

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	<div style="border: 1px solid black; padding: 5px;">Trust Board</div> <p>is asked to note the spread of the Transforming Care Production System across SaTH with now over 2600 staff trained in this approach. This supports the alignment of the Transforming Care work (in partnership with Virginia Mason Institute) with the operational delivery of the Organisational Objectives.</p>
Reporting to:	Trust Board
Date	3 April 2018
Paper Title	Transforming Care Update – April 2018
Brief Description	<p>Several more significant steps have been achieved:</p> <ul style="list-style-type: none"> • Over 2600 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 70 wards/departments have introduced 5S as a methodology to improve safety • Patient safety huddles have been successfully tested within Maternity Services, with further areas for roll out identified • 7 active values streams, with the launch of VS#7 Radiology (Colorectal Cancer) Value Stream in April 2018
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	<input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) * EIA must be attached for Board Approval

	<p><input type="radio"/> negative impacts have been mitigated</p> <p><input type="radio"/> negative impacts balanced against overall positive impacts</p>
Freedom of Information Act (2000) status	<p><input checked="" type="radio"/> This document is for full publication</p> <p><input type="radio"/> This document includes FOIA exempt information</p> <p><input type="radio"/> This whole document is exempt under the FOIA</p>

Transforming Care Update Trust Board Meeting (03.05.18)

Reporting to:	Trust Board Meeting (03.05.18)
Title:	Transforming Care in Partnership with the Virginia Mason Institute
Author:	Cathy Smith – KPO Lead Executive Lead - Simon Wright, CEO
Date:	April 2018

1.0 Introduction

1.1 This month, April 2018, continues on trajectory to meet the objective of training 5000 staff in the Transforming Care Production System in 5 years, to enable one improvement method, philosophy and management approach to accelerate performance, and provide safer and kinder care to our patients.

2.0 Scale of our Transforming Care Work

2.1 We are well on the way to embedding the Transforming Care Production System as the methodology that our staff use for their improvement work. The message that we have one improvement method with which other initiatives align, is a key approach to our success. We are on a journey, changing from transactional to inclusive, using one continuous improvement methodology (the Transforming Care production System).

2.2 Our staff have already supported over 30 improvement events and will continue to support the 24 planned for the next 12 months. Each event (RPIW, 5S Workshop, Sponsor Development Day) has between 2- 30 team members representing staff, patients, and partner organisations, all contributing time, effort and passion to improve patient care and staff experience.

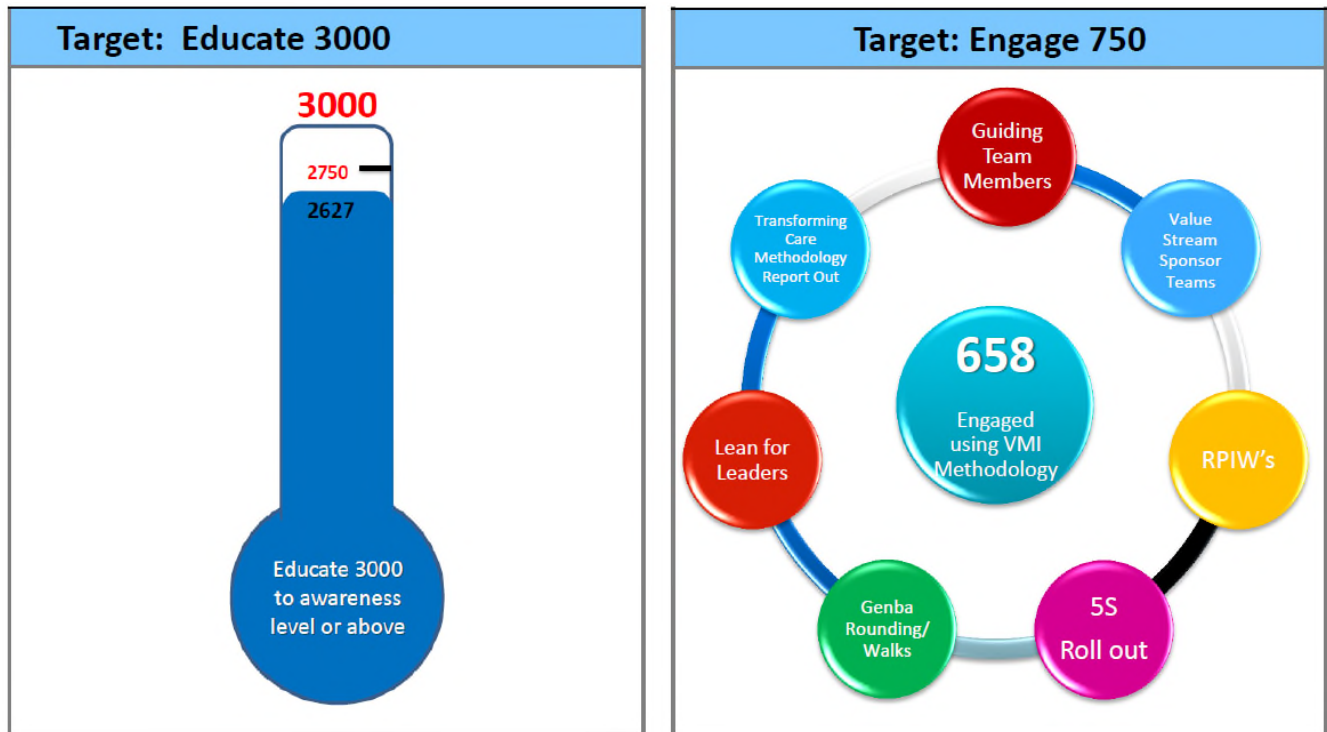


Fig 1. Educated and Engaged

- 2.3 Additionally, the Team have educated a further 125 individuals this month, bringing our 'educated' in TCPS total to 2627, and over 54 more staff have actively used the tools to bring our 'engaged' staff to over 650.
- 2.4 In recognition of the vital role our Lean Leaders have in spreading the improvement work and implementing standard work, we have detailed many ways our leaders can demonstrate the use of TCPS. A Lean Leaders record which gives points for the different levels of involvement in the TCPS work is in the Plan, Do, Study, Act phase, and it is anticipated that this will be implemented within the next couple of months.

Name:	Role:	Department:
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Expectation of Lean Leaders TCPS Activity	Description	Points	Date	Date	Date	Date
Attend Daily Huddle	Daily management					
Lead Daily Huddle	Daily management					
Contribute to Production Board	Daily management					
Contribute to People Link Board	Standard work					
Attend People link report	Standard work					
Lead People link report	Standard work					
Contribute to 5S	Daily management					
Implement 5S and maintain using achievement grid	Daily management					
Participate in Genba walk (GW) own department	Daily management					
Lead Genba walk in own department	Standard work					
Regular invite Exec/SLT GW own department	Standard work					
Lead/participate in Executive/SLT genba walk	Coach TCPS	1				
Lead/participate in Genba Walk to support Colleague's area	Coach TCPS	1				
Attend RPIW report out	Support implementation and spread	1				
Attend RPIW open house	Support implementation and spread	1				
Attend Staff Kaizen Huddle/Kaizen Report out*	Support implementation and spread	1				
*Maximum of 4 points can be collected from staff kaizen huddle/report out attendance						
Attend Transforming Care Institute (TCI, SATH) open day	Promote TCPS	1				
Attend sharing events (4-8 hours)	Support implementation and spread	2				
Participate in RPIW home team with an implemented improvement @ 30days	Contribute to rapid improvement	2				
Contribute to RPIW team as advisory team member	Contribute to rapid improvement	2				
Participate in open day/ speaker/genba host (SATH)	Promote TCPS	2				
Share TCPS work with External organisation representative	Promote TCPS	2				
Attend external sharing event	Promote TCPS	2				
Provide induction session (SATH)	Promote TCPS	2				
Lead TCPS methodology teaching (module)	Coach TCPS	2				
Support L4L teaching (module)	Coach TCPS	2				
Lead/coach waste walk	Coach TCPS	2				
Support staff to attend TCPS methodology training	Promote TCPS	2				
Act as coach for lean for Leader/ALT participant	Developing TCPS capability	2 per module				

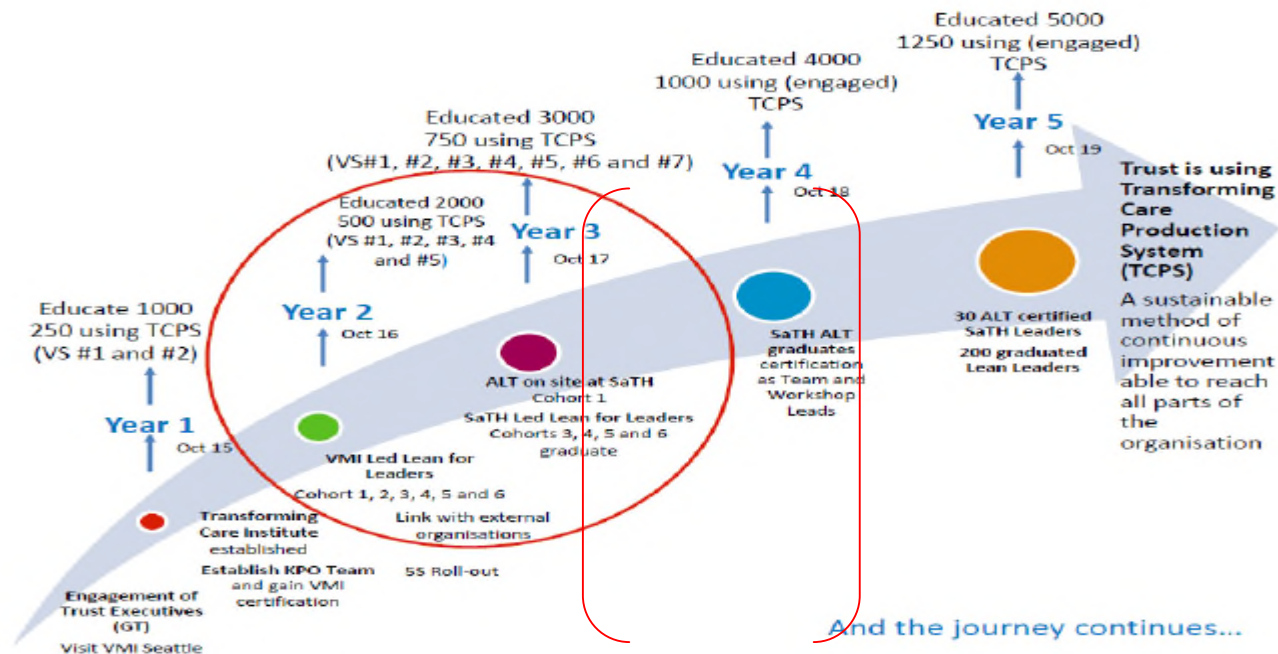
Contribute as team member for Kaizen event	Contribute to rapid improvement	5				
Participate in RPIW away team	Contribute to rapid improvement	5				
Coach ELI to a sustained improvement (30days)	Coach TCPS	5				
Support staff to attend complete and report out TCPS methodology application	Coach TCPS	5				
Coach L4L candidate/coach ALT candidate	Coach TCPS	5				
Act in RPIW sponsor role	Contribute to rapid improvement	10				
Act in RPIW process owner role	Contribute to rapid improvement	10				
Undertake VSST member role with 75% attendance rate	Lead and sustain incremental improvement	10				
Lead/Support 5S event	Coach TCPS	10				
Act in process owner role for kaizen event	Contribute to rapid improvement	10				
Act as sponsor for kaizen event	Contribute to rapid improvement	10				
Undertake VSST operational lead role with 75% attendance rate	Lead and sustain incremental improvement	15				
VSST exec lead with 75% attendance rate (per year)	Lead and sustain incremental improvement	15				
Undertake ALT training	Develop TCPS capability	15				
Gain TL accreditation	Develop TCPS capability	15				
Gain WSL accreditation	Develop TCPS capability	15				
Contribute as RPIW TL	Coach TCPS	15				
Contribute as RPIW WSL	Coach TCPS	15				
Lead a Kaizen event	Coach TCPS	15				
Attendance at VMI CEO Summit Seattle	VMI/Executive conference					

Appraisal date:	Total points:
<p>The intention is that this record is used in your appraisal to demonstrate and share your ongoing commitment to using the Transforming Care Production System to improve the experience of our patients and staff</p> <ul style="list-style-type: none"> • Demonstrating continuous practice of TCPS principles • Suggested minimum 15 points per year to maintain certification • Evidence to be provide at annual appraisal 	

Fig 2: Expectation of Leader Lean Practice

- 2.5 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. After attainment of ALT certification, accreditation as improvement workshop Team Lead can be undertaken. Paula Davies, ALT Graduate/Head of Procurement has recently undertaken the role of Team Lead for the latest Recruitment RPIW, supporting our staff in the Away Teams to explore ways to standardise the shortlisting process and enhance candidate experience.
- 2.6 One tool of the Transforming Care Production System is 5S, a tool used to increase the organisation and safety of our physical environment. The monthly 5S workshops remain popular and staff continue to demonstrate successful implementation of this approach.

2.7 We were able to confirm to the Trust Audit Committee that 5S training has been accessed by all but two wards; further support will be given by the KPO Team to expand the application of this approach as we plan to double the number of workshops being offered.



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 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 has commenced.
- 3.4 In addition to 5 active value streams, we launched the Emergency Department Value Stream in March 2018, and earlier this month, launched and facilitated the Sponsor Development Day for the Radiology Value Stream. Plans are well underway for their first RPIWs, with ED's first RPIW taking place end April 2018 (focusing of the speciality referral process for ED patients at RSH), and for the Radiology RPIW at the end of June 2018.
- 3.5 Many of the staff who have attended the 1 day TCPS Training and Lean for Leaders Training continue to work on their own value streams. The Transforming Care Institute recently hosted a Lung Cancer Pathway Process Flow Mapping session, which the Lean for Leaders (Dr Emma Crawford and Donna Moxon) facilitated, along with their colleagues.
- 3.6 Greater integration with the People's Academy.

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

7. Radiology pathway (Colorectal cancer)

- 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:

- 5S strategy used to enhance the organisation of the store room following a recommendation from Deloitte's Audit Report
- The KPO Team have been asked to support Theatres with a RPIW event following success in other areas
- 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 has led to an amalgamation of this work with Unscheduled Cares overarching flow improvement plan
- 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). The focus will now be on the Trust wide adoption of the improvements from this work.

- 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 spread to all areas within Maternity, with other test sites identified
- 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, with a current focus on staff surveys and waste reduction.
- The business behaviour team continues to support the CEOs and KPO leads with approaches to accelerate the spread of tested improvements, in particular from the Sepsis Value Stream, across departments and organisations.
- We continue to use the VMI partnership to support on-going work with Amicus to strengthen SaTHs engagement with medical staff and the completion of the medical compact.
- 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 undertook a successful visit to SaTH early 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 there are now 7 active value streams; the most recently launched being Radiology which will a focus on the CT scan for colorectal cancers

- 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 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
- to acknowledge the appointment of Louise Brennan to the role of Senior KPO Specialist



NHS Partnership with Virginia Mason Institute

Transformation Guiding Board

April 2018

Report Out

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





Value Stream #1 – Respiratory Discharge



Improvement

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	Kaizen event on AMU held for further improvement outcome new policy re bed use
RPIW #2: 20 June 2016	Internal Discharge Planning.	Closed	Kaizen event for FFA requirements used to develop this work
RPIW #3: 10 Oct 2016	Ward Round	Closed	Linked to safer work
RPIW #4: 23 Jan 2017	Handover	Closed	Afternoon (4pm) board round huddle being spread as standard work
RPIW #5: 3 April 2017	Board Round	Closed	Being developed into standard work
RPIW #6: 25 Sept 2017	Patient discharge from Ward	90 days	Kaizen event on stroke ward used to spread approach
RPIW #7: 5 March 2018	Criteria Led Discharge	30 days	PDSA commenced on additional wards

Major improvements/benefits:

Date of last update: April 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 (30% reduction)** and **6% increase in spells**



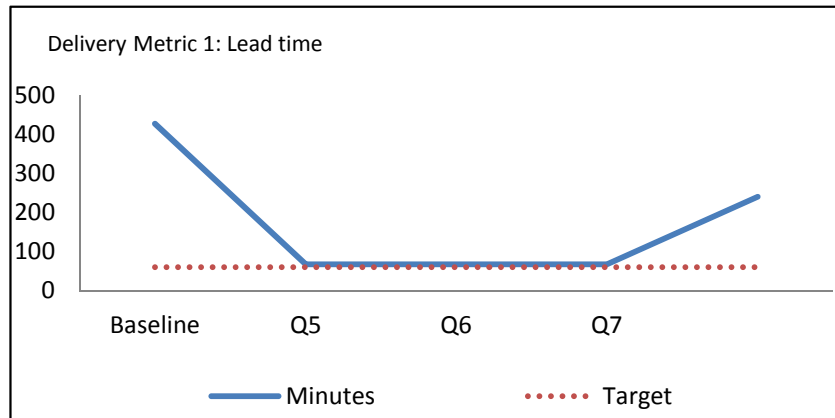
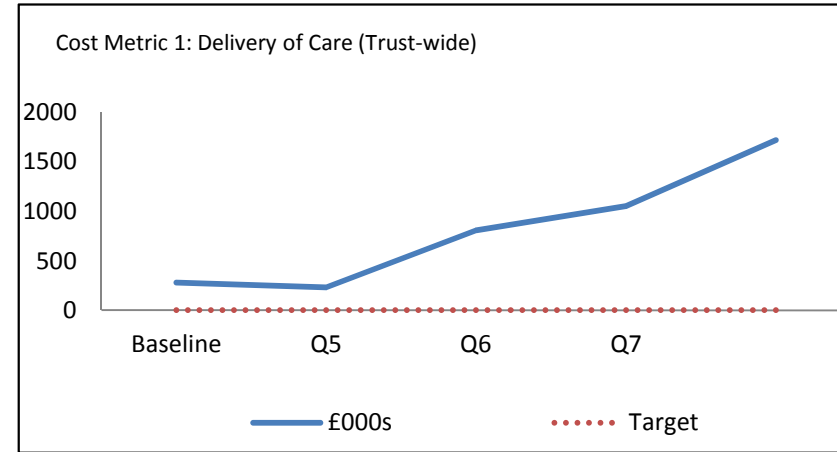
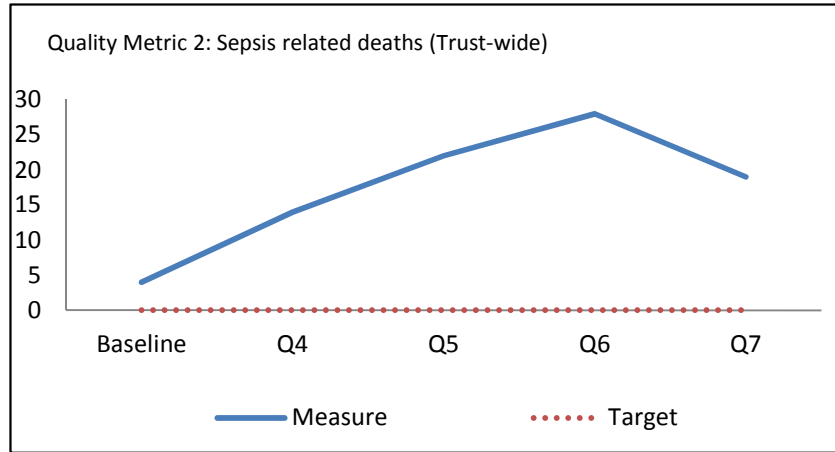
Value Stream #2 – Sepsis Pathway

SDS Date: 25 April 2016 Date metrics updated: Q7 Jan 2018

Exec sponsor: Dr Edwin Borman



Improvement





Value Stream #2 – Sepsis Pathway



Highlight report Value Stream 2

- **Learning**
- Discussion with behaviour intelligence team (NHSI) helpful with approach to spread
 - RPIW held to bring all elements of the pathway together and support drawing this work in to a standard pathway
- **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



Improvement

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	Post RPIW	

Major improvements/benefits:

Date of last update: April 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 and Antenatal Ward at PRH
- Development of over 30 sepsis champions
- 1000+ staff completed sepsis learning e-book



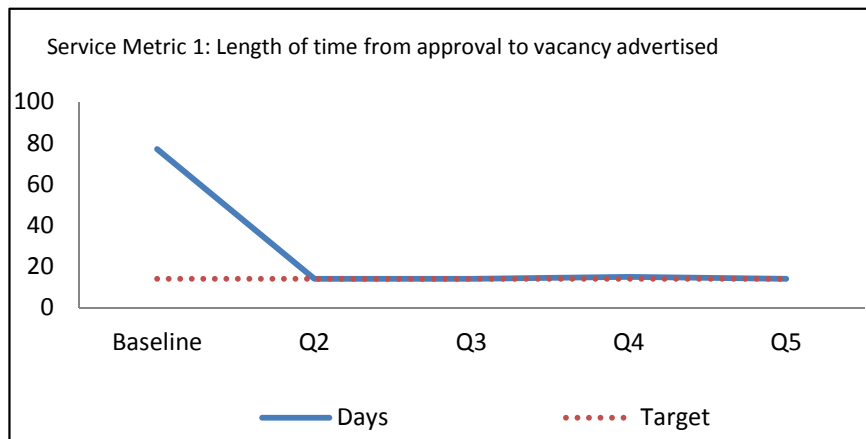
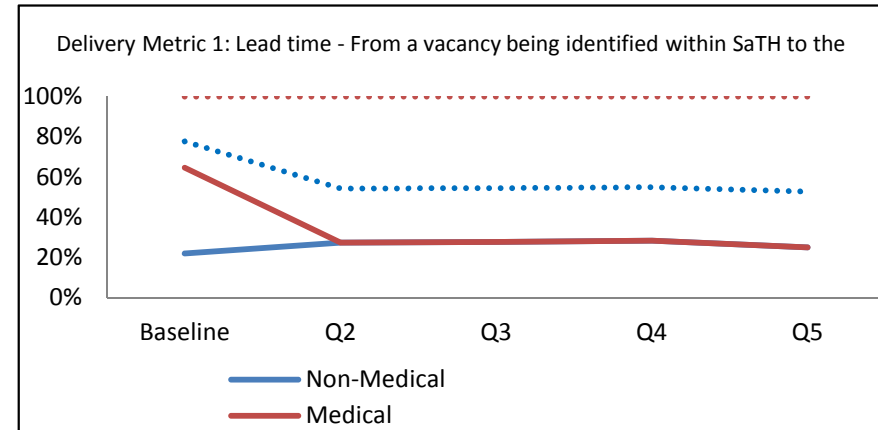
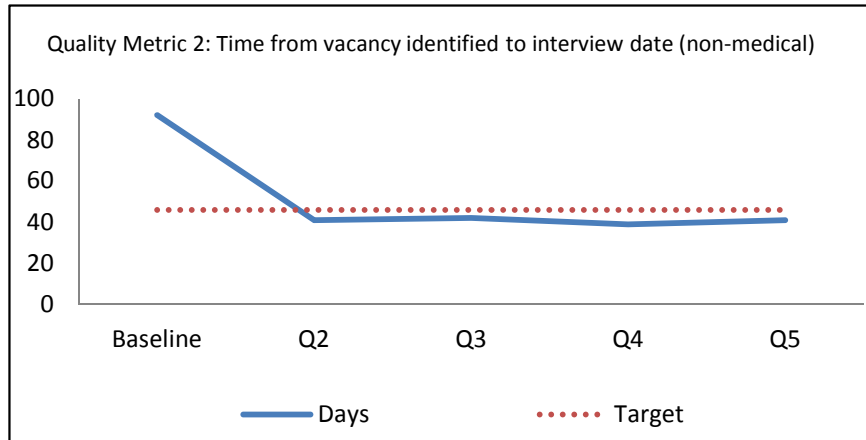
Value Stream #3 – Recruitment

SDS Date: 21 November 2016 Data metrics updated: Feb 18



Exec sponsor: Victoria Maher

Improvement





Value Stream #3 – Recruitment



Improvement

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



Improvement

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 1 st day	60 days	Progressing to roll out
RPIW #6:	Advert to Interview	Planning	

Major improvements/benefits:

Date of last update: April 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



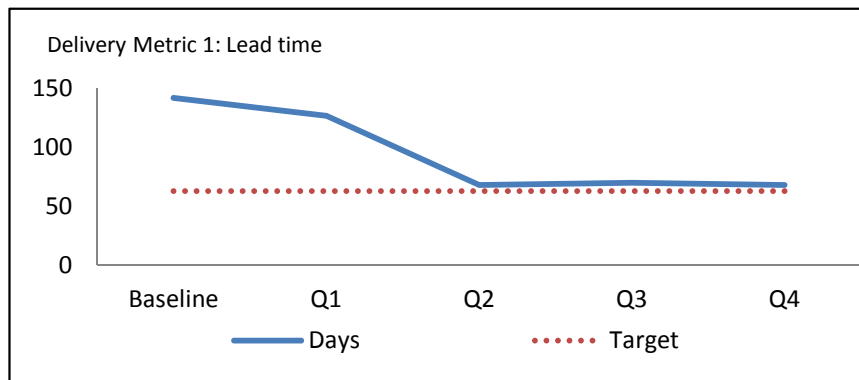
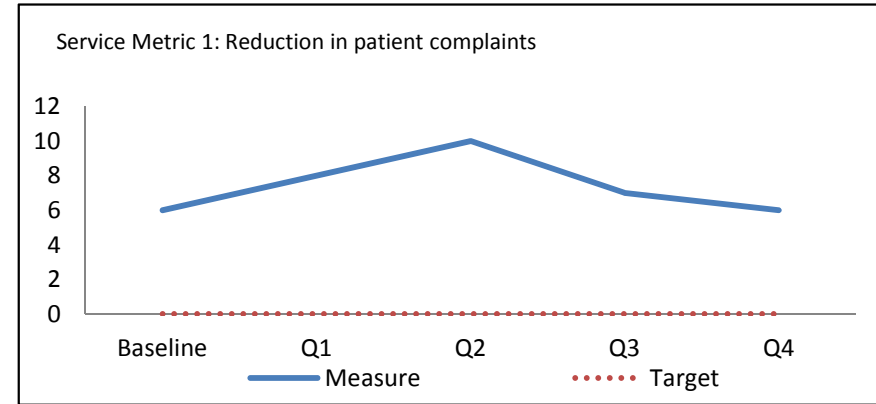
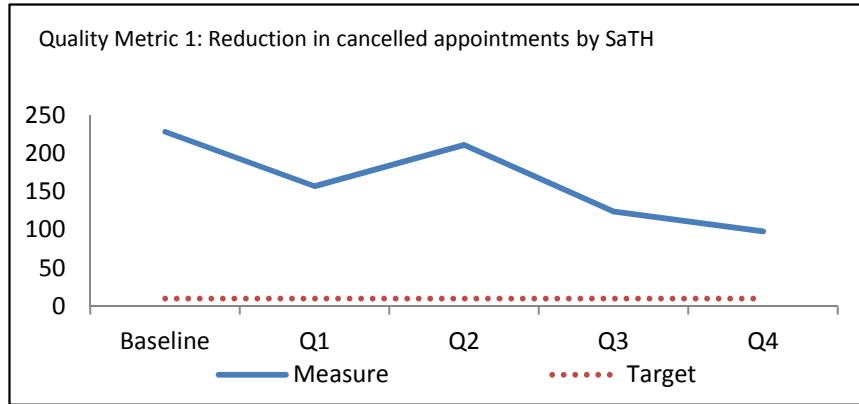
Value Stream #4 – Outpatient Ophthalmology

SDS: 6 March 2017 Data Metrics Updated: March 2018



Improvement

Exec sponsor: Tony Fox





Value Stream #4 – Outpatient Ophthalmology



Improvement

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



Improvement

	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
RPIW #6: June 2018		Planned	

Major improvements/benefits:

Date of last update: April 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 appointment



Value Stream #5 – Patient Safety

SDS: 19 Sept 2017 Data Metrics: Due April 2018



Improvement

Exec sponsor: Deirdre Fowler

Transforming Care Metrics	Source	Baseline	Target	1 st Quarter (Jan – Mar 18)	2 nd Quarter (Apr – Jun 18)	3 rd Quarter (Jul – Sept 18)	4 th Quarter (Oct – Dec 18)	% Change
Service Metric 1A: <ul style="list-style-type: none"> From when an Incident occurs to when an incident is identified (I know) All incidents Service Metric 1B: <ul style="list-style-type: none"> From when an incident is identified (I know) to feedback to patient (I know the outcome) 	Datix and direct observation	48 hours 191 days	44 days					
Service Metric 2: <ul style="list-style-type: none"> Time from Datix status 'Being reviewed' to 'Final approval' 	Datix and direct observation	131 days	28 days					
Quality Metric 1: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Number of incident reports submitted 	Datix / NRLS data	Quarter one 2017/2018 449	Top 25% of reporting Trusts					
Delivery Metric 1: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Number of staff trained to use Datix in last 12 months (W&C) Delivery Metric 2B: <ul style="list-style-type: none"> Number of staff trained to investigate SI in last 12 months (Trust wide) 	Corporate education induction records Patient Safety team records	21 % 160/737 26	100%					
Morale Metric 1: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Staff confidence and security in reporting unsafe clinical practice 	Staff Survey	3.71/5 scale summary score	5/5					
Cost Metric 1: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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



Improvement

	Value Stream 5: Patient Safety	Measure 30,60,90 days	Plan for roll out
RPIW #1: 02 Dec 2017	Sharing of Information	120 days	Roll Out of safety huddle to MLUs and community
RPIW #2: 26 Feb 2018	Completion of DATIX	30 days	
RPIW #3: June 2018	Learning	Planned	

Major improvements/benefits:

Date of last update: April 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 and peripheral MLUs
- 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	30-days	
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	
Theatres: June 2018 (5 days RPIW)	Theatres: Procurement/Supplies	Planned	

<p>Major improvements/benefits:</p> <ul style="list-style-type: none"> • 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 	<p>Date of last update: April 2018</p>
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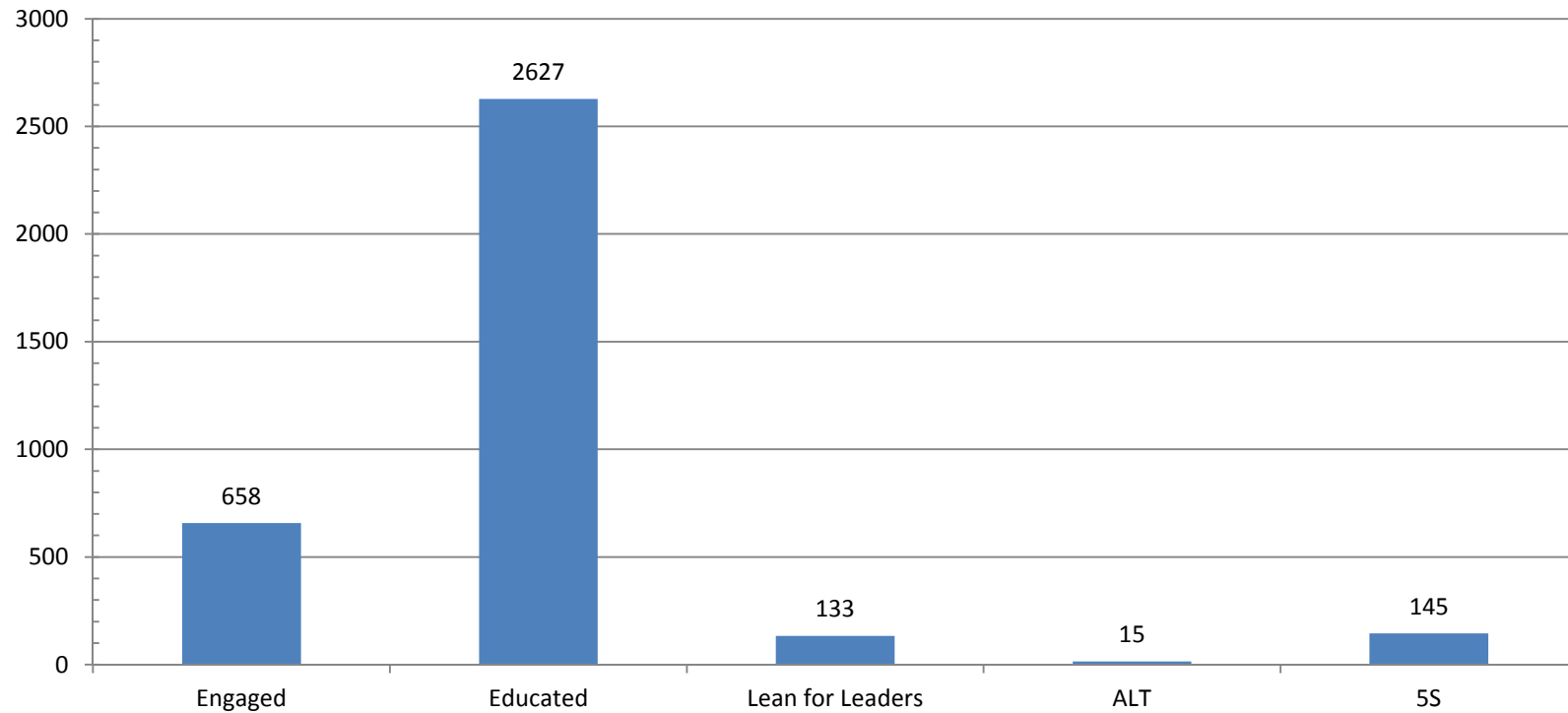
Leadership Status and Challenges



Organisational Objectives	Infrastructure & Resource	Wider Leadership Programme Integration	Culture and Sharing Learning
<p>Trust Strategy</p>  <p>Transforming Care Institute</p>  <p>Values</p> 	<ul style="list-style-type: none"> • 24 RPIWs and 6 Kaizen Events 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 • Staff Kaizen Huddles (formerly Stand Ups) • 5th KPO Specialist achieved WSL accreditation • KPO Profile: • 4 Specialists (incl. KPO Lead) and 5th (replacement specialist appointed) • 2 Facilitators and 1 Administrator • ALT Session 1 and 2 delivered at SaTH • Ability to accredit TL and WSL roles 	<ul style="list-style-type: none"> • Leadership Academy • Aston Team Coaching • Most Executives have undertaken Transforming Care Leadership Training (ALT or L4L) • Plan for all staff Band 7 and above to have a plan for L4Ls training by April 2019 	<ul style="list-style-type: none"> • 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 • Kaizen Event for KPO held and further planned • Kaizen Event for Theatres planned • External partners and patients 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
	<p>Communication & stakeholder engagement</p> <ul style="list-style-type: none"> • Newsletters • Weekly TCPS newsletter • Visits / TCI Open Day • Alan Martyn – Director of Transformation (NHSI) • Events • Second TCI Open Day planned • Planning for SaTH attendance at National Sharing Event in Barking in July 2018 underway • Video • SaTH input into NHSI video – Lean for Leaders 	<p>Policy Deployment</p> <ul style="list-style-type: none"> • Leadership requirement to include Lean for Leaders • Expectations for graduated L4Ls developed • Executive Standard Work • Standard work around the expectation of Lean for Leaders post training 	<p>Next steps</p> <ul style="list-style-type: none"> • SDD for VS#6 (Emergency Dept) undertaken and first RPIW planned • 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 continues • 3rd ALT Cohort underway • Successful Sensei visit in March 2018 including PeopleLink Teaching Session • 5S Webinar being planned



Education and Training



Engaged
Using TCPS
Methodology

Educated
30 minutes or
more in TCPS
Methodology

**Lean for
Leaders**

**Advanced
Lean Training**

**5S
Work shops**



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	Nov 17	30
#2 (17/18)	60	44	Jan 18	34
#3 (18)	54	50	Nov 18	

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 / ALT 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
Pathology	Reduction in unnecessary testing	Cdif testing reduced



Take home messages for TGB



Improvement

Celebration	Challenges and key risks
<ul style="list-style-type: none"> • Sustained changes following Kaizen Event for Stroke (Swallow Test) and nomination for National Award • 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 	<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • ALT certification • Support and Progress L4L completion for 2016/17 participants • Kaizen Event for Theatres procurement • 1st RPIW for Value Stream #6 (Emergency Dept) planned • SDD for Value Stream #7 (Radiology) and plan for 1st RPIW • Further alignment of strategy • Quarterly KPO Open Days

Demonstrating financial impact



- **'Hard pounds' examples,**
Outpatient Ophthalmology Value Stream- cost metric- medical agency staff spend has gone down as a result of the RPIW work form £58k a month to £43K- a 26% reduction

Biomedical Sciences

By introducing a pipette as a form of mistake proofing when testing stool samples has seen a reduction in unnecessary testing. This will save approximately £13k a year.

- **'Soft pounds' examples**

Respiratory Value Stream

Reduction in length of stay from when a patient is admitted to a respiratory ward to when they are ready to be discharged has decreased by 2 days from 141hrs to 100hrs, a 30% reduction. This had enabled a 6% increase in spells in two wards

Recruitment Value Stream

Recruitment of staff is a key issue for the trust. Through the value stream work the time taken from when a vacancy is identified to a member of staff starting had reduced from 135 days to 72 days. Reducing the need for more expensive backfill of vacant posts.