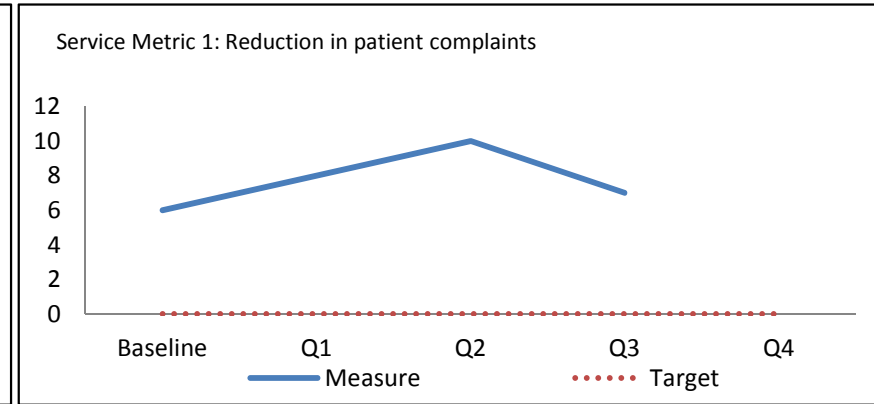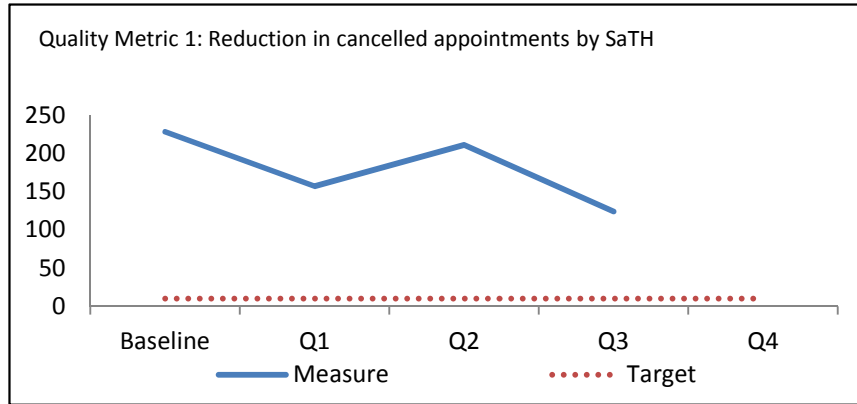
Value Stream #4 – Outpatient Ophthalmology

SDS: 6 March 2017 Data Metrics Updated: Dec 2017

Exec sponsor: Tony Fox

Quality Metric 1: Reduction in cancelled appointments by SaTH

Service Metric 1: Reduction in patient complaints

Delivery Metric 1: Lead time

Value Stream #4 – Outpatient Ophthalmology

Highlight report Value Stream 4

- **Learning about the value stream**
  - Inclusion of patients in the work proving highly effective.
- **Link to strategy and goals**
  - Cost Metric 1 reduction in agency spend, supporting Trust's financial work.
  - Delivery Metric 2 reduction in ASI (Appointment Slot Issues) supporting wider RTT
- **Key improvements on quality, safety and finance**
  - Updated patient focussed appointment letter
  - Much improved patient experience at clinic with introduction of visual cards explaining clinic process.
  - Cost saving due to ensuring zero defects for patients being taken to correct clinic by hospital transport
- **Risks or challenges**
  - Widening the scope to include e-referrals managed by the CCG

Supporting RPIWs and Kaizen Events for Value Stream 4

Value Stream 4:Outpatient Clinics		Measure 30,60,90 days	Plan for roll out
RPIW #1: 06 March 2017	Patient Information (Patient Letters)	Closed	Roll Out
RPIW #2: 12 June 2017	Patient Clinic Flow and Experience	Closed	Roll Out
RPIW #3: 7 August 2017	Clinical Preparation	Closed	Roll Out
RPIW #4: 6 Nov 2017	Grading of Outpatient referral	60-days	Progressing to Roll Out
RPIW #5: 05 Feb 2018	Eye Injection	Post RPIW	Progressing to Roll Out

Major improvements/benefits: Date of last update: Feb 2018

- 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
- 32% reduction in lead time to prepare patient notes for a clinic
- 93% reduction in lead time with introduction of electronic grading
- 67% reduction in lead time at outpatients clinic
- 3.5 miles per week reduction in staff walking during an outpatient apopintment

Value Stream #5 – Patient Safety
SDS: 19 Sept 2017 Data Metrics: Due April 2018
Exec sponsor: Deirdre Fowler

NHS Partnership (Virginia Mason Institute — Safety, Value, Learning, Improving Together)

NHS Improvement

Transforming Care Metrics	Source	Baseline	Target	1st Quarter (Jan – Mar 18)	2nd Quarter (Apr – Jun 18)	3rd Quarter (Jul – Sept 18)	4th Quarter (Oct – Dec 18)	% Change
Service Metric 1A: • From when an Incident occurs to when an incident is identified (I know) All incidents	Datix and direct observation	48 hours						
Service Metric 1B: • From when an incident is identified (I know) to feedback to patient (I know the outcome)		191 days	44 days					
Service Metric 2: • Time from Datix status 'Being reviewed' to 'Final approval'	Datix and direct observation	131 days	28 days					
Quality Metric 1: • Number of overdue incident reports at 'Awaiting review' stage 'Being reviewed' 'Awaiting approval'	Datix	Awaiting review (March-May) 140 / Being reviewed 35 (March-May) / Awaiting approval 71 (March-May)	0 / 0 / 0					
Quality Metric 2: • Number of incident reports submitted	Datix / NRLS data	Quarter one 2017/2018 449	Top 25% of reporting Trusts					
Delivery Metric 1: • Percentage of non SI Incident reports that have final approval within Trust policy guidelines	Datix	35% of incidents in the system have had final approval within Trust policy guidelines (14/9/17)	100%					
Delivery Metric 2A: • Number of staff trained to use Datix in last 12 months (W&C)	Corporate education induction records	21 % 160/737	100%					
Delivery Metric 2B: • Number of staff trained to investigate SI in last 12 months (Trust wide)	Patient Safety team records	26						
Morale Metric 1: • Staff member feedback on Datix as a % on eligible incidents	Datix	Where feedback requested = 25.69% 46/179 incidents All eligible incidents = 13.25% 53/400 incidents	100%					
Morale Metric 2: • Staff confidence and security in reporting unsafe clinical practice	Staff Survey	3.71/5 scale summary score	5/5					
Cost Metric 1: • Cost per incident for staff to report incident with Datix	Finance	£2.36 per datix report	25% reduction (£1.77 per datix report)					
Cost Metric 2: • Cost per incident for staff to Investigate report	Finance	£245.91 per incident	25% reduction (£184.43 per incident)					

Supporting RPIWs and Kaizen Events for Value Stream 5

Value Stream 5: Patient Safety		Measure 30,60,90 days	Plan for roll out
RPIW #1: 02 Dec 2017	Sharing of Information	Closed	Roll Out
RPIW #2: 26 Feb 2018	Completion of DATIX	Post RPIW	

Major improvements/benefits: **Date of last update: March 2018**

- Safety huddle implemented with 100% compliance to standard work at 30 days
- 80% reduction in time (229mins to 90mins) following an incident to reporting an incident
- 5S achieved Level 3 for the environment of the antenatal office
- Production board implemented to support requirement for daily safety huddle
- 50% reduction in time to complete and submit a DATIX form from 8 mins to 4 mins using 5S
- Safety Huddle rolled out to Wrekin MLU
- Development of process for use of ipad for completion of DATIX and review of DATIX in Safety Huddle

Kaizen Events

		Measure 30,60,90 days	Plan for roll out
KE #1: 10 Jan 2018 (3 day)	Stroke: Swallow Test	60-days	Progressing to Roll Out
KE #2: 28 Feb 2018 (3 day)	Stroke: Discharge	Post Event	
KE #3: 28 Feb 2018 (5 day RPIW)	Patient Flow: Fact Finding Assessment	Post Event	
KE #4: 12 Mar 2018 (5 day RPIW)	Patient Flow: Ambulatory Emergency Care	Post Event	
KE #5: 30 April 2018 (5 day RPIW)	Patient Flow: Transport	Planned	
KE #6: 21 May 2018 (5 day RPIW)	Patient Flow: Discharge Lounge	Planned	

Major improvements/benefits: **Date of last update: March 2018**

- 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
- 32% reduction in lead time to prepare patient notes for a clinic
- 93% reduction in lead time with introduction of electronic grading

Leadership Status and Challenges

Organisational Objectives	Infrastructure & Resource	Wider Leadership Programme Integration	Culture and Sharing Learning
Trust Strategy Transforming Care Institute Values	• 23 RPIWs undertaken to date • 24 RPIWs planned for 2018 • KPO Lead accredited to teach ALT and accredit TL and WSL role • 2 KPO Specialists accredited to deliver L4L • 2 KPO Specialists commenced L4L teaching accreditation • Executive Genba Rounding • Stand ups • 5th KPO Specialist achieved WSL accreditation • KPO Profile: ➢ 5 Specialists (incl. KPO Lead) ➢ 2 Facilitators and 1 Administrator ➢ ALT Session 1 and 2 delivered at SaTH ➢ Ability to accredit TL and WSL roles	• Leadership Academy • Aston Team Coaching • All Executives undertaking Transforming Care Leadership Training (ALT or L4L)	• Daily Kaizen • Kaizen Event for Sepsis held (internal) • Kaizen Event for Stroke held (internal) and further events planned • Kaizen Event for Patient Flow held (internal) and further events planned • External partners and patient in all RPIWs and SDDs • Values in Practice Agreement (Leadership Compact launched) • SLT Compact • Further work with Amicus (Jack and Mary-Jane) scheduled for end May 2018
	Communication & stakeholder engagement	**Policy Deployment**	**Next steps**
	• **Newsletters** ➢ Weekly TCPS newsletter • **Visits / TCI Open Day** ➢ Dr Jacqueline McKenna - NHSI ➢ Improvement Team from RJAH • **Events** ➢ First TCI Open Day held – positive feedback ➢ Planning for Regional Sharing Event in May 2018 underway ➢ Planning for SaTH attendance at National Sharing Event in Barking in July 2018 underway ➢ **Video** • SaTH input into NHSI video – Lean for Leaders	• Leadership requirement to include Lean for Leaders • Executive Standard Work	• VS#6 (Emergency Dept) launched and SDD planned for 16 March 2018 • VS#7 (Radiology) launched and SDD planned for 20 April 2018 • Standard work for Roll-out • Development and policy alignment of people link boards • 2018 L4L Cohort commenced • 3rd ALT Cohort in March 2018 • Mistake Proofing workshop held • Sensei visit planned for March 2018 including PeopleLink Teaching Session • 5S Webinar being planned
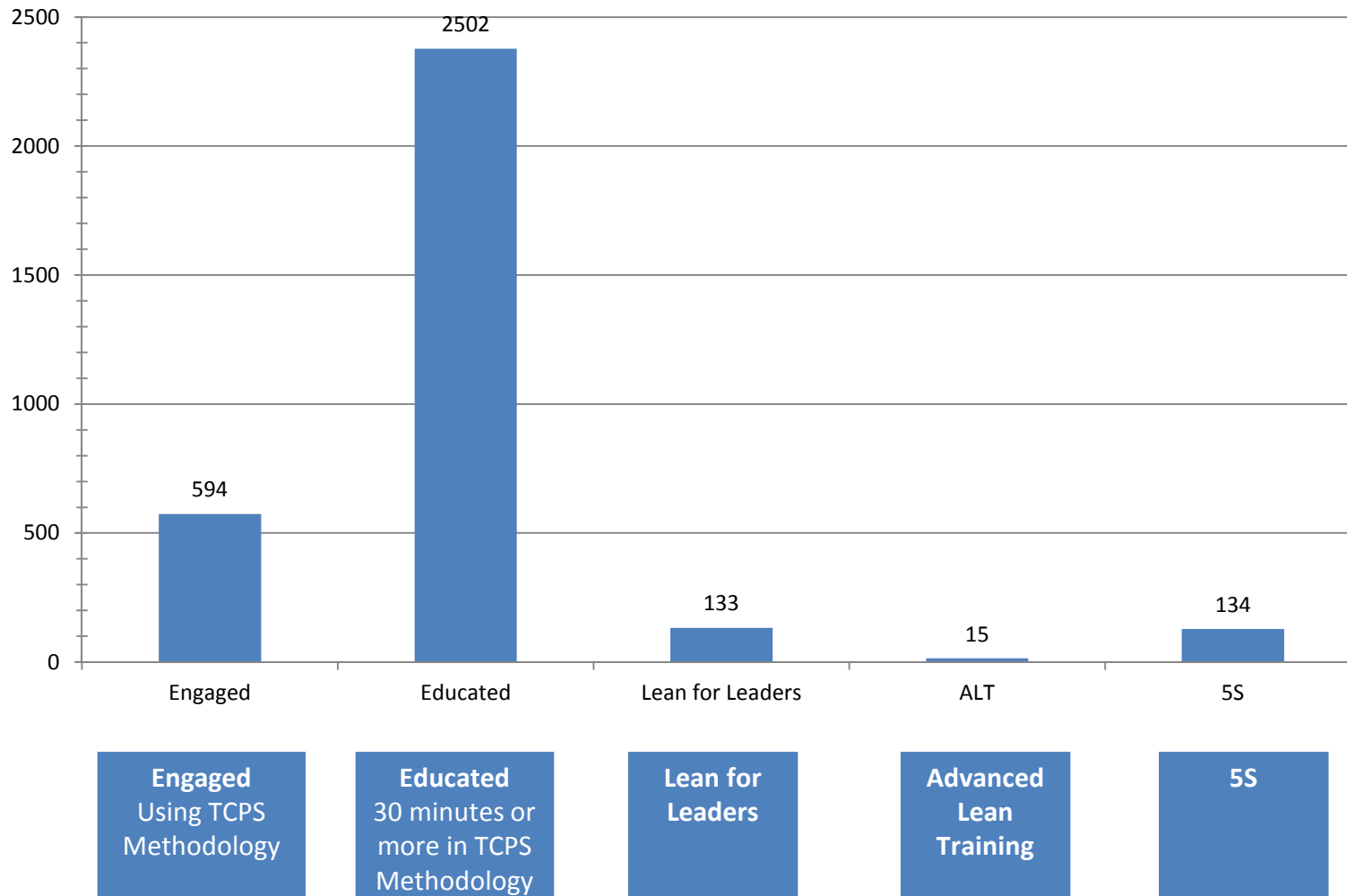
Lean for Leaders

Cohort No. and Start Date	No. Starting participants	No. Current participants	End Date	No. Graduates (post final project)
#1 (16/17)	40	36	36	30
#2 (17/18)	60	44	Jan 18	34
#3 (18)	54	54		

TGT	LFL	ALT
% TGT in/through :	4/10 40%	4/10 40%
No. Current:	4	3
No. Graduates:	3/4	2/3

Example Lean for Leaders Projects:

Project Title	Description	Impact
Procurement ward delivery	Picking time for wards	Reduction of lead time
Pharmacy	Flow	Separate streaming for prescription
Ward admission process	Set up reduction for admission	Reduction in lead time

Take home messages for TGB

Celebration	Challenges and key risks
• Sustained changes following Kaizen Event for Stroke (Swallow Test) • Advanced Lean Training (ALT) – 63% reduction in unnecessary testing of CDIF samples (great example of ALT candidate application of methodology) • SaTH trained ALT candidate successfully completed TL role in RPIW • Examples of independent use of methodology	• KPO Capacity • Need depth of change as well as spread • Metric set backs need positive management and re-focus • Value stream sponsor teams need to prioritise this work • Distractions such as reconfiguration • Performance issues that evoke transactional responses

Learning	Key next steps (Kaizen Plan)
• Consider response to set backs in advance • Need to continue to match KPO capacity with required speed of spread • 5S Training integral to the spread and application of TCPS • Roll-Out/Spread of tested improvements provides both examples for celebration e.g. sharing within respiratory and further understanding of enabling factors	• ALT certification • Support and Progress L4L completion for 2016/17 participants • Kaizen Event for Theatres procurement • SDD for Value Stream #6 (Emergency Dept) and plan for 1st RPIW • SDD for Value Stream #7 (Radiology) and plan for 1st RPIW • Further alignment of strategy • Quarterly KPO Open Days