The Guiding Team overseeing the implementation of the organisations improvement methodology, the Transforming Care Production System (TCPS), steers and reviews the progress and impact of the work on a monthly basis, supported by VMI Sensei, Deb Dollard. The Guiding Team provides minutes and updates to the Sustainability Committee (sub-committee of the Board). Both these groups help ensure there is appropriate alignment between the TCPS work, led by the KPO Team, and the organisational strategy.

The current programme of work supported by the KPO Team is a combination of 8 value streams, teaching facilitation and coaching of our 100+ lean and advanced leaders. These leaders are introducing lean daily management methodology and standard work to provide enhanced visibility, co-ordination and tracking of a departments work, and introducing and maintaining the concept of continuous improvement involving all staff. [See Appendix 1: SaTH’s monthly report (January 2019) for Transformational Guiding Board].

A new piece of work the KPO Team is now co-ordinating, is a 3P (Production, Preparation and Process) workshop which will enable up to 30 of our staff to participate in the site plans to appropriately utilise our space and consider clinical adjacencies within the confines laid out in the Outline Business Case, to ensure we maximise benefits to patients and staff following the reconfiguration of our sites.

The achievements to note this month is the continuing work of the Standard Work Value Stream, its spread across the Trust, resulting in a consistent reduced length of stay of over 2 days, supporting many more patients to get home days earlier, and supporting the Trust to accommodate the increased acute activity seen across many of our wards. [Appendix 2: Transforming Care Production System (TCPS) Update for Sustainable Services Committee Meeting].

Also of note this month is the coming together of incremental improvements within our Emergency Departments, leading to a reduction in the time taken for patients to be seen and assessed, and made ready for transfer to their next destination. This is now consistently within 3 hours on both sites and is a particularly remarkable achievement given the winter months and the increase in activity. It should be noted that there are constraints to achieving the National 4 hours target which now are centred around the unavailability of inpatient beds and the fragile workforce situation.

A risk to the progress of the value streams is the KPO Teams ability to support the ongoing work and the additional improvement work needed to address the issues raised in the CQC report. To ensure alignment of the work, the KPO Team are working closely with the Moorhouse Team. A KPO Specialist is in all of the 5 Moorhouse streams of work, and the resulting action plan will be shared at the Guiding Team to enhance alignment and mitigate capacity issues.
Previously considered by

Appendix 1: SaTH’s monthly report (January 2019) for Transformational Guiding Board considered by Transformational Guiding Board and Sustainability Committee

Appendix 2: Transforming Care Production System (TCPS) Update for Sustainable Services Committee Meeting considered by the Sustainability Committee

The Board is asked to:

<table>
<thead>
<tr>
<th>Approve</th>
<th>Receive</th>
<th>Note</th>
<th>Take Assurance</th>
</tr>
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<tbody>
<tr>
<td>To formally receive and discuss a report and approve its recommendations or a particular course of action</td>
<td>To discuss, in depth, noting the implications for the Board or Trust without formally approving it</td>
<td>For the intelligence of the Board without in-depth discussion required</td>
<td>To assure the Board that effective systems of control are in place</td>
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Link to CQC domain:

<table>
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<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
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</table>

Select the strategic objective which this paper supports

- [x] PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- [x] SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- [x] HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- [x] LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- [x] OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

- [ ] Stage 1 only (no negative impact identified)
- [ ] Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Equality Impact Assessment

- [ ] This document is for full publication
- [ ] This document includes FOIA exempt information
- [ ] This whole document is exempt under the FOIA

Financial assessment

N/A
Appendices available in Information Pack:

Appendix 1: SaTH’s monthly report (January 2019) for Transformational Guiding Board

SaTH Report Out
Proforma for TGB - J2

Appendix 2: Transforming Care Production System (TCPS) Update for Sustainable Services Committee Meeting held January 2019

TCPS Update for Sustainability Committee
Situation

The Guiding Team overseeing the implementation of the organisations improvement methodology, TCPS (Transforming Care Production System), and reviews the progress and impact of the work monthly at the Trust’s Guiding Team, supported by a VMI Sensei, normally Deb Dollard.

This paper and the appendices describes how TCPS is underpinning the Trust’s improvement work and provides a level of assurance that progress is being made to address quality and performance issues in our most challenged areas.

Incremental improvements have combined within the focus of the value stream work to demonstrate tangible improvements in all of the 7 values streams:

VS#1: Standard Work Care Group owned (formerly Corporate Respiratory Discharge Value Stream)
VS#2: Sepsis
VS#3: Recruitment
VS#4: OPD Ophthalmology
VS#5: Patient Safety
VS#6: Emergency Department
VS#7: Radiology
VS#8: Surgical Pathway

The commitment of our staff to undertake TCPS training and apply their knowledge to improve the experiences of our patients and staff means we are now on trajectory to educate 4000 staff by April 2019, and have 1000 staff with evidence of applying TCPS.

Of particular note is the work of the Respiratory Discharge Value Stream that has transitioned to the care groups and has achieved a consistent 2-day reduction in length of stay. This work has now transitioned into the Standard Work Value Stream as it is spread and shared across the Trust. Many of the wards adopting this work are now evidencing a 3-day length of stay reduction.

A new piece of work the KPO Team is now co-ordinating is a 3P workshop in March 2019 to support staff and partnership engagement in production and plans to best utilise our two main sites post reconfiguration. This 3P (Production, Preparation and Process) workshop will allow up to 30 of our staff to spend a week creatively describing possible new pathways.

Background

Respiratory Discharge / Standard Work Value Stream

Following a series of Rapid Improvement Process Weeks (RPIWs), the embedding of kaizen methodology through the Transforming Care Production System and the education of at least 1 member of each member of our wards to the level of Lean Leader, has enabled improvements to be made in the patient’s journey, leading to an early discharge across our respiratory wards, and is now being rolled out to all of our inpatient wards.

In order to support the TCPS approach, maintain engagement and reduce risk of duplication, the requirements of the SAFER Programme have merged with the value stream. The whole programme was then relaunched as the Standard Work Value Stream and roll out kaizen plan created with an internal task and finish group reporting to the Care Group Boards.
The required improvements centre around board round, ward round, discharge planning, handover, afternoon huddles and the patient discharge progress. In addition, standard work around huddles, production boards and peoplelink boards and kaizen approach have enabled sharing of corporate and department objectives, monitoring of baseline and remeasurement, engagement and transparency with the work.

A project plan is used to monitor the individual, ongoing pieces of improvement work and reports through a governance structure to the Urgent Care Programme Board on a weekly basis. Excellent progress is being made, which is demonstrated in the continued reduction of unscheduled care average length of stay. Further work is required to improve the pre-12 noon discharge rates across all areas and to increase the MDT attendance and consistency of that attendance at the board rounds.

![Graph showing unscheduled care average length of stay](graph.png)

**Risks:**
The current risk to this MDT attendance is the fragility of the therapies workforce. However, there has been a recent recruitment day held which reports excellent possibilities to recruit good candidates.

A challenge too is the nursing workforce vacancies, which is affecting the ability of the nursing staff to update the patient status at a glance (PSAG) boards in flow. The increased level of activity in the requirement for acute beds has seen a less than expected improvement in the performance of both the ability to admit our patients from the ED, but also in the reduction in bed occupancy and further work is needed to create that bed capacity.

**Value Stream #2 Sepsis Pathway**

Key achievements include:
- Staff engagement in providing more timely and appropriate interventions when patients present with possible signs and symptoms of sepsis.
- The creation of an e-learning workbook and education programme, supported by the critical care outreach team.
- The ownership seen from our nursing colleagues including regular genba walks with the KPO Team, Matron and Medical Director.
- Downward trend in mortality associated with Sepsis.

**Risks:**
- The operational ownership for the sepsis work as the critical care team cope with the increase in demand
- The downward trend in Sepsis mortality may lead to an optimistic bias due to the relatively small numbers of sepsis cases.
• The challenge of maintaining a rapid response and providing the sepsis bundle in the required timespan during episodes of peak activity and demand in our ED departments whilst workforce challenges.
• Variance in sepsis champions availability and focus during periods of high demand.

![Quality Metric 1: Sepsis related deaths (Trust-wide)](image)

Value Stream #3 Recruitment
The Recruitment Value Stream has now demonstrated consistent improvement in their timeliness from the approval to vacancy advertised, and also from the length of time from interview to the conditional offer being sent, and the interview date being identified.

The reduction in lead time from when a vacancy is advertised to when the applicants starts within the Trust has reduced from 135 days to 67 days. The team have reviewed the applicants experience of applying for a job at SaTH and with the introduction of an improved electronic information system, the process is more transparent and data collection is much easier. The team are now using their experience, knowledge and improvements to consider how best to support the medical recruitment pathway and an event is planned for early February 2019. From this event a small number of kaizen events will be co-ordinated to support the improvement work required.

Value Stream #4 Outpatients Ophthalmology
Work has produced some significant improvements to one of our most challenged services, including a reduction in the wait for the first outpatient appointment.

The Value Stream Sponsor Team are now considering the best way to celebrate and spread these outcomes. Further work continues to support reducing the cancelled appointments by SaTH due to the non availability of medical staff. This work will be shared at this years Leadership Conference.

![Delivery Metric 1: Lead time](image)

Value Stream #5 Patient Safety Incident Reporting
The Team have already made significant progress, reducing the time from when an incident occurs to when an incident is identified by 73%. Importantly, as a patient, from when an incident is identified to when I know as a patient the outcome, this period of time has been reduced from 191 days to 49
days, significantly reducing the wait for feedback.

The test genba has been within the Women and Children’s Care Group, focusing in particular in maternity services. The engagement from the Women and Children’s Care Group has enabled the roll out of improvements across the Care Group.

The time from a DATIX date has been reviewed to final approval, has been reduced from 131 days to just 1 day in the last quarter of measurement. Encouragingly, the Trust has moved into the top 25 reporting centile.

The reduction in reporting seen in the last quarter is being reviewed and analysed against the level of activity to see if this decline in reporting is significant.

**Risks:**
We await this years staff survey results but are aware that we have not yet seen any year on year improvement in staff confidence and security in reporting unsafe clinical practice. This will be an area of focus going forward. Encouragingly, where feedback from a DATIX is requested, baseline measurement was just 25% of staff receiving the feedback; the team in Women and Children’s now report an 85% feedback rate and work is ongoing to reach the target of 100%.

**Value Stream #6 Emergency Department**
The ED pathway have achieved a reduction in ED lead time (arrival time in ED to transfer to next destination). There has also been a significant reduction in ambulance handover time, achieved through the implementation of rapid assessment, known locally as the ‘pit stop’ process. Reasons for inconsistent provision of pit stop are being addressed by the Value Stream and operational teams. The significant achievement that consistently patients are being assessed and made ready for transfer to their next destination within 3 hours on both sites during the winter months of the quarter (October 2018 – December 2018).

**Risks:**
The achievement of the National 4 hour target to admit patients is now possible when a solution to the constraint of unavailability of beds is enabled.

It should be noted that the work of the Standard Work Value Stream is extremely important to removing these flow constraints, as is the need to consider workforce and bed availability, capacity and constraints.
The establishment of value stream work for our most challenged processes is now being seen through the consistent and unrelenting hard work of our staff, and incremental improvements to improved performance. There is still significant work to do to ensure these improvements are maintained and can be converted into performance in National targets.

Appendix 1 outlines the current achievements, ongoing work and objectives of each of the value streams.

Appendix 2 describes the alignment of the value stream work with operational improvement plans.

The need to ensure that our staff, in particular our leaders continue to learn, practice and hone their skills in continuous improvement through the TCPS methodology, is crucial to the success of our transformation. Senior Leadership support through Executive Genba Rounding, Genba presence and role modelling is integral to the speed in which the benefits of this work can be maximised.

**Recommendation**

1. To receive an update on the progress of the work of the value streams.
2. To note the work of the value streams and the Value Stream Sponsor Teams, each led by an Executive.
3. To note the increased work and remit of the KPO Team to support the quality issues raised by the CQC Report.
4. To note the 3P event planned for 4-8 March 2019.
5. To note the current system constraints through bed capacity and workforce vacancies on the achievement of National ED admitted targets and the acceleration of this work.