

**Paper 22**

<b>Recommendation</b>  <input type="checkbox"/> <b>DECISION</b> <input checked="" type="checkbox"/> <b>NOTE</b>	<div style="border: 1px solid black; padding: 5px;"><b>Trust Board</b></div> <p>is asked to <b>note</b> the <b>emergence of significant improvement outcomes</b> following the application of the Transforming Care Production System (TCPS).</p> <p>This includes a sustained two day reduction of the average length of stay for our respiratory patients.</p> <p>The Trust board is asked to note that the training for and implementation of TCPS remains ahead of target (to educate 5000 staff in five years: Oct 2020).</p> <p>The Trust board is asked to note the metrics for Value Stream #4 (OPD Ophthalmology) and Value Stream #5 (Patient Safety).</p>
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	5 July 2018
<b>Paper Title</b>	Transforming Care Update – June 2018
<b>Brief Description</b>	<p>Several more significant steps have been achieved :</p> <ul style="list-style-type: none"> <li>• Simon Wright CEO has been asked to share his learning nationally to encourage wider use of the lean approach across the NHS.</li> <li>• A new value stream to focus on the patient pathway from being told that surgery is necessary until discharge following that operation has been agreed</li> <li>• The Unscheduled Care Group have held an event to launch the roll out of TCPS improvement across all their wards</li> </ul>
<b>Sponsoring Director</b>	Simon Wright - CEO
<b>Author(s)</b>	Cathy Smith – KPO Lead
<b>Recommended / escalated by</b>	Simon Wright - CEO
<b>Previously considered by</b>	Regular update required by Trust Board
<b>Link to strategic objectives</b>	Safest and kindest
<b>Link to Board Assurance Framework</b>	<p>Delivery of Transforming Care Methodology: Objective 29</p> <p>29. Continue rolling out TCI lean methodology across the organisation</p>
<b>Outline of public/patient involvement</b>	Patients are supporting this work through co-design at Rapid Process Improvement Weeks, supporting national sharing events, attending reports outs and undertaking sponsor/team member roles for particular value streams.
<b>Equality Impact Assessment</b>	<p>🕒 <b>Stage 1 only (no negative impacts identified)</b></p>

	<p><input type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b> * EIA must be attached for Board Approval</p> <p><input type="radio"/> negative impacts have been mitigated</p> <p><input type="radio"/> negative impacts balanced against overall positive impacts</p>
<p><b>Freedom of Information Act (2000) status</b></p>	<p><input type="radio"/> <b>This document is for full publication</b></p> <p><input checked="" type="radio"/> <b>This document includes FOIA exempt information</b></p> <p><input type="radio"/> <b>This whole document is exempt under the FOIA</b></p>



# Transforming Care Production System

## Safer and Kinder

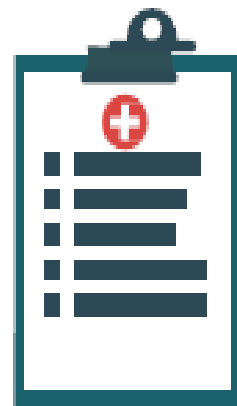
MAKING OPHTHALMOLOGY PATIENTS FEEL SAFER



47% reduction in number of times letters to patients are delayed



52 days reduction in time from receipt of referral to first contact made with patient



100% reduction in the number of booking staff who were unaware of the overall process for Ophthalmology patients

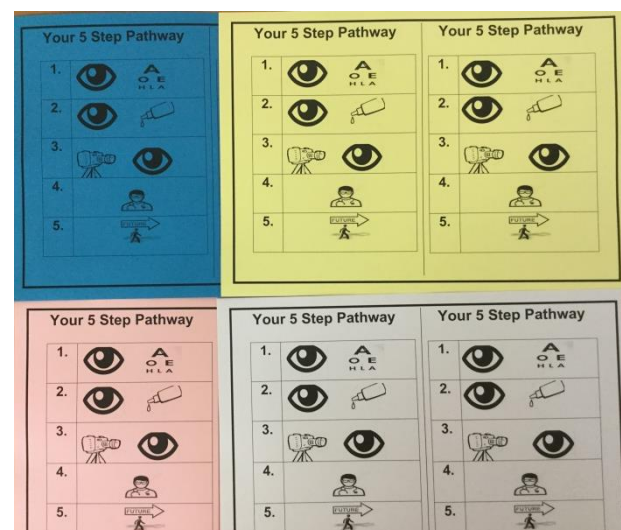


0% interruptions for patients when attending ophthalmology outpatient clinic meaning 100% value adding consultation time

## Patient Safety Value Stream

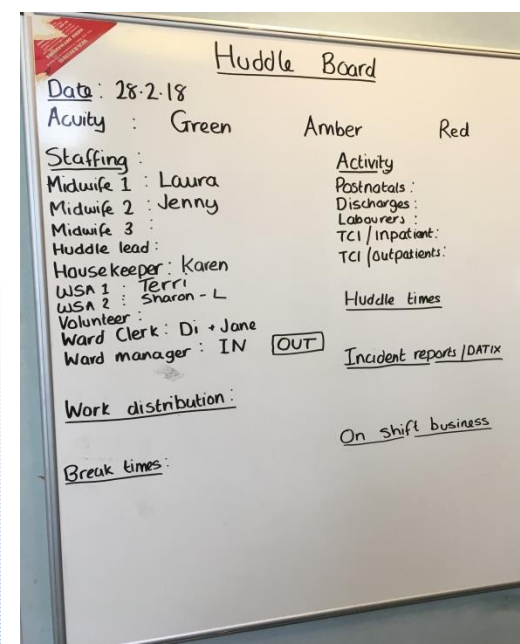
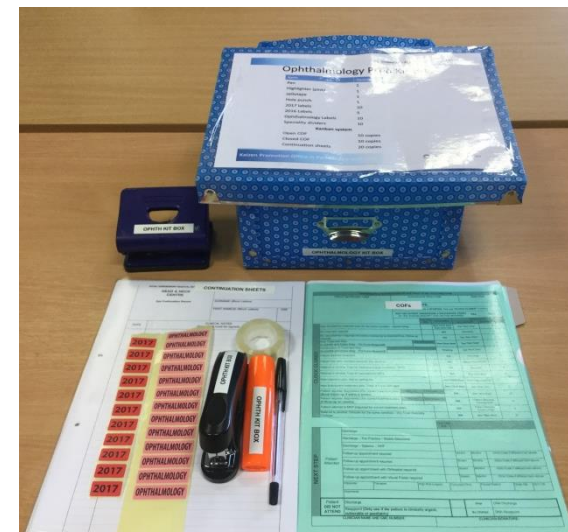


- Safety huddles are now implemented across all of Women and Children's (82% reduction from DATIX reviewed to final approval) achieved in the first quarter

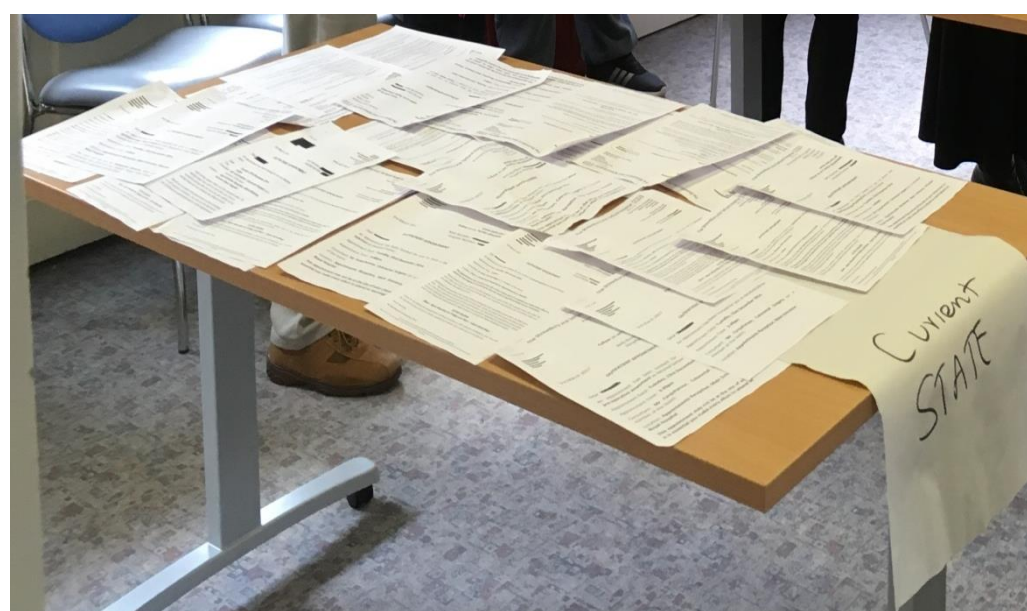
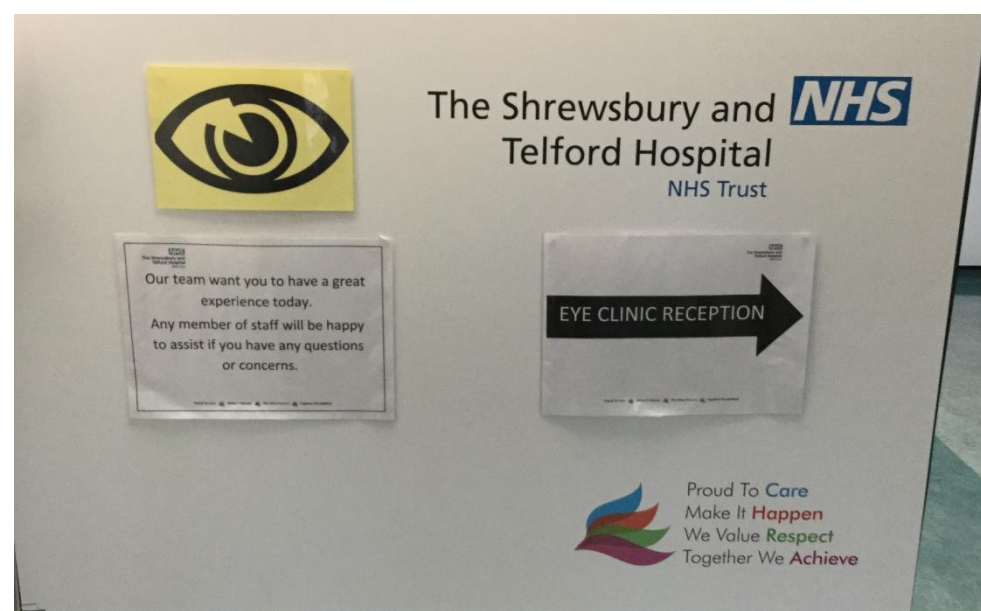
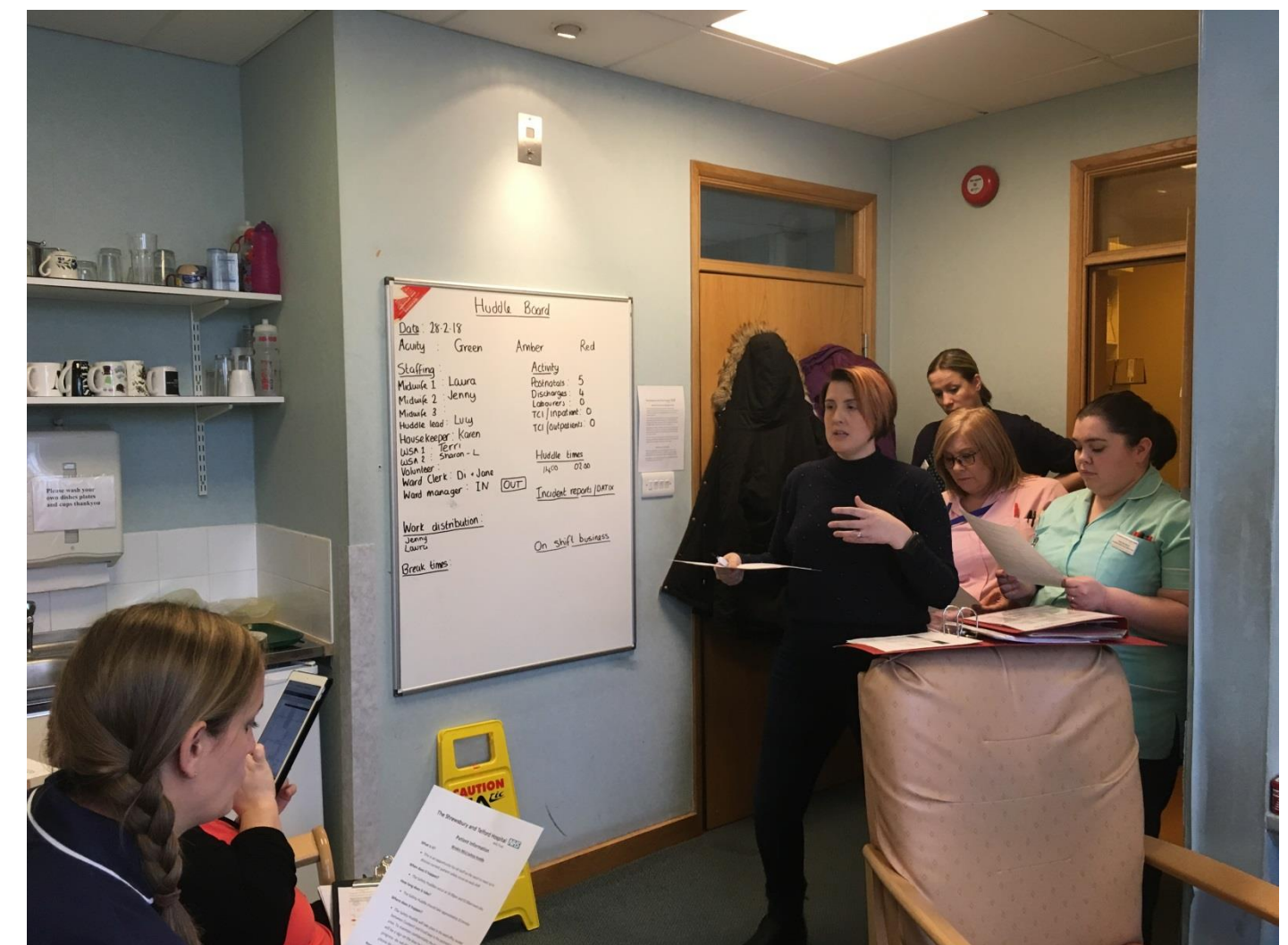


Visual aids produced for the eye clinic to enhance the patient experience.

5S used to remove 16 unnecessary letter templates, making information clearer for patients.



Safety huddle in flow at the huddle board on Wrekin Midwife Led Unit, thus removing and reducing risks in real time.





# Transforming Care Production System

## Leadership



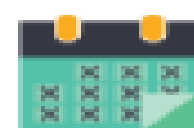
Over 120 Lean for Leaders working on individual improvements across the Trust including:



ED handover of patient



Flow of Outpatient Clinic



Supporting staff to access mandatory training



Reducing interruptions during operations

## Engagement

5S is a strategy that helps to keep our workplace safe and organised



73

Areas across the Trust have been supported with the application of 5S

### Pre-Operative Assessment

The team have undertaken 5S on their documentation, blood trolley's for each clinic room and surgical packs for patients

### Ward 32

Ward 32 given back time to care following whole ward approach to 5S in their store rooms and drug trolleys

### ED, RSH

ED staff using 5S to reduce the preparation time for life saving intervention



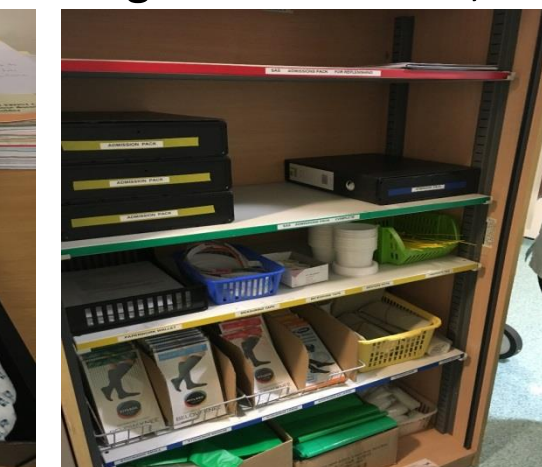
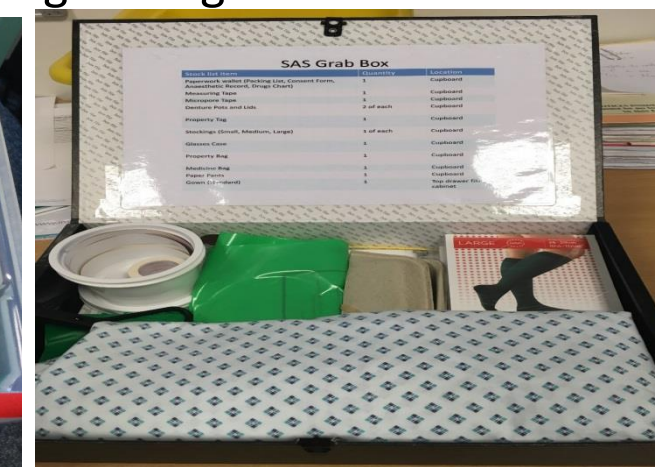
Lean Leaders across the Trust who are all working on individual improvements



Above: Trust-wide approach to clinical storage areas developing through TCPS



Above: Standard work and self discipline maintaining 5S levels in ED, RSH



Left: Set up reduction used to ensure zero interruptions to patient consultation



# TCPS Status and Challenges: June 2018

## Aligning Organisational Objectives

### Trust Strategy



### Transforming Care Institute



### Values



## Infrastructure & Resource

- Katie Greenhalgh joins the KPO from the Countess of Chester
- KPO Apprentice interviews to be held in July.
- Executive Genba rounding to commence weekly from July
- 4<sup>th</sup> non KPO SATH employee; Alan Jackson (pathology) undertakes team led role for patient safety RPIW

## Challenges

- The KPO team is struggling to match demand from staff for:
- Methodology Training
  - Process flow mapping
  - Lean for leaders places
  - 5S workshops
  - Support to roll out improvements
  - Support to enhance the use of TCPS on a daily basis

## Wider Leadership Programme Integration

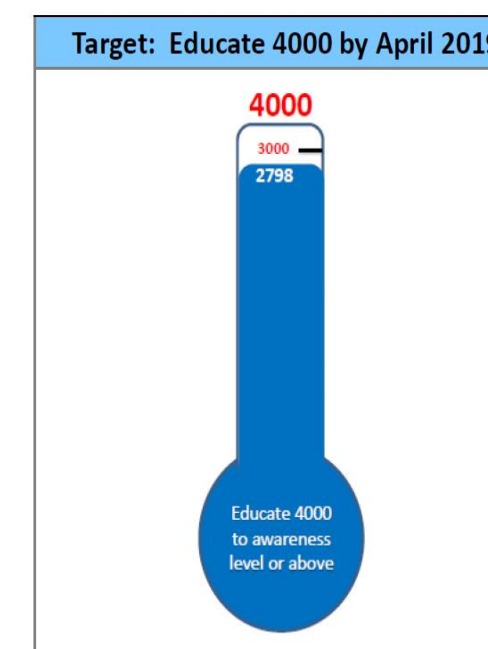
- Celebration of learning held 28 June for Trust achievers including lean leaders
- All Executives on course to complete Transforming Care Leadership Training (ALT or L4L)
- All new SATH Lean Leaders will align their value stream work with our Organisational Strategy

## Embedding a TCPS Culture

- 20 SATH representatives will attend the National VMI partnership Sharing Event in July; contributing to workshops
- KPO support planned for SATH theatre learning event and therapies improvement day
- Further work with Amicus (Jack and Mary-Jane) undertaken in June 2018 to embed our values in practice agreement.

## Trust Board members are asked to note:

- Over 2700 staff educated
- Over 758 staff using TCPS to make improvements



## Value Stream #4 (OPD Ophthalmology) Metric

<b>Value Stream:</b> Outpatient Clinics - Ophthalmology				<b>Date:</b> 14 November 2016				
<b>Executive Sponsor:</b> Tony Fox				<b>Last Date of Review:</b> April 2018				
<b>Process Boundaries:</b> <b>From:</b> My referral letter arrives at SATH <b>To:</b> I leave my outpatient clinic after my first appointment and receive my treatment plan <b>Genbas:</b> Booking centre, Clinic 10 (RSH), ICAT (Telford), MTX (PRH), Clinic preparation RSH/PRH, Medical secretary offices				<b>KPO Value Stream Specialist:</b> Richard Stephens				
<b>VSST Agreed:</b>								
Transforming Care Metrics	Source	Baseline (Oct – Dec 2016)	Target	1 <sup>st</sup> Quarter (Apr – Jun)	2 <sup>nd</sup> Quarter (Jul – Sep)	3 <sup>rd</sup> Quarter (Oct-Dec)	4 <sup>th</sup> Quarter (Jan – Mar)	% Change
<b>Service Metric 1:</b> <ul style="list-style-type: none"> <li>Reduction in patient complaints</li> </ul>	Complaints department	6	0	8	10	7	7	0%
<b>Service Metric 2:</b> <ul style="list-style-type: none"> <li>Reduce wait for first outpatient appointment</li> </ul>	Information department	(Sep-Nov 2016) 126 days (18 weeks)	63 days (9 weeks)	118 days (17 weeks)	109 days (16 weeks)	84 days (12 weeks)	51 days (7 weeks)	60%
<b>Quality Metric 1:</b> <ul style="list-style-type: none"> <li>Reduction in cancelled appointments by SATH</li> </ul>	Booking Centre	(Sep-Nov 2016) 228	10 (96% reduction)	157	211	124	98	57%
<b>Quality Metric 2:</b> <ul style="list-style-type: none"> <li>Reduction in cancelled appointments by the patient</li> </ul>	Booking Centre	(Sep-Nov 2016) 150	30 (80% reduction)	163	186	93	89	61%

<b>Delivery Metric 1:</b> <ul style="list-style-type: none"> <li>Lead Time</li> </ul>	KPO observations/ VSM	142 days	63 days (9 weeks)	127 days	68 days	70 days	68 days	52%
<b>Delivery Metric 2:</b> <ul style="list-style-type: none"> <li>Reduction in ASI (Appointment Slot Issues) numbers</li> </ul>	Booking Centre	(Aug-Oct 2016) 145 (median)	0	37 (median)	172 (median)	2	7	95%
<b>Morale Metric 1:</b> <ul style="list-style-type: none"> <li>Staff engagement score                             <ul style="list-style-type: none"> <li>(OPH clinics and associated staff)</li> <li>(Patient access)</li> </ul> </li> </ul>	Annual Staff survey	(3 of 5) 3.62  3.44	5	3.8  3.59			3.67  3.44	-1%  0%
<b>Morale Metric 2:</b> <ul style="list-style-type: none"> <li>Unavailability of current nursing workforce</li> </ul>	Finance	24%	22%	28%	27%	26%	35.6%	60%
<b>Morale Metric 3:</b> <ul style="list-style-type: none"> <li>Unavailability of current Consultant workforce</li> </ul>	Booking Centre	(Sep – Nov 2016) 22 (cancelled clinics)	1 (Cancelled clinic)	32	19	54	113	0%
<b>Cost Metric 1:</b> <ul style="list-style-type: none"> <li>Reduction in agency spend</li> </ul>	Finance	(Apr-Nov 2016) £58k	£0	£54k	£65k	£43k	£43K	26%
<b>Cost Metric 2:</b> <ul style="list-style-type: none"> <li>Increase contribution</li> </ul>	Finance	(Apr – Sep) -10% (-273K)	5%	-6.3% (-123k)	-6% (-121k)	-14% (-293k)	-12% (-336k)	-100%

## Value Stream #5 Patient Safety Metric

<b>Value Stream:</b> Patient Safety				<b>Date:</b> 12 September 2017				
<b>Executive Sponsor:</b> Deirdre Fowler				<b>Last Date of Review:</b> April 2018				
<b>Process Boundaries:</b> <b>From:</b> An incident is identified <b>To:</b> The incident has been investigated, feedback has been shared with me and staff involved, and I have evidence that learning is embedded. <b>Genbas:</b> Women and Children's Care Group				<b>KPO Value Stream Specialist:</b> Marie Claire Wigley				
<b>VSST Agreed:</b>								
Transforming Care Metrics	Source	Baseline	Target	1 <sup>st</sup> Quarter (Jan – Mar 18)	2 <sup>nd</sup> Quarter (Apr – Jun 18)	3 <sup>rd</sup> Quarter (Jul – Sept 18)	4 <sup>th</sup> Quarter (Oct – Dec 18)	% Change
<b>Service Metric 1A:</b> <ul style="list-style-type: none"> <li>From when an Incident occurs to when an incident is identified (I know) All incidents</li> </ul> <b>Service Metric 1B:</b> <ul style="list-style-type: none"> <li>From when an incident is identified (I know) to feedback to patient (I know the outcome)</li> </ul>	Datix and direct observation	<b>48 hours</b>	6 hours	<b>33 hours</b>				31%
		<b>191 days</b>	44 days	<b>61 days</b>				68%
<b>Service Metric 2:</b> <ul style="list-style-type: none"> <li>Time from Datix status 'Being reviewed' to 'Final approval'</li> </ul>	Datix and direct observation	<b>131 days</b>	28 days	22 days				82%



<b>Quality Metric 1:</b> <ul style="list-style-type: none"> <li>Number of overdue incident reports at 'Awaiting review' stage</li> <li>'Being reviewed'</li> <li>'Awaiting approval'</li> </ul>	Datix	Awaiting review <b>140</b>	<b>0</b>	Awaiting review <b>51</b>				64%
		Being reviewed <b>35</b>	<b>0</b>	Being reviewed <b>73</b>				-108%
		Awaiting approval <b>71</b>	<b>0</b>	Awaiting approval <b>10</b>				86%
<b>Quality Metric 2:</b> <ul style="list-style-type: none"> <li>Number of incident reports submitted</li> </ul>	Datix / NRLS data	Quarter one 2017/2018 <b>449</b>	Top 25% of reporting Trusts	459				2%
<b>Delivery Metric 1:</b> <ul style="list-style-type: none"> <li>Percentage of non SI Incident reports that have final approval within Trust policy guidelines</li> </ul>	Datix	<b>35%</b> of incidents in the system have had final approval within Trust policy guidelines (14/9/17)	100%	<b>71%</b>				102%
<b>Delivery Metric 2A:</b> <ul style="list-style-type: none"> <li>Number of staff trained to use Datix in last 12 months (W&amp;C)</li> </ul> <b>Delivery Metric 2B:</b> <ul style="list-style-type: none"> <li>Number of staff trained to investigate SI in last 12 months (Trust wide)</li> </ul>	Corporate education induction records	21 % 160/737	100%	8% 60/737				62%
	Patient Safety team records	26		26				0%
<b>Morale Metric 1:</b> <ul style="list-style-type: none"> <li>Staff member feedback on Datix as a % on eligible incidents</li> </ul>	Datix	Where feedback requested = 25.69% 46/179 incidents All eligible incidents = 13.25% 53/400 incidents	100%	Where feedback requested = 16% 18/113 incidents All eligible incidents = 8% 37/459 incidents				-38%  39%

<b>Morale Metric 2:</b> <ul style="list-style-type: none"> <li>Staff confidence and security in reporting unsafe clinical practice</li> </ul>	Staff Survey	<b>3.71/5</b> scale summary score	5/5	<b>3.67/5</b> scale summary score				
<b>Cost Metric 1:</b> <ul style="list-style-type: none"> <li>Cost per incident for staff to report incident with Datix</li> </ul>	Finance	<b>£2.36</b> per datix report	25% reduction (£1.77 per datix report)	<b>£1.77</b> per Datix report				25%
<b>Cost Metric 2:</b> <ul style="list-style-type: none"> <li>Cost per incident for staff to Investigate report</li> </ul>	Finance	<b>£245.91</b> per incident	25% reduction (£184.43 per incident)	<b>£245.91</b> per incident				0%