Cover page	
Meeting	Public Trust Board Meeting
Agenda Item No.	9
Paper Title	Transforming Care Production System Update for Trust Board Meeting
Date of meeting	Thursday 4 April 2019
Date paper was written	Wednesday 27 March 2019
Responsible Director	Simon Wright, Chief Executive
Author	Cathy Smith, KPO Lead

Executive Summary

This paper to the Trust Board provides an update on the alignment between the work of the KPO Team to embed and progress the Transforming Care Production System work, and help deliver the organisational strategy.

The Transforming Care Production System, a combination of lean tools and methodology, a world class management approach to leadership and lean thinking, when applied consistently accelerates an organisations ability to improve the value of the work they do and drives up quality.

The experience of Virginia Mason Institute and others that have implemented this approach, demonstrates very clearly this requires long term commitment, energy to maintain standard work, and consistent focus on the results of the solutions and improvements.

The ongoing programme of work is a combination of 8 value streams; the coaching of our Lean Leaders to maximise their knowledge to maintain and develop their improvements. Further training of those responsible for daily management to ensure that the TCPS methodology is a fundamental element of the way we manage, lead and improve our work here at SaTH.

The progress of the value streams are demonstrated more fully in Appendix 1: SaTH's monthly report (March 2019) to the Transformational Guiding Board.

The planned 3P (production, preparation and process) workshop was held in March 2019, and included 50 of our staff participating for the week, and an additional 40 staff contributing over the 2 open door sessions, and 300 of our staff attending to hear the report out from the team. The VMI, KPO and SSP teams all concluded that this was a most successful event, increasing the engagement of our staff, and creating new ideas to help produce a plan for the configuration of our sites post FutureFit.

The outputs from our 3P will now be included into the programme of work for the SSP team and will be shared at the Sustainability Committee to ensure appropriate consideration of our colleagues views continue to be incorporated into the outline business case and the full business case. There is an opportunity for further support from VMI to apply lean thinking to the next phase of the FBC development.

An update of the continued work of the Standard Work Value Stream is included in Appendix 2, and the next focus of their work includes increasing the capability of those producing production boards and peoplelink boards, in order to maintain the focus of the improvements, including a 2-day reduced length of stay, pre 12 discharge and nurse support on ward rounds.

Also of note this month is our sensei visit from Melissa Lin (Transformational Sensei) who had the opportunity to look how TCPS was being used in our improvement work to address concerns of the CQC. A kaizen (improvement plan) is being developed to ensure alignment with value stream work, kaizen work and improvement work to address CQC concerns. Her feedback suggests that there is additional opportunity for our lean leaders to sue and coach others to use the methodology to explore root causes, implement improvements and measure the impact. This month our KPO Lead, Cathy Smith, leaves the organisation to join the STP on a part time basis, following her appointment to the new Programme Manager (improvement) role within the STP. Recruitment is underway to appoint a new KPO Lead to take forward this important work. It should be noted that there will be a period of reduced capacity within the KPO Team.

Previously considered by	*Appendix 1: SaTH's monthly report (March 2019) for Transformational Guiding Board considered by Transformational Guiding Board and Sustainability Committee* *Appendix 2: Standard Work Value Stream Update (February 2019)*

The Board is asked to:			
☐ Approve	☑ Receive	☑ Note	☐ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☑ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☑ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☑ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☑ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
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
Financial assessment	N/A
Appendices	*Appendix 1: SaTH's monthly report (March 2019) for Transformational Guiding Board considered by Transformational Guiding Board and Sustainability Committee*  SaTH's monthly report (March 2019) f *Appendix 2: Standard Work Value Stream Update (February 2019)*  Standard Work Value Stream Update (Febr

Main Paper

Situation

The Guiding Team chaired by the CEO received a report on the progress of the 8 value streams, and offers his support and guidance to accelerate the work. This paper and the appendices describe that progress to date and highlights the challenges facing the value streams.

The current value streams are:

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 focus this month is particularly on Value Stream #7 (Radiology) and Value Stream #8 (Surgical Pathway).

Background

Value Stream #7 (Radiology)

The goal was set to reduce the time taken to diagnose cancer in colorectal patients referred to SaTH and improve the quality of experience for our patients and staff in that process. The value stream sponsor team, led by Julia Clarke, Executive Sponsor, has now overseen three Rapid Process Improvement Weeks (RPIWs).

This work has led to a reduction of over 10 days from when a patients CT scan is requested, to when a patient has received their CT results. This has been enabled by a reduction in the time taken to report CT scans and also improvement to the process of receiving results. The increased confidence in the process of reporting CT scans and reliability of the time taken to complete the review and reporting of the CT scan, has allowed the team to identify more appropriately those urgent requests for a CT scan whilst still maintaining a consistent and reliable reporting pathways for those outside the 2-week pathway. This is allowing those patients with high suspicion of cancer to be prioritised.

Of particular importance is the continued reduction of time taken to provide our patients with the results of their scan, and therefore either reassure them that they do not have a cancer, or ensure they have a timely referral to the next step of their diagnosis and treatment.

The team are now preparing for another RPIW to review the process for multi-disciplinary team review of those patients suspected to have a colorectal cancer. Again, as we have seen with the previous workshops, the engagement from the value stream sponsor team, and the wider team is allowing rapid learning, but also rapid roll out of the improvements across the radiology team, supporting improvements to all patients receiving this service at SaTH.

We are once again grateful to our patients who not only attend value stream sponsor team meetings, to ensure that we remain patient focussed in our improvement methodology, but also participate in the improvement events.

Value Stream #8 (Surgical Pathway)
The surgical pathway value stream strives to improve safety and efficiency. This is from the perspective of a patient and the boundaries are from when I [the patient] am listed for an operation, to my operation is complete and I am transferred back to the ward. This work is supported by a value stream team, led by Nigel Lee, Executive Sponsor.

To date the team have overseen three Rapid Process Improvement Weeks (RPIWs) and are developing the lean capability of their team and are planning a kaizen event to improve the process for patients needing consent for intervention or an operation.

It remains early in the improvement journey but already improvement is seen by a reduction in the number of operations cancelled on the day of admission for patients. The work is increasing the engagement of our clinical and non-clinical teams in the work, and this is greatly supported by the Executive Genba Rounds undertaken by Nigel Lee and other Senior Leaders.

There is now a focus to align the considerable improvement work planned for theatres and the surgical pathway through the wider improvement plan to address concerns raised in the CQC report, to increase utilisation and efficiency through the consultancy team, Four Eyes. There will be an increasing need to take business intelligence from GIRFT, Model Hospital and the Four Eyes analysis into the value stream activity to ensure the work is aligned and the teams have the capacity to deliver against all of the improvement expectations.

Risks:
The risks remain as:

- The capacity of the care groups to deliver all improve work
- Delay the consent kaizen event to ensure availability of clinical teams and capacity to undertake observations and preparation of the people
- Focus will be required to ensure there is sufficient capability and ability to use the methodology and embed the improvements following the workshops.
- Focus is needed to ensure leaders are released to complete the lean leader programme and to use the methodology in their work.

Respiratory Discharge Standard Work Value Stream #1
The standard work approach continues to demonstrate the power of the TCPS approach and methodology. It highlights the time needed to embed new processes and the focus and time to support staff to deliver their work in a standardised and consistent way. As seen in Appendix 2, progress is being made; the 2-day length of stay reduction on the RSH site has been maintained and despite some improvement at PRH, there remains further opportunity to embed and reap the equivalent efficiency and improved experience for patients on the PRH site.

Following the success of ward managers to embed and maximise the potential of a production board to help them track actions, highlight trends and put in remedial work to ensure a consistent delivery of performance, they now move their attention to the peoplelink board which provides an opportunity to give an overview and strategic direction to the work, helping to join the dots from the organisational objectives to the work within each of the departments.

The Virginia Mason Institute have requested permission to write the work up as a case study, demonstrating the importance of maintaining a consistent and focused approach over a significant length of time.

Risks:
The data shows the risk of relying on a small number of people to undertake Lean for Leaders and the impact of changes in the workforce. Our ward managers are key to the embedding and maintenance of the standard work, and when there are gaps created by vacancies this shows a direct impact on the results. Work should be undertaken now to ensure a minimum of 3 lean for leaders on each of the wards.

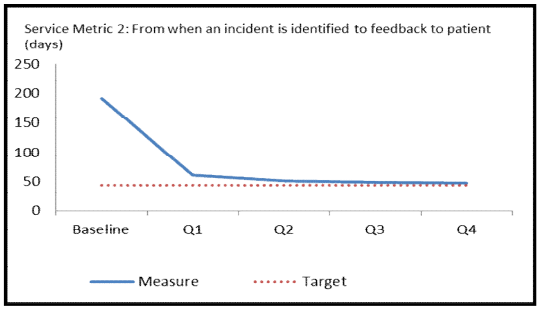
Value Stream #2 (Sepsis Pathway)
Key achievements include the growing number of sepsis champions and their focus on embedding standard approach to recognising and treating sepsis. The continued ownership of colleagues to regularly undertaken genba walks are supporting our staff to maintain the standard work needed to identify and treat sepsis.

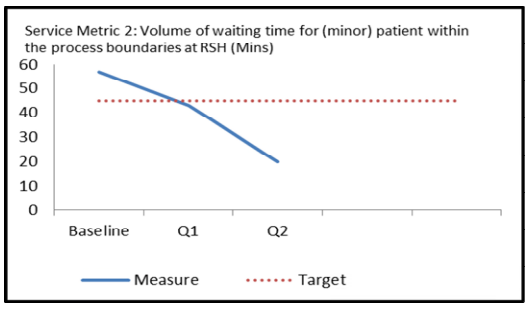
The agreement to appoint a Sepsis Nurse to continue and main stream this work.

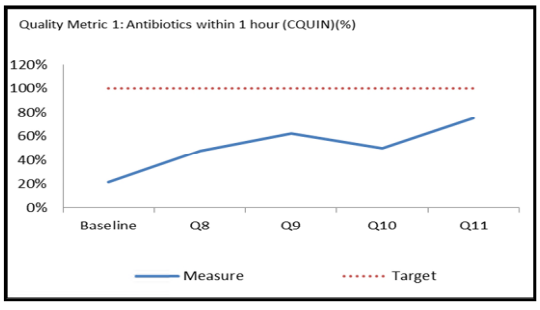
Risks:
Relying on a single or small number of sepsis champions in any one ward or area will inevitably lead to gaps when vacancies occur. Succession planning and wider knowledge of the process needs to be built into standard work. The appointment of a Sepsis Nurse may lead to a lack of focus from others who feel less responsible for the work. A continued collective responsibility for the delivery of appropriate care for our patients suspected of developing sepsis needs to be maintained.

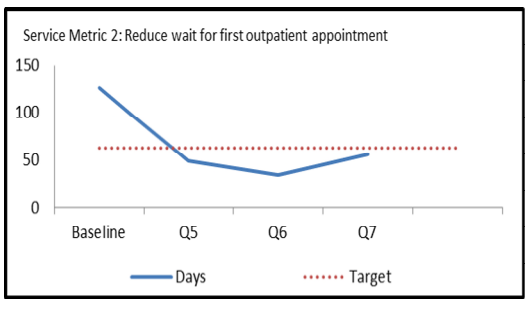
Assessment

The overall assessment would be that persistence is revealing results across all of the value streams and where those measurements and results deviated from the expected improvement, our methodology provides the tools to dig deeper into the root causes using 5 whys or fishbone analysis to identify the next piece of improvement work, whether that be via a shorter kaizen event, or full RPIW, or whether in fact, the daily management aspect of doubling our attention to the standard work, the following of agreed process pathways, and looking for ways to improve further on a daily basis, helps us to maintain those improvements.









A wider impact of the work is that through the new Engagement and Enablement Group, the team have been looking how the TCPS methodology can help; the peoplelink conversation film has been undertaken by the Pharmacy Team and is available on the SaTH intranet to support our staff,

maximising the opportunity of a peoplelink board and the conversation that is held around the data on that board, helping to join the dots between our organisational objectives and the work of everyone in that particular department.

Standard work rolled out from the respiratory value stream across all wards continues to deliver a better experience for our patients but also provides a framework for our other value streams to transfer their work into operational everyday ways of delivering and improving the standard of care and process within the Trust.

The depth of training and engagement in TCPS continues, seeing our first two secondments to the KPO Team from our Procurement Team. Our first apprentice is in post, and recruitment is underway for our first Clinical Fellow.

The breadth of training has now covered 4000 of our staff in at least a 30 minute introduction with 1000 of our staff able to deploy the methodology. 5S and Lean for Leaders training remains popular and our staff and patients continue to be engaged in the workshops and wider work, this being demonstrated by 50 of our staff, the majority of which were senior medical staff, being involved in a week long 3P workshop to shape the future configuration of our services.

The risks to the work come mainly from the capacity and capability to use the Transforming Care Production System in everyday operational work. This is growing, and there is a huge appetite to be involved in the work, the Board need to be aware of the conflicting priorities that can occur through our workforce challenges, and our often culture of crisis management.

Recommendation

The Trust Board are asked:

- To note the success of the 3P event, both to engage a large number of staff in optimising the use of our estate to provide appropriate clinical adjacencies following the reconfiguration of our services, but also in helping to progress the information needed to produce the outline business case and full business case.

- To note the continued work of the value streams, and the value stream sponsor teams, and their intention to transfer and operationalise much of the work into every day normal business.

- To ensure there is KPO and leadership capability and capacity to deploy the Transforming Care Production System at every opportunity through the work of the Trust.

- To note there will be a vacancy within the KPO Team (KPO Lead) which will in the short term impact on the capacity of the team.

- To note the forthcoming National Sharing Event which will be hosted by SaTH on Wednesday 26 June 2019, and the encouragement for the Trust board to be in attendance

- To note that SaTH's Healthcare Procurement Service are finalists for the Procurement / Initiative of the Year Category, HSJ Finance Value Awards 2019. This is in recognition of the Procurement Teams Lean Methodology Journey.

NHS Partnership with Virginia Mason Institute

Transformation Guiding Board

March 2019

Report Out

The Shrewsbury and Telford Hospitals NHS Trust
Transforming Care Production System



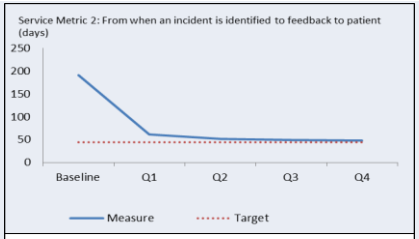
Proud To Care
Make It Happen
We Value Respect
Together We Achieve

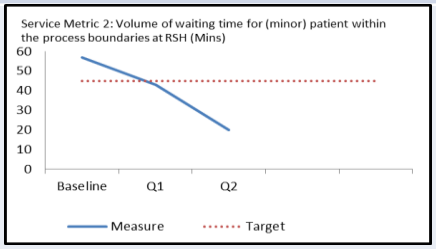
TRANSFORMING CARE INSTITUTE

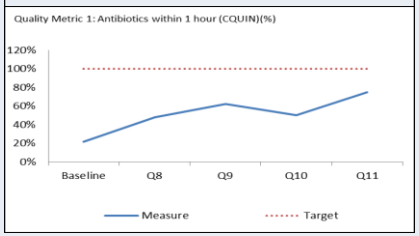
SaTH Headlines

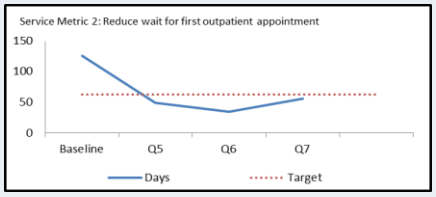
KEY ACHIEVEMENTS

SAFETY – Persistence is revealing results









WIDER IMPACT

- A new engagement and enablement group to support staff to further engage with Trust work has been established and is looking to the TCPS methodology to help. A people link conversation has been filmed and development of the Every day Ideas form is in progress.
- Standard work from rolled out from the respiratory value stream across all wards continues to deliver a reduction in length of stay and reduced stranded patients

DEPTH OF TRAINING AND ENGAGEMENT

- Two secondments commenced with the KPO team
- First apprentice post in the KPO team filled
- Breadth of training - now over 4000 trained and 1000 plus using the TCPS to improve patient care and staff experience
- 5S and Lean for leaders remains popular
- Patients engaged in workshops and wider work
- Value stream work now commenced to support medical recruitment and Lung cancer care

TRUST WIDE IMPROVEMENTS

- 3P workshop with 50 staff representing their departments have been engaged in using VMPS methodology to decide the best clinical adjacencies to support improved patient care and performance post reconfiguration

SaTH 3P Event

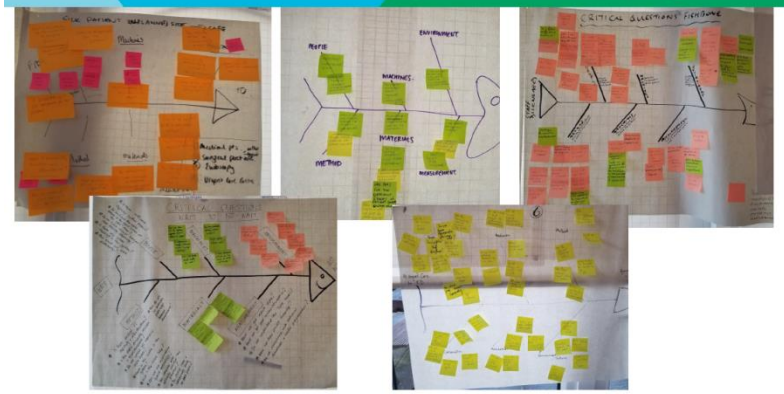
50 staff from across the Trust attended the week-long 3P event

Guiding Principles for the 3P Event:
Model design to maximise clinical adjacencies, workforce adjacencies and demand in line with the SSP Clinical model

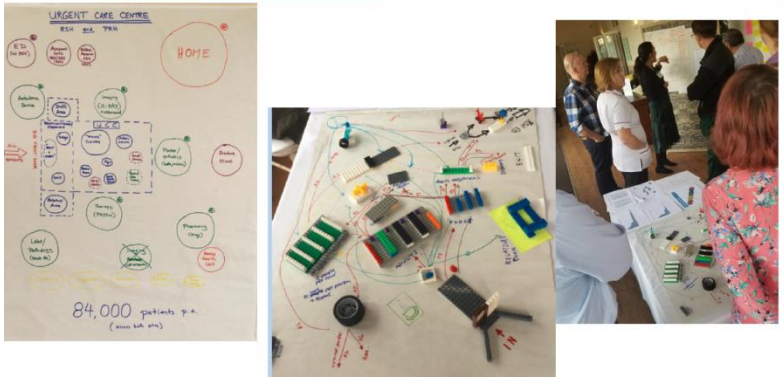
3P Targets:

- Reduce, as a result of bed unavailability, the frequency of SaTH cancelling planned operations by 98%
- Reduce the potential for breaches in 4-hour ED targets to 5%
- Reduce the waiting to access a clinical review in ED ensuring 95% of patients are seen within 4 hours
- Reduce the lead time, (waiting/assessment and treatment) for patients attending an urgent treatment Centre UTC to under 2 hours

Fishbone Critical Question Mapping



Urgent Treatment Centres



ED Assessment, Sort and Decant

- Single point of entry
- Right Patient, Right Place, Right Time
- Function dictates form
- Sharing is caring
- Digital solutions

Value Stream #1 – Respiratory Discharge

Highlight report Value Stream 1

- Significant, consistent additional spells accommodated within the two respiratory wards
- Consistent reduction of average length of stay (2 day reduction)
- Spread achieved and sustained across both respiratory wards
- Transition of Value Stream to Care Group demonstrated in TPR metrics
- 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
- This value stream has been transferred to the Care Groups and is now known as the Care Group Standard Work Value Stream
- The original metrics have been simplified and are now measured across the Trust

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 (Care group led)	Criteria Led Discharge	90 days	PDSA commenced on additional wards
RPIW #8: Nov 2018	Complex Discharge	90-days	

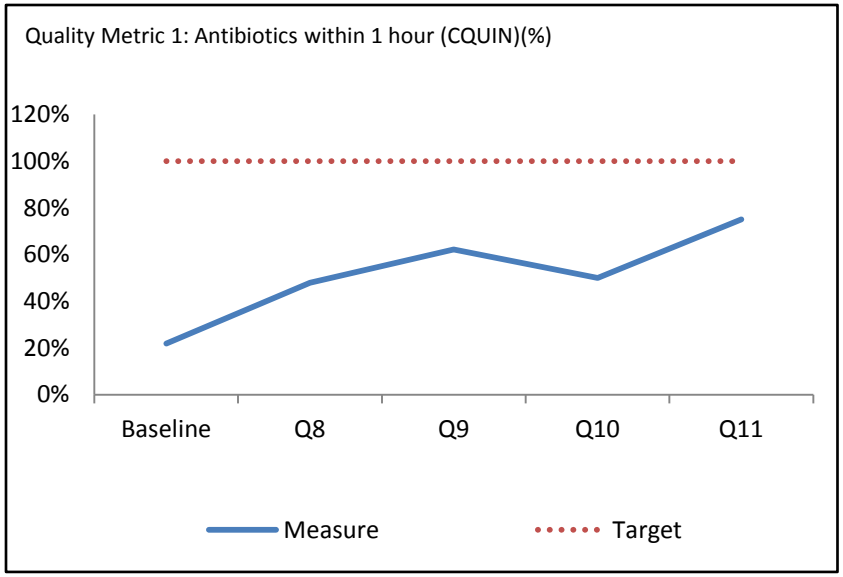
Major improvements/benefits: **Date of last update: March 2019**

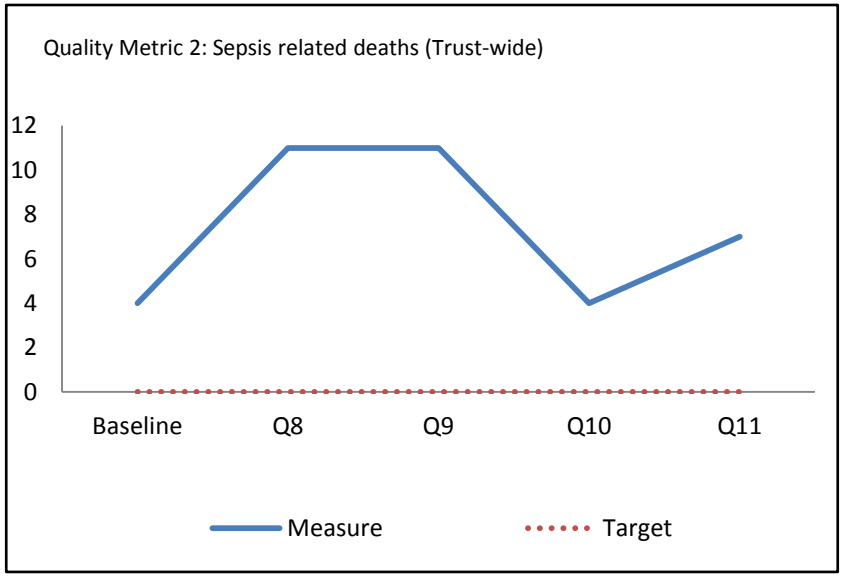
- **13 different quality improvement**s made and sustained to the respiratory discharge process
- **11** quality improvements implemented within Ward 9 (Respiratory, PRH), 10 quality improvements implemented within AMU, PRH. Focus now on AMU, PRH and Ward 27 at RSH
- **32 non value adding hours** removed 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

Data metrics: March 2019

Exec sponsor: Edwin Borman





Value Stream #2 – Sepsis – A3

SEPSIS VALUE STREAM A3

Goal: Recognition and delivery of the complete Sepsis Bundle within 60 mins

Executive Sponsor:	**Edwin Borman**

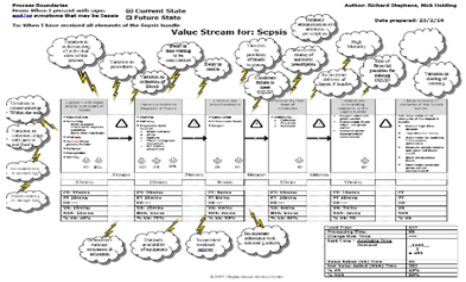
Sponsor Team:
Rebecca Hawkins (Antibiotic Pharmacist); Alan Jackson; Fiona Jutsum (Consultant Anaesthetist); Emma Salvoni (SAU RSH); Sam Hooper (Programme Manager); Hannah Pope (AMU RSH); Corrin Dorsett (ITU RSH); Louise Ingrouille-Grove (ITU RSH); Kofi Asante (Junior Doctor)

KPO Support:
Marie Claire Wigley

Aim Statement/Target Condition

Sepsis is a major cause of death for patients who need hospital care due to infection. However, with rapid diagnosis and treatment according to guidelines, mortality can be reduced dramatically.

100% of Patients in SATH should be screened for Sepsis appropriately and receive their full Sepsis Bundle within 60 minutes of recognition.



The Plan to Improve:

RPIW Topic	Sponsor	Process Owner	Date
Recognition and Screening of Sepsis	Jo Banks	Viola Jones	25-29th April 2016
Delivery of Sepsis Bundle	Alan Jackson	Andrea Walton	8-12th August 2016
Inpatient Diagnosis of Sepsis	Clare Walsgrove	Wilf Cadelina	5-9 December 2016
Blood Sample Turnaround	Rebecca Hawkins	Karen Gibson / Lynette Eardley	8-12 May 2017
Sharing of Sepsis Learning	Edwin Borman	Hannah Adkins	19-23 March 2018

Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Some ward and department areas do not see regular Sepsis Cases	Simulation training for wards and departments who do not see regular Sepsis cases	August 2019	
Sepsis Nurse / Practitioner funding not agreed	Sepsis Nurse/Practitioner to be discussed at SLT regarding funding	12th March 2019	
Assessment and Documentation tools have been introduced - ? being utilised	Audit use of assessment and documentation tool	August 2019	
Recommendation by the Guiding Team for the Value Stream to be transitioned	Prior to transition Sepsis Nurse/Practitioner and Sepsis working group to be in place.	12th March 2019	
There is no record on ESR of the staff who have been educated by the Critical Care Outreach team (CCOT)	Send CCOT database to Marie Claire for entry onto ESR	12th March 2019	
VSST require assurance of the embedding of the Sepsis improvements across the Trust	Share genba walk dates and amended genba walk agenda with VSST	12th March 2019	
All wards and departments require a Sepsis Champion	Email list of Sepsis Champions to Helen Jenkinson for confirmation of names for all wards and departments	12th March 2019	
PGD for administration of antibiotics is progressing through Pharmacy governance	Check for update on PGD	12th March 2019	
Nursing staff will require training to use the PGD	Plan for actions regarding PGD training plan once the CCO team support period has ended.	12th March 2019	

Value Stream #2 – Sepsis – A3

Transforming Care Metrics	Source	Baseline	Target	2nd Quarter Aug – Oct 16	3rd Quarter Nov 16 – Jan 17	4th Quarter Feb – Apr 17	5th Quarter May – July 17	6th Quarter Aug – Oct 17	7th Quarter Nov 17 – Jan 18	8th Quarter Feb 18 – April 18	9th Quarter May 18 – July 18	10th Quarter Aug – Oct 2018	11th Quarter Nov-Jan 2019	% Change
Quality Metric 1: • Antibiotics in 1 hour (CQUIN)	CQUIN Audit	Q2 2015 21.9%	100%	31%	26%	5%	79%	67%	0%	48%	ED 65.8% Inpt 62.2%	ED 68.1% Inpt 50%	ED 57.9% Inpt 75%	ED 164% Inpt 242%
Quality Metric 2: • Sepsis related deaths (Trustwide)	Mortality trending data	Q3 2015 4 per month(median)	0	5 per month	5 per month	14 per month	22 per month	28 per month	19 per month	11 per month (median)	11 per month (median)	4 per month (mode)	7 per month (mode)	75% increase
Delivery Metric 1: • Lead Time (median)	KPO Team observations	Initial observations 427 mins	60 mins	372 mins	190 mins	190 mins	67 mins	67mins	67mins	240 mins	87 mins	111 mins	Awaiting data	83%
Delivery Metric 2: • Length of Stay	Informatics Team	Q3 2015 8.6 days	5 days	8.4 days	9 days	9 day	12 days	12 days	12 days	12 days	12 days	12 days	Awaiting data	30%
Morale Metric 1: • Staff Engagement Score	Annual Staff Survey	2015/16 3.7 (out of 5)	5 out of 5	3.7 (out of 5)	3.7 (out of 5)	3.7 (out of 5)	3.7 (out of 5)	3.8 (out of 5)	3.8 (out of 5)	3.8 (out of 5)	3.73 (out of 5)	3.73 (out of 5)	3.73 (out of 5)	1%
Morale Metric 2: • Staff Satisfaction ('I am satisfied with care I give' – those who agree)	Annual Staff Survey	2015/16 51%	100%	51%	51%	51%	71%	71%	71%	71%	71%	71%	71%	39%
Cost Metric 1: • Delivery of Care (Trustwide)	Finance	Q3 2015 £278,733	TBC	£433,629	£242, 764	£248,115	£230,398 (Feb & Mar only)	£806,766	£1,054,314	£1,719,886	£1,671,777	£1,525,00	£458,715	%
Cost Metric 2: • Average cost per case (Trustwide)	Finance	Q3 2015 £1,336	TBC	£1,412	£1,364	£1133	£1287 (Feb & Mar only)	£1222	£1387	£1579	£1620	£1525.50	£1598.00	5%

Value Stream Executive Sponsor Comments

What has gone well?

- Sepsis Boxes and Trolly are on each ward and department across both sites
- Ongoing monthly Sepsis Champions meetings at RSH and PRH to support the embedding of the Value Stream work
- Sepsis Booklet/ e-learning has been completed by nearly 1400 staff

What could have gone better/ Where do I need support?

- Sepsis Practitioner / Nurse role has not yet been agreed and recruited to
- Nursing staff will require training to use the PGD for antibiotics once it has been agreed through Pharmacy. The support from the Critical Care Outreach Team ends in February so there is currently no resource for training the nursing staff

What are my actions?

- Ensure the Moorhouse project work supports the value stream work
- Establish regular genba rounding to help the embedding of the Sepsis work, especially the use of Production Boards and People Link Boards to understand each areas performance in treatment of Sepsis
- Identify the next improvement event topic and scope.

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
  - Roll out of Sepsis Boxes across the Trust
  - Sepsis education programme delivered by the Critical Care Outreach Team
- **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	Roll Out
RPIW #5: 19 March 2018	Developing guidance for Sepsis	Closed	Roll Out

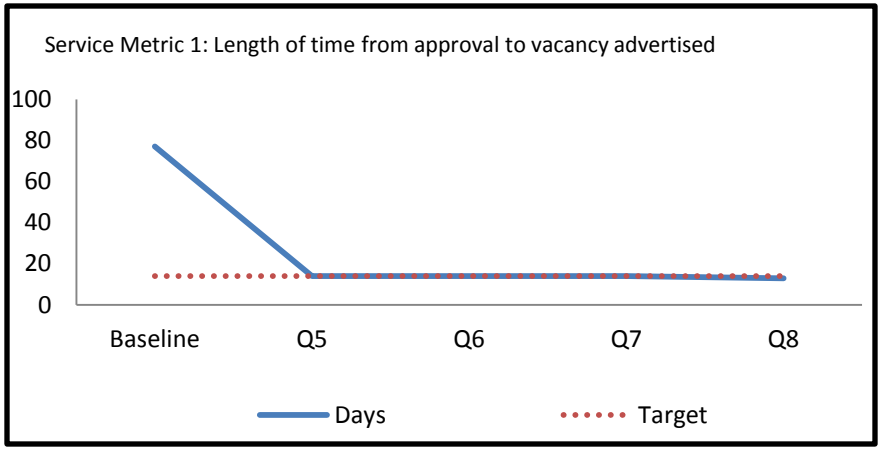
Major improvements/benefits: **Date of last update: March 2019**

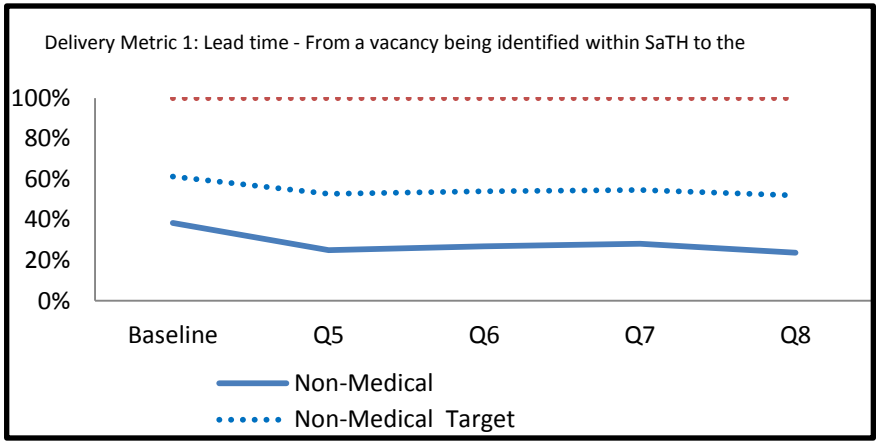
- 12 quality improvements made within the sepsis pathway including use of screening tools, Sepsis trolley, reduction in late observations and blood culture processing
- 11 ½ hours of non value adding time removed from screening for sepsis , diagnosis of sepsis and delivery of sepsis bundle pathway (single patient pathways)
- 968 steps no longer required to collect equipment and collect/deliver blood culture samples (single patient episodes)
- Sepsis Trolley rolled out to AMU, Emergency Departments at RSH and PRH
- Sepsis Box rolled out across the Trust
- Development of over 30 sepsis champions
- 1000+ staff completed sepsis learning e-book

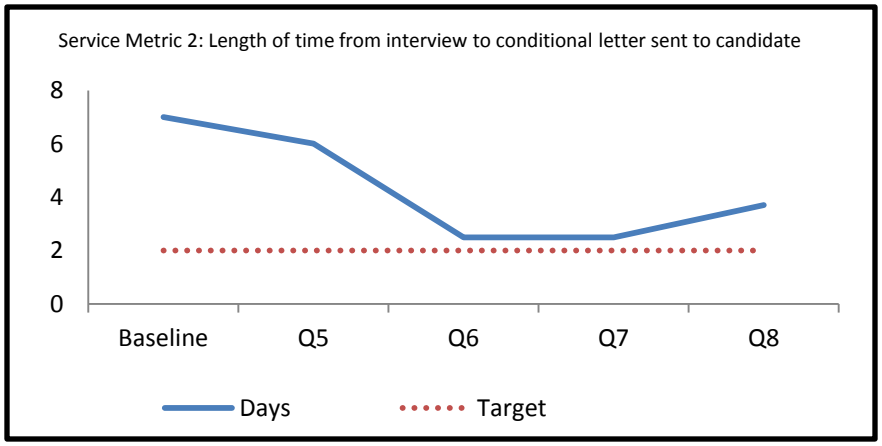
Value Stream #3 – Medical Recruitment

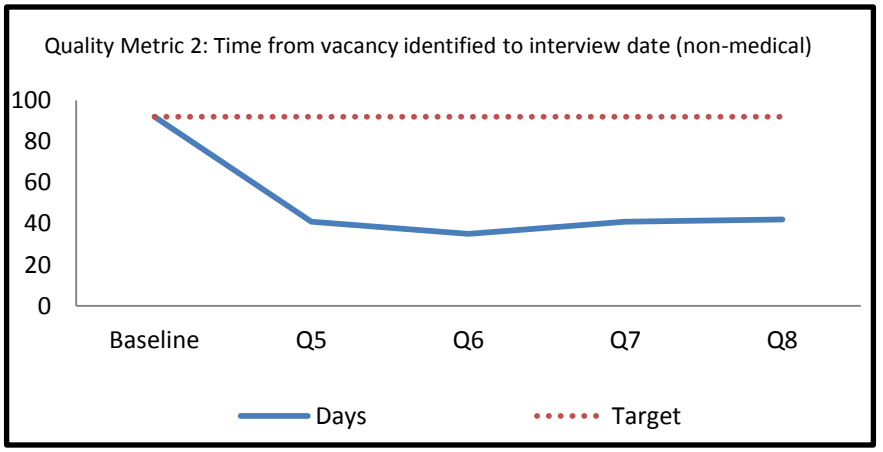
Data metrics: March 2019

Exec sponsor: Victoria Maher





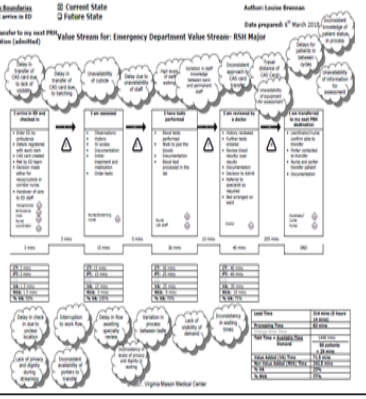




Value Stream #3 – Medical Recruitment – A3

Goal:	
Executive Sponsor:	Victoria Maher
Sponsor Team:	
KPO Support: Louise Brennan	

Aim Statement/Target Condition



Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Update and revise value stream boundaries	• Discuss boundaries at Value stream sponsor team meeting • Agree revised boundaries at Guiding Team Meeting (GTM) • Update VSM and display within genba and accountability wall	• Thursday 10th January 2019 • Thursday 17th January 2019 • Thursday 17th January 2019	Completed
Production Board and Peoplelink training session for ED staff	• Review KPO capacity to provide 1 hour training sessions. • Discuss at next ED VSST regular genba walks within each ED • Liaise with managers to identify staff to attend training	• End February 2019	
Create a staff engagement metric that can be measured in real time	• VSST members to develop metric with staff in ED. • To collect during team meeting.	11th February 2019	
Roll out of RPIW kaizen work to opposite site	• Test of new documentation, PDSA and then roll out. • Share new X-ray request card with ED team at huddle • PO and Sponsor for RPIW #5 to roll out improvements to PRH site	• Week commencing 4th March 2019	
Metric A. Volume of waiting time for patients within the process boundaries.	• Raise profile of specialty review SOP within medical meetings • PDSA the SOP and display within the genba • ED improvement event exploring the use of the whiteboard. • Recruitment of ED staff to support early assessment	• Action completed • Action completed • Monday 14th January 2019- completed • Ongoing	
Metric B. Lead Time arrival to transfer to next destination	• Increase in lead time at PRH site prompted the review of the process boundaries to understand where the constraint is within the process. • Share learning's with the standard work value stream to highlight and support flow issues.	• Thursday 24th January 2019 • Mid February 2019	
Metric C. Arrival to DTA	• The value stream map boundaries are to be adjusted to end point of DTA to focus the improvement work. • To continue to measure transfer to next destination time • Reduction in metrics between Q1 and Q2 demonstrating removal of waste in the process. • Demonstrated further value stream improvement events required to meet target.	• End March 2019 • Next RPIW May 2019	
Metric D. Ambulance hand over time	• Reduction in handover times for both sites. • VSST aware that Pit stop process not consistently used. To review and explore who could champion the work to ensure the process is used. • VSST Executive sponsor to investigate how a reduction in handover time has impacted corridor hand over fines • Kaizen event to review ambulance handovers- pit stop and CDU at RSH	• End January 2019 • Thursday 24th January 2019	
Metric E Minors pathway Lead Time	• Roll out minors pathway learning from RPIW #5 to PRH site • Continue remeasures for next 60 days • Present metrics on peoplelink board	• Week commencing 4th March 2019	

Value Stream #3 – Medical Recruitment – A3

Targets				
Metric	**Baseline**	**Target**	**Q1 (July-September 2018)**	**Q2 (Oct-Dec 2018)**
A. Volume of waiting time for patients within the process boundaries. 1. RSH 2. PRH	1. 242.5 minutes 2. 320 minutes	120 mins	1. 357 mins 2. 297 mins	1. 230 mins 2. 529 mins
B. Lead Time arrival to transfer to next destination 1. RSH 2. PRH	1. 314minutes (5hrs 14 minutes) 2. 383 minutes (6hrs 23 minutes)	3 hours 59 mins	1. 404 mins (6 hours 44 mins) 2. 323 mins (5 hours 23min)	1. 360 mins (6 hours) 2. 619mins (10hrs 19 mis)
C. Arrival to DTA 1. RSH 2. PRH	1. 180mins (3 hrs) 2. 170 mins (2hrs 50 mins)	120 mins	1. 280 mins (4 hours 40 mins) 2. 235min (3hrs 55 mins)	1. 170 mins (2hours 50 mins) 2. 176 mins (2 hrs 56 mins)
D. Ambulance hand over time 1. RSH 2. PRH	1. 35 minutes 2. 32 mins	15 mins	1. 20 mins 2. 25 mins	1. 2.16 mins
E. Minors Pathway Lead Time RSH **From: I am triaged in ED reception** **To: I leave ED minors**	78 mins	60 mins	N/A	21 mins (30 day remeasures)

Value Stream Executive Sponsor Comments

What has gone well?

- Engagement from ED team to roll out the improvements from RPIW 5
- ED staff at RSH feeling empowered to make inprovements and mistake proof situations- Louise Rigby has done some improvement wok in ED to the Paed resus area to make it safer during a resus for both adult and Paed patients. Louise came in on her day off to make the changes. The plan is also to roll out the work to the PRH site. Louise and Kim Humphries came along to the staff kaizen huddle today (Friday 25th Jan) and shared the work.

What could have gone better/ Where do I need support?

- Genba walk
- Review impact of not progressing the actions form RPIW #4- VSST will add this to the risk register in radiology and ED
- Delay in docmation form the printers which as delayed testing the revised CAS card.

What are my actions?

- Share moorhouse update and CQC improvement plan as only agenda item at next VSST meeting

Value Stream #3 – Medical Recruitment

Highlight report Value Stream 3

- Value Stream Development Day held in February 2019 and a programme of improvement work focusing on Medical Recruitment has been made; first RPIW scheduled for June 2019 and will focus on job descriptions for medical vacancies

- Reduction in lead time (**From** when a vacancy is advertised, To the applicant starts with the Trust) sustained at 67 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	Closed	Roll Out
RPIW #5: 29 Jan 2018	Departmental preparation for 1st day	Closed	Roll Out
RPIW #6: 23 April 2018	Advert to Interview	Closed	Roll Out
RPIW #7: 30 July 2018	Skill alignment	Closed	Roll Out

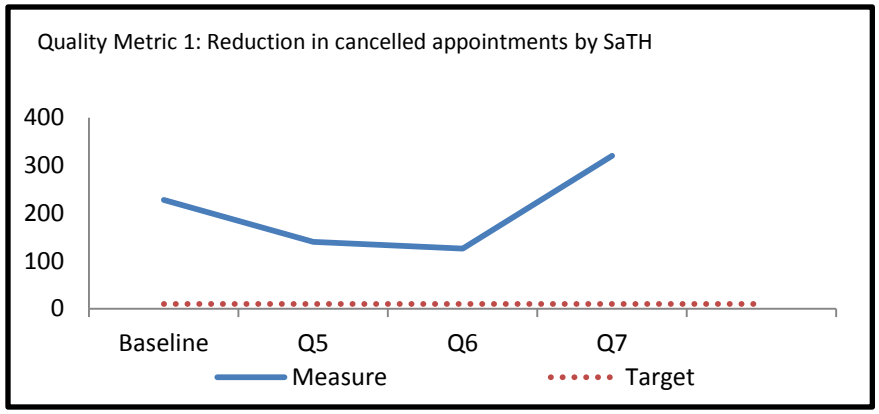
Major improvements/benefits: **Date of last update: March 2019**

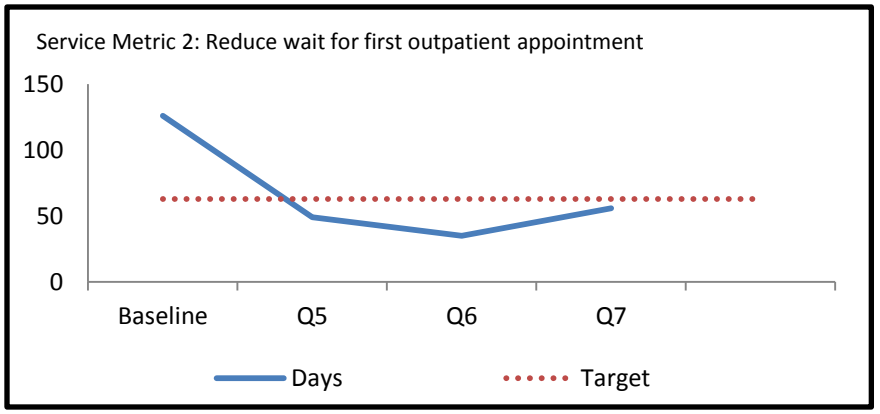
- Lead time (from vacancy identified to staff member's first day) reduced by 10 weeks from 135 days to 68 days
- Potential new staff aware of interview date at advert stage – 19 day improvement
- Lead time from close of advert to interview reduced by 15 days
- New starter information leaflet to improve candidate experience on their first day in the Trust
- Experienced Based Design Questionnaire used within RPIW to understand and improve staff experience of recruitment

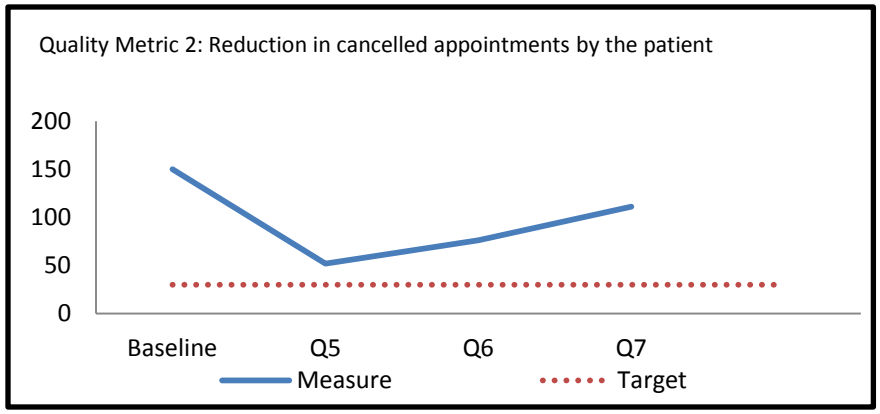
Value Stream #4 – Outpatient Ophthalmology

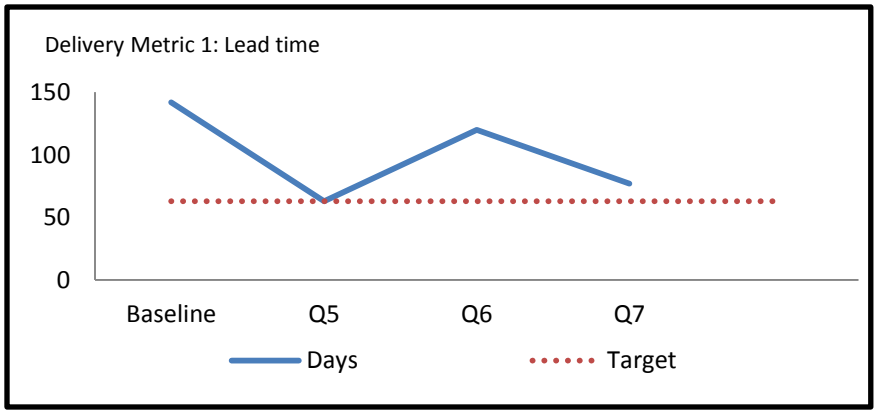
Data Metrics Updated: March 2019

Exec sponsor: Tony Fox









Value Stream #4 – OPD Ophthalmology – A3

OUTPATIENT CLINICS - OPHTHALMOLOGY VALUE STREAM A3

Goal: To improve the performance against the national Emergency Department (ED) 4hour target and to continuously improve the ED processes to benefit patients.

Executive Sponsor:	Tony Fox

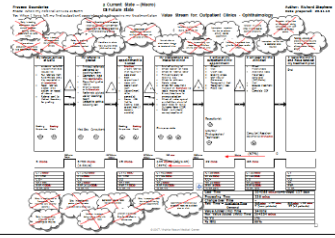
Sponsor Team:

Tony Fox (Executive Sponsor); Andy Elves; Ewan Craig; Andrew Scott; Julie Southcombe (patient representative); Clare Marsh; Coleen Smith; Simon Balderstone; Andrew Evans

KPO Support:
Richard Stephens

Aim Statement/Target Condition

NHS England have set the standard that all patients presenting to ED should be seen and discharged within 4 hours, or if admitted transferred to a ward within four hours of the decision to admit.



The Plan to Improve:

RPIW Topic	Sponsor	Process Owner	Date
RPIW #1 Patient Information - Letters	Andrena Weston	Ian Green	6 – 10 March 2017
RPIW #2 Patient Clinic flow and experience	Simon Balderstone	Debbie Allmark	12 – 16 June 2017
RPIW #3 Clinic Preparation	Andy Elves	Mel Watkiss	7 – 11 August 2017
RPIW #4 Grading of Ophthalmology referral	Andrew Scott	Lizzie Jones	6 – 10 November 2017
RPIW #5 Eye Injections in clinic	Andy Elves	Clare Marsh	5 – 9 February 2018
RPIW #6 Cancellation and re-booking of appointments	Andrena Weston/Julie Southcombe	Cath Tranter	4 – 8 June 2018
Kaizen event #1 Clinic flow	Julie Southcombe/Andrew Evans	Colleen Smith	5 – 7 December 2018

Kaizen Plan

Month	RPIW – Topic	Link to value stream cycle box	Genba	Key improvements	L4L
January 2017	SDD				
March 2017	Patient information - letters	Cycle boxes 1, 2, 3, 4, 5	Booking office	• 5S applied to clinic letters resulting in reduction from 17 to 1 and improved patient feedback • Introduction of acknolwdgement letter reducing frist contact time from 56 days to 4 days ((93% improvement) • 100% improvement on booking staff knowledge of process with introduction of flow chart • 47% reduction in the number of times letters are delayed by changing timings of electronic transmission to "Syneretec"	Andrena Weston
June 2017	Patient Clinic Flow and Experience	Cycle boxes 5,6,7	Ophthalmology Outpatient clinic (MTX) PRH	• Introduction of patient pathway card to improve patient experience by 86% • Introduction of sub waiting area placing patients closer to clinical staff following provision of eye drops: improved patient experience (100% improvement) • 67% reduction in lead time • 100% improvement to patients being taken to wrong clinic by hospital transport by providing access to SATH patient information system to transport staff	
August 2017	Clinic Preparation	Cycle boxe 4	Clinic preparation offices RSH	• Introduction of coordinator role to look for and escalate missing notes • Introduction of dedicated e-mail & telephone with dedication number has made significant improvement to interruptions • Introduction of kit box with all necessary items for "prepping" provided to temporary staff/hot desking significantly reducting set up time. • Introduction of numbering system for storage of notes resulting in reducing steps and time for staff	
November 2017	Grading of Ophthalmology outpatient referral	Cycle boxes 1,2	Booking centre & Medical Secretaries offices RSH	• Introduction of electronic grading with provision of smarcards reduced lead time by 71% • Change of "run time" sending paper referrals from booking centre to secretaries changed to 1230 • Changes to tracking system and report to mistake proof referrals over two weeks	
February 2018	Eye Injections in clinic	Cycle boxes 5,6,7	Ophthalmology outpatient clinic RSH	• Introduction of "One Stop Shop" for patients able to have injections on first appointment • Reduction in approximately 3.5 miles per week for Staff • Introduction of patient information to improve patient experience • Change of layout to clinic resulting in improved flow and reduced	
June 2018	Cancellation and re-booking of appointments	Cycle box 3	Booking office RSH	• 5S of leave request form • Introduction of standard work to process leave requests daily • Change of process for booking office to cancel clinics using scripts • Change process to call patients when making chages to appointmens	

Value Stream #4 – OPD Ophthalmology – A3

Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Roll-out	• Agree action plan to ensure all key improvements are captured and opportunities to roll out • Produce A3 to capture key improvements	• End of February 2019	
Handover of Value stream to care group	• Prepare to handover value stream to care group on completion of Kaizen event 90 day re-measures • Invite Unscheduled Care members to join Sponsor team meeting to brief on process and successes to date following handover of Respiratory value stream	• End of March 2019	
Medical support to improvements following Kaizen event at RSH	• Tony Fox to meet with Ophthalmology Consultants to understand barriers to introduction of morning huddle	• End of February 2019	

Key Targets

Metric	Baseline	Target	Q6 (July-September 2018)	Q7 (Oct-Dec 2018)
1. Reduce wait for first Outpatient appointment	126 days (18 weeks)	63 days (9 weeks)	35 days (5 weeks)	56 days (8 weeks)
2. Lead Time: From when my referral arrives at SATh to when I have left my first appointment and received my treatment plan	142 days	63 days (9 weeks)	77 days (11 weeks)	91 days (13 weeks)
3. Reduction in ASI (Appointment slot issues) numbers	145	0	1	5
4. Reduction in cancelled appointments by SATH	228	10	126	320
5. Reduction in agency spend	58k	£0	£0	£0

Value Stream Executive Sponsor Comments

What has gone well?

- Engagement from all members of the Ophthalmology team during a very busy period of change, including major restructuring/moving of services cross-site.
- Support and engagement from Patients. The team has been supported by two visually impaired patients – Lin Stapley & Julie Southcombe. Julie has taken part in a RPIW, is a member of the sponsor team and acted as Sponsor for two events.
- Significant reduction in agency spend and ASIs
- Cost saving and improved patient experience/outcomes by ensuring zero defects for patients being taken to correct clinic by hospital transport
- Improved patient choice and experience by calling all patients when changing an appointment

What could have gone better/ Where do I need support?

- Widening scope to incule e-referrals managed by the CCG
- Transferring the work into daily operational business
- Sustaining the changes, particularly in clinics

What are my actions?

- Successful handover of value stream work to Care Group

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
  - Improved patient experience and cost saving by ensuring patients do not arrive for cancelled appointment with change to electronic process for sending letters
  - Improved patient choice due to calling all patients when changing appointment
- **Risks or challenges**
  - Widening the scope to include e-referrals managed by the CCG
  - Transferring the work into daily operational business

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	Closed	Roll Out
RPIW #5: 05 Feb 2018	Eye Injection	Closed	Roll Out
RPIW #6: June 2018	Cancellation and rebooking of OPD appointment	Closed	Roll out
Kaizen Event #1: Dec 2018	Clinic Flow	90-days	Roll Out

Major improvements/benefits:

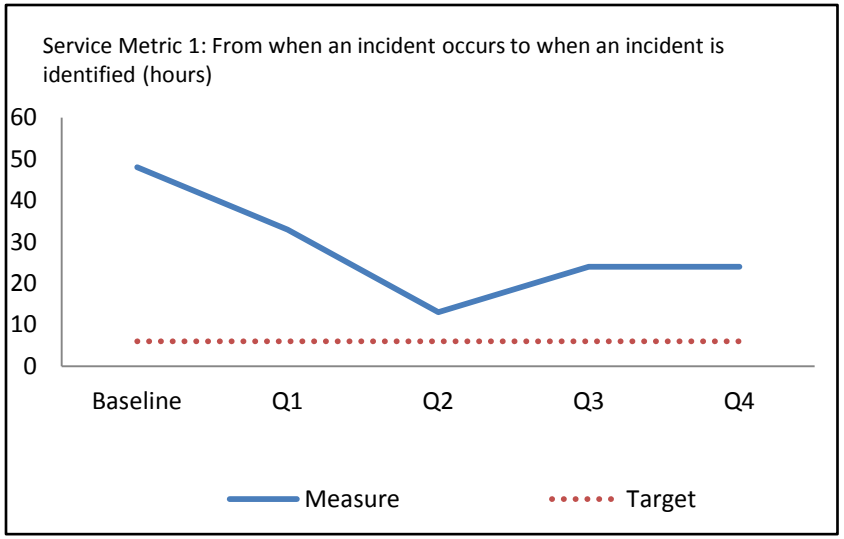
Date of last update: March 2019

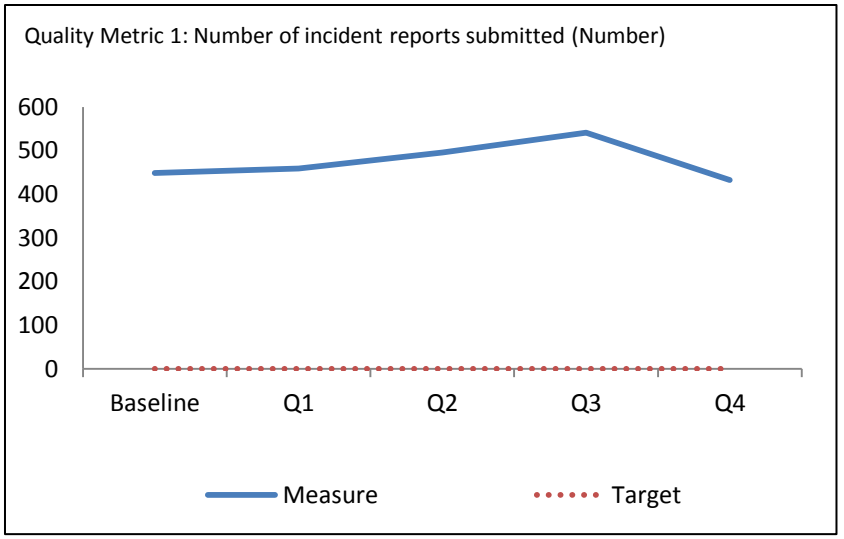
- 52 day reduction in the time from receipt of referral until first contact is made with patient
- 47% reduction in the number of times letters are delayed due to requesting a letter after the deadline for electronic transfer to next process
- 100% reduction in the number of Booking staff unaware of 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

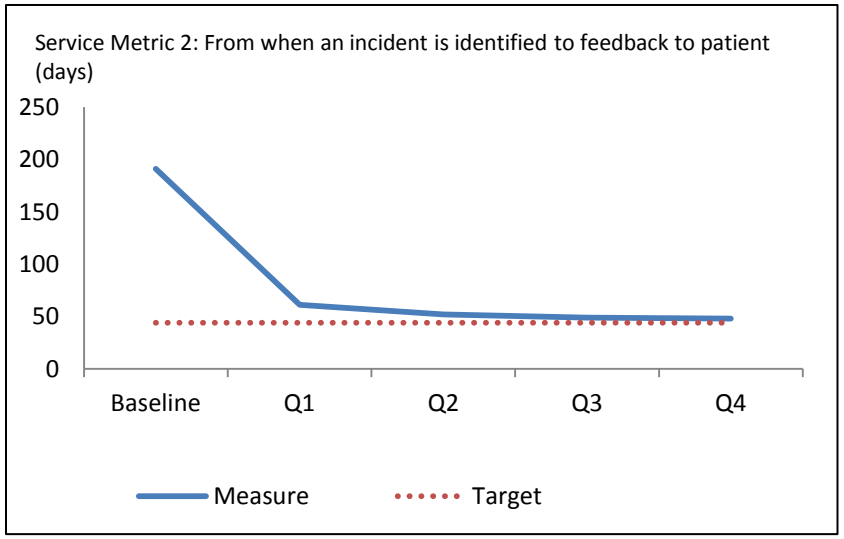
Value Stream #5 – Patient Safety

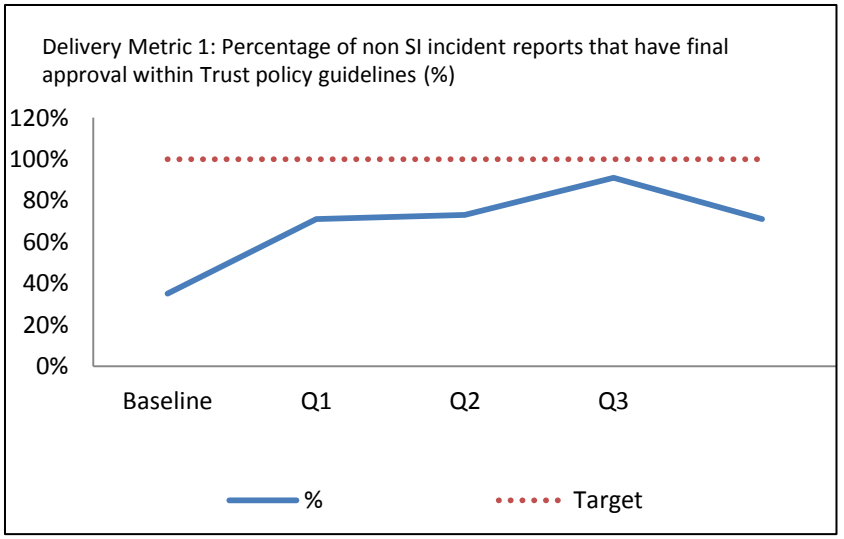
Data Metrics: March 2019

Exec sponsor: Deirdre Fowler









Value Stream #5 – Patient Safety – A3

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 Service Metric 1B: • From when an incident is identified (I know) to feedback to patient (I know the outcome)	Datix and direct observation	48 hours 191 days	6 hours 44 days	33 hours 61 days	13 hours 52 days	24 hours 49 days	24 hours 48 days	73% 72%
Service Metric 2: • Time from Datix status 'Being reviewed' to 'Final approval'	Datix and direct observation	131 days	28 days	22 days	20 days	1 day	1 day	85%
Quality Metric 1: • Number of overdue incident reports at 'Awaiting review' stage 'Being reviewed' 'Awaiting approval'	Datix	Awaiting review 140 Being reviewed 35 Awaiting approval 71 Total 246	0 0 0 0	Awaiting review 51 Being reviewed 73 Awaiting approval 10 Total 134	Awaiting review 74 Being reviewed 51 Awaiting approval 3 Total 128	Awaiting review 7 Being reviewed 32 Awaiting approval 2 Total 41	Awaiting review 43 Being reviewed 65 Awaiting approval 0 Total 108	Awaiting review 69% decrease Being reviewed 85% increase Awaiting approval 100% decrease Total: 56%
Quality Metric 2: • Number of incident reports submitted	Datix / NRLS data	Quarter one 449 (2017/2018)	Top 25% of reporting Trusts	459	496	541	433	3% decrease
Delivery Metric 1:	Datix	35% of incidents in the system have had final approval within	100%	71%	73%	91%	71%	102% increase
• Percentage of non SI Incident reports that have final approval within Trust policy guidelines		Trust policy guidelines (14/9/17)						
Delivery Metric 2A: • Number of staff trained to use Datix in last 12 months - cumulative (W&C)	Corporate education induction records	21 % 160/737		8% 60/737	67/737	59/737	61/737	61% decrease
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%	Where feedback requested = 16% 18/113 incidents All eligible incidents = 8% 37/459 incidents	Where feedback requested = 27% 58/211 incidents All eligible incidents = 12% 59/496 incidents	Where feedback requested = 80% 190/236 incidents All eligible incidents = 49% 266/541 incidents	Where feedback requested = 85% 138/162 incidents All eligible incidents = 48% 207/433 incidents	Where feedback requested = 226% increase All eligible incidents= 269% increase
Morale Metric 2: • Staff confidence and security in reporting unsafe clinical practice	Staff Survey	3.71/5 scale summary score	5/5	3.67/5 scale summary score	3.67/5 scale summary score	3.67/5 scale summary score	3.67/5 scale summary score	1%
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)	£1.77 per Datix report	£1.77 per Datix report	£1.77 per Datix report	£1.77 per Datix report	25%
Cost Metric 2: • Cost per incident for staff to Investigate report	Finance	£245.91 per incident	25% reduction (£184.43 per incident)	£245.91 per incident	£245.91 per incident	£245.91 per incident	£245.91 per incident	0%

Value Stream Executive Sponsor Comments

What has gone well?

- Womens and Childrens Areas have continued to use and embrace the Patient Safety Huddle process
- The remeasures from the Kaizen event show that an improvement in the time for investigation of incidents on the Neonatal unit

What could have gone better/ Where do I need support?

- Genba walks to understand the Patient Safety work within the Womens and Childrens areas
- A clear vision from the Sponsor team of the direction of the next events
- Engagement of the Patient Safety team to support the ongoing development of the Value Stream

What are my actions?

- Regular Genba walks to support the ongoing Patient Safety Value Stream work
- Align the CQC / Moorhouse work with the Value Stream

Value Stream #5 – Patient Safety – A3

Patient Safety VALUE STREAM A3

Goal:

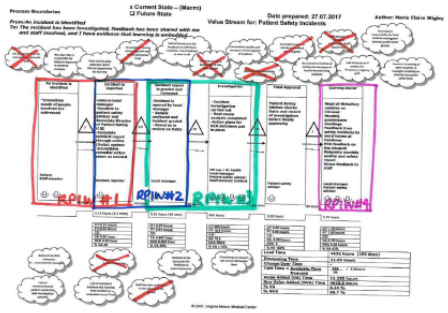
Executive Sponsor:	**Deidre Fowler**

Sponsor Team: Adam Gornall; Joy Oxenham; Julia Palmer; Sarah Jamieson; Marie-Claire Wigley (KPO Specialist); Gary Caton; Peter Jeffries; Robin Long; Brenda Maxton; Emma Dodson; Steph Young

KPO Support:
Marie Claire Wigley

Aim Statement/Target Condition

Reporting incidents and sharing the learning in a timely manner is vital for every type of incident, every time. The learning and rapid sharing of learning from incidents



The Plan to Improve:

RPIW Topic	Sponsor	Process Owner	Date
RPIW#1 Rapid Sharing of Information	Sarah Jamieson	Claire Murgatroyd	4-8 Dec 2017
RPIW#2 Reporting of incident via Datix system	Laura Kavanagh	Lucy Murcott	26 Feb-2 March 2018
RPIW#3 Investigation of low/no harm incidents	Julia Palmer	Lesley Stokes	21 -25 May 2018
RPIW#4 Sharing of learning from high risk incidents	Joy Oxenham / Liz Pearson	Jill Whitaker / Lorna Gunstone	23-27 July 2018
Kaizen event #1 Sharing of learning from low/no-harm incidents with Parents/Carers	Emma Dodson	Shirley Teece	12-14 October 2018

Kaizen Plan

Month	RPIW – Topic and Date	Link to value stream cycle box	Genba	Sponsor	Process Owner	L4L
June 2019	**The Serious incident process**	Cycle Box 4	TBC	TBC	TBC	TBC
May 2019	Stop the Line Process – Kaizen event to explore the actions taken in Stop the Line Process	Cycle box 1	TBC	TBC	TBC	TBC

Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Patient Safety Value Stream that has been carried out in the Womens and Childrens Centre and needs to be shared more widely	Identify date for Patient Safety Forum where Value Stream outcomes can be shared as part of Agenda	End Feb 2019	
Understand how the Patient Safety Value Stream has been developed at Coventry and Warwick hospitals	Visit Coventry and Warwick Hospitals Patient Safety Team	End April 2019	
Develop a Target Progress Report to monitor the share and spread of the outcomes of the Value stream	Develop Target Progress Report Gather information to monitor share and spread	May 2019	

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	120 days	Roll Out of safety huddle to MLUs and community
RPIW #2: 26 Feb 2018	Completion of DATIX	120-days	Roll out
RPIW #3: June 2018	Investigation of low/no harm incidents	90-days	Roll out
RPIW #4: July 2018	Sharing of learning from high risk incidents	90-days	Roll out
RPIW #5: October 2018	Patient / Family Feedback	90-days	Roll out
Kaizen Event #1: Nov 18	Sharing of learning with patients and families	90-days	Roll out

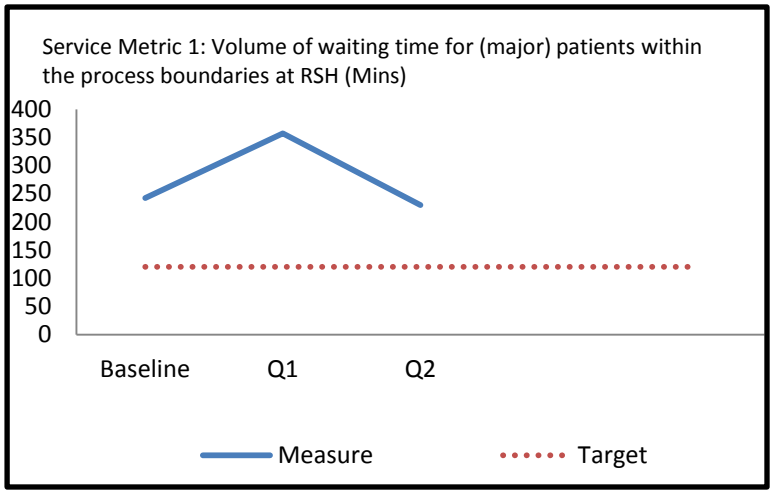
Major improvements/benefits: **Date of last update: March 2019**

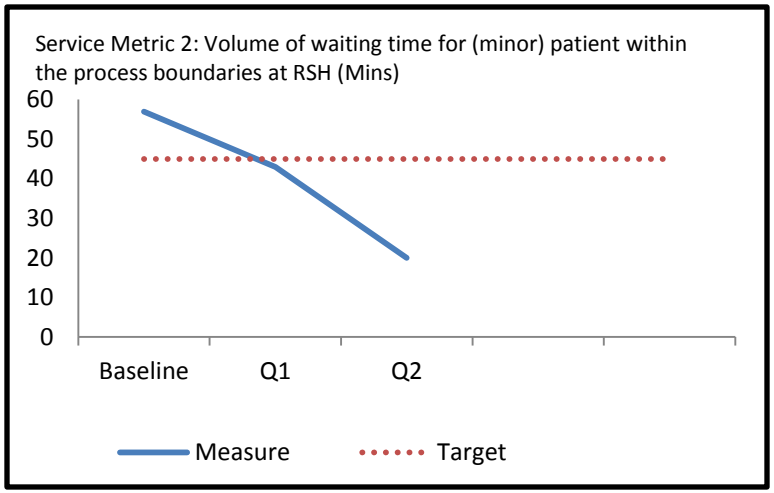
- Safety huddle implemented with 100% compliance to standard work at 30 days
- 80% reduction in time (229mins to 90mins) following an incident to reporting an incident
- 5S achieved Level 3 for the environment of the antenatal office
- Production board implemented to support requirement for daily safety 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
- 99% Reduction in lead time from incident reported to investigation completed
- 100% improvement in the number of incidents not investigated in the ward managers absence

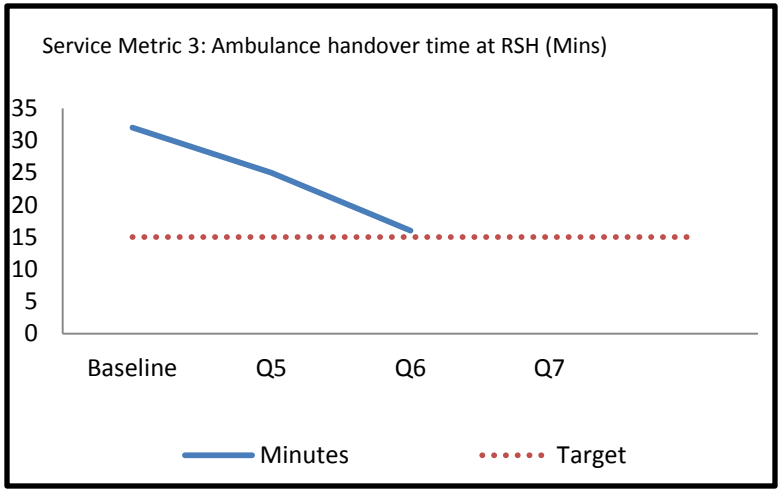
Value Stream #6 – Emergency Department

Data Metrics: March 2019

Exec sponsor: Sara Biffen







Value Stream #6 – Emergency Department – A3

EMERGENCY DEPARTMENT VALUE STREAM A3

Goal: To improve the performance against the national Emergency Department (ED) 4hour target and to continuously improve the ED processes to benefit patients.

Executive Sponsor:	Sara Biffen

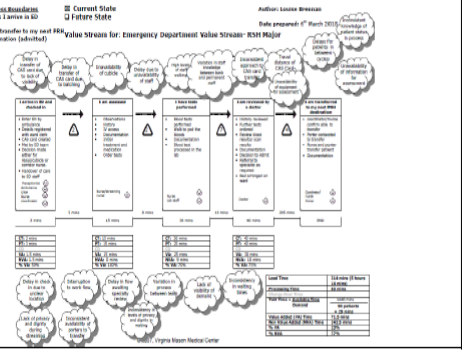
Sponsor Team:

Sara Biffen (Executive Sponsor); Rebecca Houlston; Carol McInnes; Jan McCloud; Kumaran Subramanian; Vanessa Roberts;
Jon Lacy-Colson; Karen Thompson; Ed Rysdale; Lucy Roberts

KPO Support:
Louise Brennan

Aim Statement/Target Condition

NHS England have set the standard that all patients presenting to ED should be seen and discharged within 4 hours, or if admitted transferred to a ward within four hours of the decision to admit.



The Plan to Improve:

RPIW Topic	Sponsor	Process Owner	Date
RPIW #1 Specialty Review RSH	Rebecca Houlston	Clare Emery	30th April- 4th May 2018
RPIW #2 Front Door Streaming PRH	Vanessa Roberts	Angie Boulds	9th-13th July2018
RPIW #3 Documentation RSH	Jan Mccloud	Lisa Mathews	24-28th September 2018
RPIW #4 Transfer to X-ray PRH	Sara Biffen	Jan Mccloud	15-19th October 2018
RPIW #5 Flow of Minors RSH	Ed Rysdale	Kim Humphreys	10-14th December 2018

Kaizen Plan

Month	RPIW – Topic and Date	Link to value stream cycle box	Genba	Sponsor	Process Owner	L4L
March 2018	SDD					
April 2018	Specialty referral of ED patient 30th April- 4th May	Cycle box 4	ED RSH	Rebecca Houlston	Clare Emery	
May 2018						
June 2018						
July 2018	Front Door Streaming/ Ambulance Hand Over 9th July- 13th July	Cycle box 1	ED PRH	Vanessa Roberts	Angie Boulds	
August 2018						
September 2018	Topic: Documentation 24th-28th September	All cycle boxes	Genba: RSH ED	Sponsor: Jan Mccloud	Process Owner: Lisa Matthews	Jan Mccloud
October 2018	Topic: Radiology Requests 15-19th October	Cycle box 3-4	Genba: PRH ED and Radiology	Sponsor: Jon Lacy Colson	Process Owner: Jan Mccloud	Lara Wynn Jan Mccloud
November 2018						
December 2018	Minors Pathway RSH 10-14th December	Minors Value Stream map	Genba: RSH Minors	Sponsor: Ed Rysdale	Process Owner: Kim Humphries (PO), Julie Talbot (Co-PO)	
May 2019	Topic: CDU		Genba: PRH ED	Sponsor: Carol McInnes	Process Owner: Rebecca Race	

Value Stream #6 – Emergency Department – A3

Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Update and revise value stream boundaries	• Discuss boundaries at Value stream sponsor team meeting • Agree revised boundaries at Guiding Team Meeting (GTM) • Update VSM and display within genba and accountability wall	• Thursday 10th January 2019 • Thursday 17th January 2019 • Thursday 17th January 2019	Completed
Production Board and Peoplelink training session for ED staff	• Review KPO capacity to provide 1 hour training sessions. • Discuss at next ED VSST regular genba walks within each ED • Liaise with managers to identify staff to attend training	• End February 2019	
Create a staff engagement metric that can be measured in real time	• VSST members to develop metric with staff in ED. • To collect during team meeting.	11th February 2019	
Roll out of RPIW kaizen work to opposite site	• Test of new documentation, PDSA and then roll out. • Share new X-ray request card with ED team at huddle • PO and Sponsor for RPIW #5 to roll out improvements to PRH site	• Week commencing 4th March 2019	
Metric A. Volume of waiting time for patients within the process boundaries.	• Raise profile of specialty review SOP within medical meetings • PDSA the SOP and display within the genba • ED improvement event exploring the use of the whiteboard. • Recruitment of ED staff to support early assessment	• Action completed • Action completed • Monday 14th January 2019- completed • Ongoing	
Metric B. Lead Time arrival to transfer to next destination	• Increase in lead time at PRH site prompted the review of the process boundaries to understand where the constraint is within the process. • Share learning's with the standard work value stream to highlight and support flow issues.	• Thursday 24th January 2019 • Mid February 2019	
Metric C. Arrival to DTA	• The value stream map boundaries are to be adjusted to end point of DTA to focus the improvement work. • To continue to measure transfer to next destination time • Reduction in metrics between Q1 and Q2 demonstrating removal of waste in the process. • Demonstrated further value stream improvement events required to meet target.	• End March 2019 • Next RPIW May 2019	
Metric D. Ambulance hand over time	• Reduction in handover times for both sites. • VSST aware that Pit stop process not consistently used. To review and explore who could champion the work to ensure the process is used. • VSST Executive sponsor to investigate how a reduction in handover time has impacted corridor hand over fines • Kaizen event to review ambulance handovers- pit stop and CDU at RSH	• End January 2019 • Thursday 24th January 2019	
Metric E Minors pathway Lead Time	• Roll out minors pathway learning from RPIW #5 to PRH site • Continue remeasures for next 60 days • Present metrics on peoplelink board	• Week commencing 4th March 2019	

Targets

Metric	Baseline	Target	Q1 (July-September 2018)	Q2 (Oct-Dec 2018)
A. Volume of waiting time for patients within the process boundaries. 1. RSH 2. PRH	1. 242.5 minutes 2. 320 minutes	120 mins	1. 357 mins 2. 297 mins	1. 230 mins 2. 529 mins
B. Lead Time arrival to transfer to next destination 1. RSH 2. PRH	1. 314minutes (5hrs 14 minutes) 2. 383 minutes (6hrs 23 minutes)	3 hours 59 mins	1. 404 mins (6 hours 44 mins) 2. 323 mins (5 hours 23min)	1. 360 mins (6 hours) 2. 619mins (10hrs 19 mis)
C. Arrival to DTA 1. RSH 2. PRH	1. 180mins (3 hrs) 2. 170 mins (2hrs 50 mins)	120 mins	1. 280 mins (4 hours 40 mins) 2. 235min (3hrs 55 mins)	1. 170 mins (2hours 50 mins) 2. 176 mins (2 hrs 56 mins)
D. Ambulance hand over time 1. RSH 2. PRH	1. 35 minutes 2. 32 mins	15 mins	1. 20 mins 2. 25 mins	1. 2.16 mins
E. Minors Pathway Lead Time RSH **From: I am triaged in ED reception** **To: I leave ED minors**	78 mins	60 mins	N/A	21 mins (30 day remeasures)

Value Stream Executive Sponsor Comments

What has gone well?

- Engagement from ED team to roll out the improvements from RPIW 5
- ED staff at RSH feeling empowered to make inprovements and mistake proof situations- Louise Rigby has done some improvement wok in ED to the Paed resus area to make it safer during a resus for both adult and Paed patients. Louise came in on her day off to make the changes. The plan is also to roll out the work to the PRH site. Louise and Kim Humphries came along to the staff kaizen huddle today (Friday 25th Jan) and shared the work.

What could have gone better/ Where do I need support?

- Genba walk
- Review impact of not progressing the actions form RPIW #4- VSST will add this to the risk register in radiology and ED
- Delay in docmation form the printers which as delayed testing the revised CAS card.

What are my actions?

- Share moorhouse update and CQC improvement plan as only agenda item at next VSST meeting

Supporting RPIWs and Kaizen Events for Value Stream 6

	Value Stream 6: Emergency Department	Measure 30,60,90 days	Plan for roll out
RPIW #1: 30 April 2018	Specialty referral for ED patient	90-days	
RPIW #2: 9 July 2018	Front door streaming	90-days	Roll out to RSH site
RPIW #3: 24 Sept 2018	Documentation	90-days	Document trial planned
RPIW #4: 24 Sept 2018	Radiology Requests	90-days	Awaiting business plan approval
RPIW #5: 10 Dec 2018	Flow of Minors	60-days	Ongoing PDSA with plan to roll out and implement at PRH

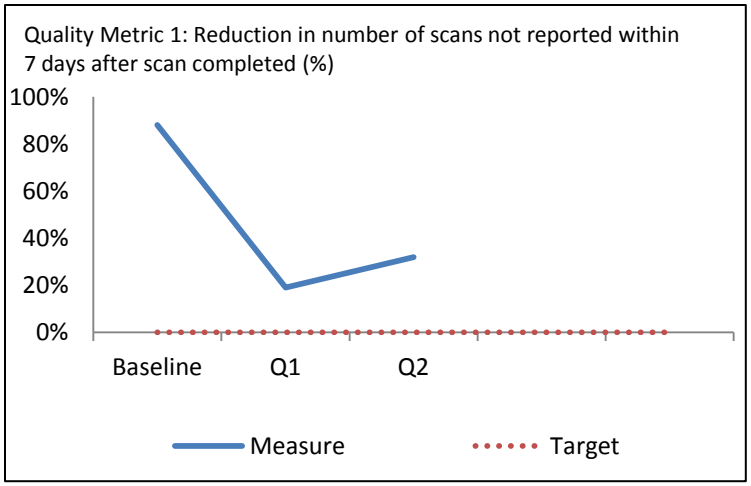
Major improvements/benefits: **Date of last update: March 2019**

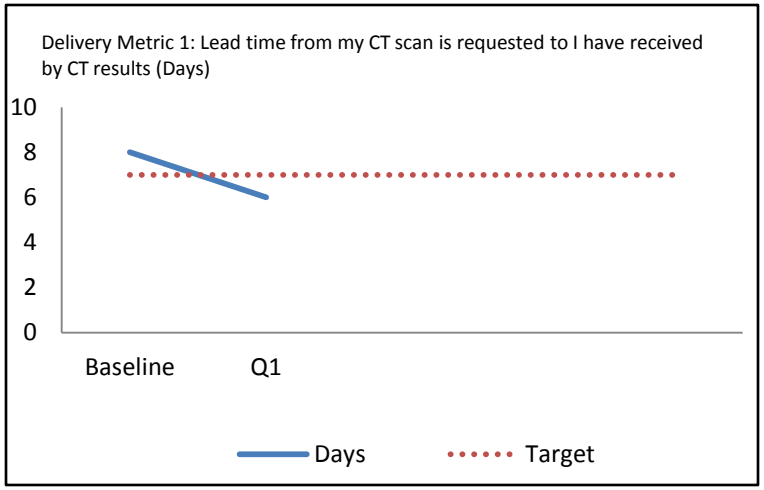
- Patient information of what to expect whilst in A&E created and co-designed with patients
- Increase in staff awareness of SOP for specialist review
- Reduction in review time
- Improvement in documentation supporting communication of patient care plans
- Roll out of RPIW learning across both ED sites

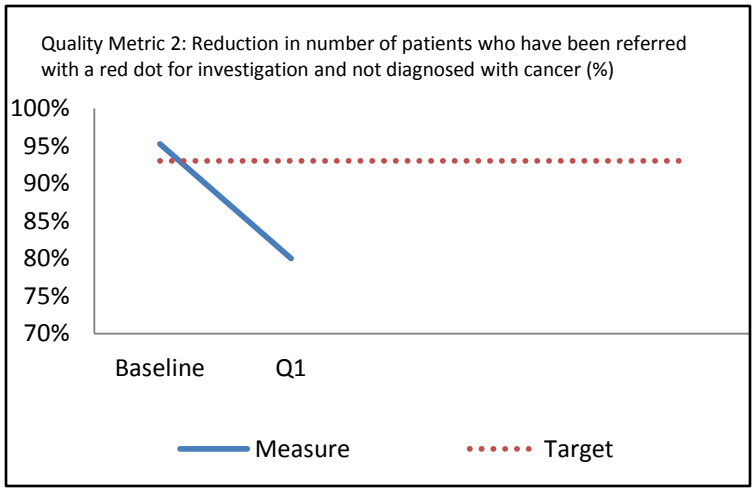
Value Stream #7 – Radiology

Data Metrics: March 2019

Exec sponsor: Julia Clarke







Supporting RPIWs and Kaizen Events for Value Stream 7

	Value Stream 7: Radiology	Measure 30,60,90 days	Plan for roll out
RPIW #1: 25 June 2018	Radiology Streaming	Closed	Roll out
RPIW #2: 24 Sept 2018	CT Reporting	90-days	
RPIW #3 19 Nov 2018	Sharing CT results with patients	90 days	
Kaizen Event #1: Feb 2019	Red Dot (2-week pathway) Process	30-days	

Major improvements/benefits: **Date of last update: March 2019**

- 98% reduction in time taken to vet CT requests
- 100% reduction in defective CT cards
- 65% reduction in reporting CT scans
- 50% reduction in scans awaiting review and reporting over 7 days
- 62% reduction in time preparing patient for scan
- 60% reduction in time for CT scan report available and sent to referrer

Supporting RPIWs and Kaizen Events for Value Stream 8

	Value Stream 8: Surgical Pathway	Measure 30,60,90 days	Plan for roll out
RPIW #1: Oct 2018	Accurate booking of inpatient lists	90-days	Plan for roll out
RPIW #2: Dec 2018	Pre-operative checklist process	90-days	Plan to roll out with 5 Steps to Safer Surgery
RPIW #3: Feb 2019	5Steps to Safer Surgery	30-days	Roll out June

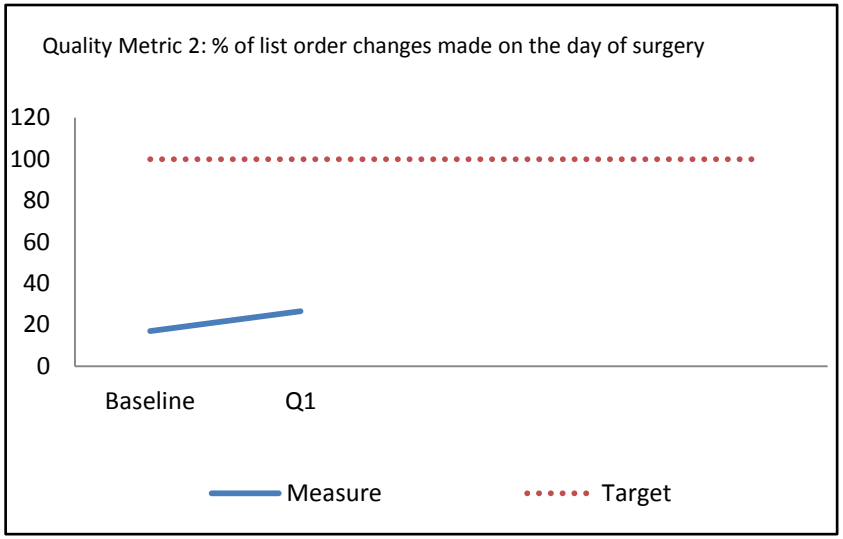
Major improvements/benefits: **Date of last update: March 2019**

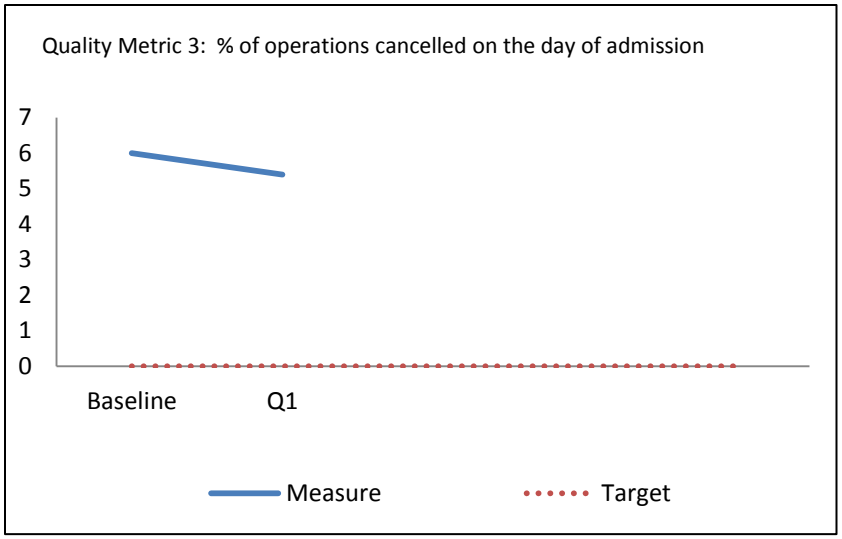
- RPIW #1 roll out continues for TCI forms and phone calls before day of surgery to the patient; this is improving DNA rates, theatre efficiency and patient satisfaction
- In RPIW #2 first patient on the list called through straightaway reducing their wait by 30 minutes, thus improving theatre efficiency
- RPIW #3 has shown a 100% improvement in percentage of times debrief was not documented, thus improving communication with theatre teams and theatre management

Value Stream #8 – Surgical Pathway

Data Metrics: March 2019

Exec sponsor: Nigel Lee





Value Stream #8 – Surgical Pathway – A3

Surgical Pathway VALUE STREAM A3

Goal:

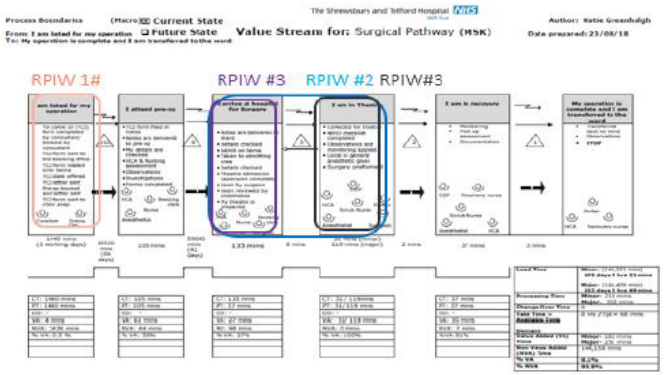
Executive Sponsor:	**Nigel Lee**

Sponsor Team: Neil Rogers, Kevin Lloyd, Janine McDonnell, Paul Jones, Mark Cheetham, Linda Fairclough, Ciara Edwards, Katy Moynihan, Kath Preece, Andrena Weston, Alison Haycock, Michelle Sillitoe.

KPO Support:
Katie Greenhalgh

Aim Statement/Target Condition

The Surgical Pathway Value Stream strives to improve safety and efficiency. This is from the prespective of the patient and the boundaries are from I am listed for my operation to my operation is complete and I am transfereed to the ward.



The Plan to Improve:

RPIW Topic	Sponsor	Process Owner	Date
RPIW#1 Accurate booking of inpatient list to improve patient safety	Rob Turner	Aaron Evans	22nd to 26th October 2018
RPIW#2 Pre Op Checklist	Katy Moyiham	Karen Gordon &	10th to 14th December 2018
Kaizen event #1 Consent	Tony Fox	Mr P Moreau	8th, 9th and 10th April 2019
RPIW#3 5 Safer steps to surgery	Katy Moyniham & Mark Cheetham	David Scotcher & Ron Dodenhoff	4th to 8th Febiuary 2019

Kaizen Plan

Month	RPIW – Topic and Date	Link to value stream cycle box	Genba	Sponsor	Process Owner	L4L
June 2019	The list lock down	Cycle Box 1-4	Urology	Neil Rogers	TBC	TBC
August 2019	Radiographer provision	Cycle Box 4	TBC	TBC	TBC	TBC

Value Stream #8 – Surgical Pathway – A3

Value Stream Action Plan

Focus Area	Activity List activities in support of the focus areas.	Target Completion Date	Completed
Continue to realise the gains based on Meridian and Four Eyes Insight review.	RPIW#1 implemented some key concepts RPIW#4 plans to explore utilisation and lockdown Align improvements to efficiency targets	September 2019	
Improve safety within the Surgical Pathway and apply learning from recent Never Events.	Ensure RPIW and Kaizen plan focuses on these areas Align with care group governace	March 2019	
Develop a Target Progress Report to monitor the share and spread of the outcomes of the Value stream	Develop Target Progress Report Gather information to monitor share and spread	March 2019	

Value Stream Executive Sponsor Comments

What has gone well?

- There has been a high level of engagment with the theatres team
- The additional safety meaures have improved overall safety

What could have gone better/ Where do I need support?

- Genba walks to understand the pathway
- A clear vision from the Sponsor team of the direction of the value stream
- Engagement with more medical staff

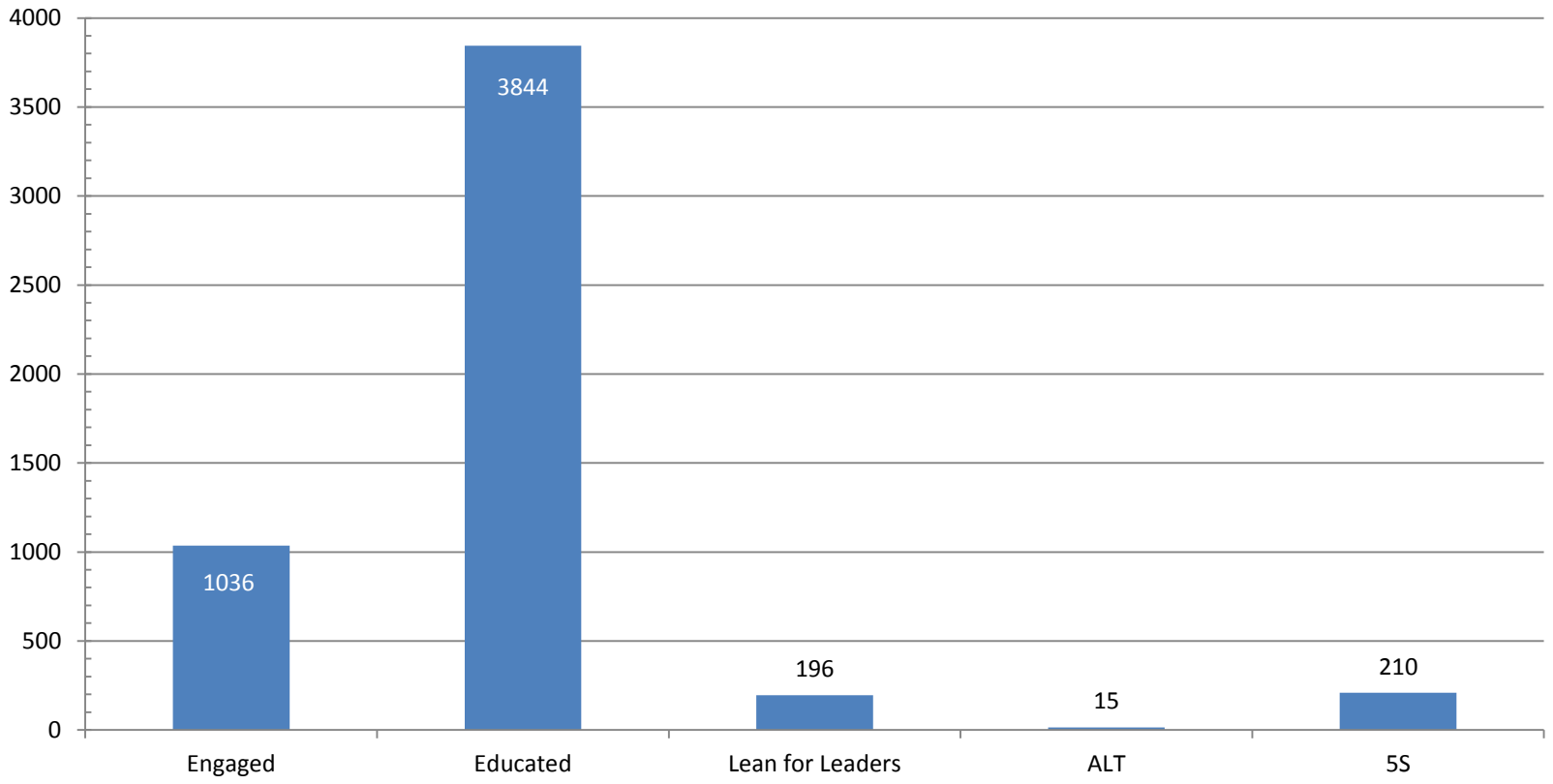
What are my actions?

- Regular Genba walks to support the ongoing Surgical Value Stream work
- Align the CQC, GIRT, Model Hospital and Moorhouse work with the Value Stream
- Incoperate cost improvement programmes

Kaizen Events

		Measure 30,60,90 days
KE #1: 10 Jan 2018 (3 days)	Stroke: Swallow Test	Post 90 days
KE #2: 28 Feb 2018 (3 days)	Stroke: Discharge	Post 90 days
KE #3: 28 Feb 2018 (5 day RPIW)	Patient Flow: Fact Finding Assessment	Post 90 days
KE #4: 12 Mar 2018 (5 day RPIW)	Patient Flow: Ambulatory Emergency Care	Post 90 days
KE #5: 12 June 2018 (3 days)	Patient Flow: Transport	Post 90-days
Theatres: June 2018 (5 day RPIW)	Theatres: Procurement/Supplies	Post 90-days
KE #6: 20 Sept 2018 (3 days)	Stroke: CT Scanning	Post 90-days
VS#4 KE#1: Dec 2018 (3 days)	OPD Opthalmology: Clinic Flow	90-days
VS#5 KE#1: Nov 2018 (2 days)	Patient Safety: Sharing of Learning with parents and carers	90-days
VS#7 KE#1: Feb 2019 (2 days)	Radiology: Red Dot Process	Post Kaizen Event
KE #6: January 2019 (3 days)	Early Warning Score	30-days
KE #7: March 2019 (3 days)	Discharge letters and TTO	Planned
VS#8 KE #1: April 2019 (3 days)	Consent	Planned

Education and Training



Engaged	Educated	Lean for Leaders	Advanced Lean Training (4 having undertaken RPIW Lead role)	5S Work shops
Using TCPS Methodology	30 minutes or more in TCPS Methodology			

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	23
#4 (18/19)	70	60	July 2019	

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

Example of TCPS / Lead Leaders improvements:

Project Title	Description	TCPS Intervention	Outcome
Mistake proofing to prevent specimen delays	50% defect rate (cancellation of Matrons Meeting)	5S , visual control (Kanban) and mistake proofing	30% reduction in defect of unavailability for stock to label specimens
Set up reduction kit for mattress assessment	20% defect in identification of mattresses for repair	Visual control and set up reduction kits	0% defect and increase in staff satisfaction and decrease in unavailability of mattresses
Film of people link conversation	Role model in pharmacy of weekly people link conversation at people link board	World class management system. People link board and Conversation	Resource available for staff showing integration of daily management

Aligning Organisational Objectives	Infrastructure & Resource	Embedding one improvement and leadership methodology
Trust Strategy  Transforming Care Institute  Values  	• KPO capacity will be challenged in the short term as our KPO lead leaves the Trust at the end of March • The recruitment process is also underway for a Director of Strategy, Medical Director and Director of Nursing • These changes at senior level will have an impact on leadership capacity and capacity in the short term whilst the Trust board is strengthened with additional executives • The first secondments to the KPO team have been commenced	• With new executives expected within the Trust this spring the development of onboarding support is paramount. • This needs to include essential reading and skill development • Executive standard work and a formal support program would help accelerate their adoption of the methodology • Over 4000 staff have now received 30 minutes or more of TCPS training • 1000 staff have now used the methodology t make improvement
	4th Annual National Sharing Event being hosted by SaTH	**TGB are asked to note that:**
	• SaTH are delighted to host the 2019 National Sharing Event which will take place on: ☐ Wednesday 26 June 2019 at the Shropshire Education & Conference Centre at the Royal Shrewsbury Hospital ☐ The focus will be on ***celebration and challenges on the road towards health care transformation***	SaTH will be focusing on: ☐ Improving quality outcomes and improvements to move out of special measures and towards CQC Good by underpinning the improvement plan with TCPS ☐ Understanding the poor staff survey results given the investment and success of TCPS implementation ☐ Aligning new cultural work (with the GO MAD approach) with TCPS and steering this via the guiding group ☐ A very successful 3P event with 50 of our staff developing site plans for reconfigured services

Standard Work Unscheduled Care
February 2019 Update
Target Progress Report

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

Focus in February

Reference	Improvement Action	Expected Outcome	Plan
1	Huddles	Daily for each team – consistent and reliable process	Corporate nursing continuing to support through Nightingale project – this is being reviewed through NMF
2	Production Boards	Owned by departments – used for huddle	Ongoing PDSA and promotion of production boards across all areas
3	People link boards	Used for mini monthly report outs and Kaizen plan	People Link Board workshop planned for early March
4	Kaizen	5 S approach embedded	Nursing and therapy notes PDSA planned / ask for every area to achieve 1 area of 5S
5	Board round	Consistent and reliable process established	Ongoing and monitoring of the Standard work application
6	Ward round	Consistent and reliable process established	Target to embed a nurse on all ward rounds and roll out the ward round standard work and MFFD standard work
7	Internal discharge planning	Consistent and reliable process established	Align standard work to weekly MADE event
8	Handover	Consistent and reliable process established	Scope internal standard to receive handover from AMU ./ link with red to green resource and role on wards
9	Afternoon Huddles	Consistent and reliable process established	Matron event to be held to support with leadership and developing relationship between PM huddled and pre 12 discharge
10	Patient Discharge	Consistent and reliable process established	PDSA model for utilisation of discharge lounge

- Continued efforts made to align the SAFER programme with the TCPS methodology as part of a consistent approach to improvement

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

Improvement Action 1 – Safety Huddles

Month	Target	6	7	9	10	11	15	16	21	22r/27	24	28	32	35	Overall RSH	Overall PRH	Overall SATH USC
July (Base Line)	100%	100%	100%	100%	80%	100%	100%	100%	100%	60%	100%	100%	100%		92%	97%	95%
August	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
September	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
October	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
November	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
December	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
January	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
February	100%	100%	100%	100%	100%	100%	100%	100%	42%	100%	100%	100%	57%	100%	83%	100%	92%

Two areas in February have demonstrated a reduction in their compliance with using the 'standard work' safety huddle

– Ward 21's is due to the current vacancies in band 6 nurses and ward manager. Ward manager interviews are due to take place on 19th March and matron is aware of the reduction following the re measure. The mitigation to improve within this metric is to strengthen the leadership within this area

- Ward 32 is due to current nursing vacancies and gaps on ward. This has meant that frequently a daily coordinator is not available to run the safety huddle/ team brief – mitigation taken is to explore alternative rotational chairs to facilitate the team brief on the days a coordinator is not available

News Paper Action Specifically for this Improvement:

Item	Problem	Action Needed To Complete	Responsibility	By When	Status
	State the problem and the target it affects (e.g., "staff walking too much")	State idea (that has been tested) that needs to be implemented (e.g. "move printer to point of use")	Who is assigned to the task (be sure to tell them)	Date item is to be completed	% Complete
	Standard work approach to safety Huddles	Value stream to work with corporate nursing to develop the standard work for every ward safety huddle	Gary Caton/ Kath Preece	March 28th	

Improvement Action 2– Production Boards

Target

In place, kept up to date and used by ward team	Score area: 1= In place/ updated daily key to the 'flow' of the ward and utilized by all MDT members 2= In place but used sporadically and out dated 3= No evidence of a production board

Month	Target	6	7	8	9	10	11	15	16	21	22r/27	24	28	27	32
July (Base Line)	1	3	3		1	3	2	3	3	3	2	3	1		2
August	1	2	2		1	3	2	3	3	2	2	3	2		1
September	1	2	2		1	2	2	2	2	1	2	2	2	2	1
October	1	1	2	2	1	2	2	2	2	1	1	2	2	1	1
November	1	1	2	2	1	1	2	2	2	1	1	2	2	1	1
December	1	1	2	2	1	1	1	2	2	1	1	2	2	1	2
January	1	1	3	3	1	1	1	2	2	2	1	3	1	1	3
February	1	1	3	3	1	1	1	2	2	3	1	3	1	1	3

- The mix across USC has improved in terms of utilisation – areas with lean for leaders have hugely adopted the principles and most areas now are using the production board as the main area of review during PM huddles
- Areas that have slipped to a 3 are areas with vacancies in ward managers, not permanent ward areas or areas with significant staffing vacancies so high numbers of agency staff

News Paper Action Specifically for this Improvement:

Item	Problem	Action Needed To Complete	Responsibility	By When	Status
	State the problem and the target it affects (e.g., "staff walking too much")	State idea (that has been tested) that needs to be implemented (e.g. "move printer to point of use")	Who is assigned to the task (be sure to tell them)	Date item is to be completed	% Complete
	Utilization of production Board	Representatives from wards 7,8 21, 32 and 24 to attend production board workshop	Matrons		

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Improvement Action 3 – People Link Boards

- USC are working with informatics to create a monthly ward SQL pack that can be sent and printed for display on people link boards as they progress

- As updated in October In order to support performance at Trust and Ward level, the Pre 10 and Pre 12 data reporting through SQL has been adapted to support with sharing performance also the utilisation of discharge lounge at ward level is now available. Unfortunately due to a data error some of this data has been inaccurate for November and as such has not been shared with wards. The plan is to roll out in December with an incentive to support wards who improve.

- All USC wards supported the roll out of the Pride Boards and several ward areas have commenced Sepsis boards. There have been incentives to support with roll out of these boards – USC value stream through support of workforce have been awarded some funds to support areas as they progress with value stream targets and through their measurements are able to evidence consistent improvement

Item	Problem	Action Needed To Complete	Responsibility	By When	Status
	State the problem and the target it affects (e.g., "staff walking too much")	State idea (that has been tested) that needs to be implemented (e.g. "move printer to point of use")	Who is assigned to the task (be sure to tell them)	Date item is to be completed	% Complete
	Roll out of People Link Boards	Now that ward 9, 21 and 32 are consistently using their production boards these wards will be the first phase to roll out People Link Boards. These ward managers have agreed to commence the people link boards in line with their lean for leaders sessions to evidence their home work and fully understand the use of people link	Matrons / Gary Caton	28/03/2018	

Improvement Action 4 – Kaizen

Lean for Leaders:

Month	Target	6	7	9	10	11	15	16	21	22r/27	24	28	32	35
Lean for Leader														
August (Base Line)	Y	N	N	Y	N	Y	Y	Y	N	Y	N	Y	N	
September	Y	Student	N	Y	Student	y	y	y	Student	Y	Y	y	ALT student	
October	Y	Student	N	Y	Student	y	y	y	Student	Y	Y	y	ALT student	
November	Y	Student	N	Y	Student	y	y	y	Student	Y	Y	y	ALT student	
December	Y	Student	N	Y	Student	y	y	y	N	N	Y	y	N	
January	Y	Student	N	y	Student	y	y	y	Nominatio n made	N	N	Y	N	
February	Y	Student	N	y	Student	y	y	y	N	N	N	Y	N	N

Item	Problem	Action Needed To Complete	Responsibility	By When	Status
	State the problem and the target it affects (e.g., "staff walking too much")	State idea (that has been tested) that needs to be implemented (e.g. "move printer to point of use")	Who is assigned to the task (be sure to tell them)	Date item is to be completed	% Complete
	Lean for leaders	Nominations for Lean for Leaders next cohort to be given to TCI to support each area to have a L4L	Gemma McIver	April	

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Improvement Action 4 – Kaizen

Areas of 5s completed this month:

- Drugs trolleys – ward 10, 21 and 27
- Back offices – ward 11 and 27
- Check list sheet and handover – ward 35
- Ambulatory set up – ward 6

Improvement Action 5 – Board Rounds

Month	Target	6	7	9	10	11	15	16	21	22r/27	24	28	32
The Total amount of board rounds per week all team members are present at Board Round													
July (Base Line)	100%	40%	100%	100%	40%	50%	67%	17%	100%	37%	50%	50%	57%
August	100%	57.1	80%	71.40%	80%	100%	100%	100%	100%	100%	80%	100%	100%
September	100%	64.50%	80%	70%	80%	100%	100%	100%	100%	100%	80%	100%	100%
October	100%	0%	80%	70%	80%	100%	80%	37.50%	100%	100%	100%	100%	0%
January	100%	100%	N/A	71.40%	80%	50%	100%	100%	100%	100%	80%	100%	0%
February	100%	100%	80%	71.40%	100%	50%	100%	100%	71.40%	100%	80%	100%	0%
% of time the board round or sweep starts later than 9am													
July (Base Line)	0%	80%	80%	20%	60%	53%	33%	83%	85%	100%	80%	50%	43%
August	0%	100%	0%	0%	80%	0%	10%	10%	10%	20%	50%	40%	60%
September	0%	71.50%	10%	10%	10%	0%	10%	10%	10%	10%	50%	0%	10%
October	0%	10%	N/A	N/A	N/A	N/A	20%	0%	N/A	N/A	10%	0%	10%
January	0%	62%	0%	0%	50%	0%	0%	0%	N/A	20%	20%	0%	80%
February	0%	0%	0%	0%	50%	0%	0%	0%	100%	0%	20%	0%	100%
% of time PSAG updated in flow of board round													
July (Base Line)	100%	80%	80%	80%	0%	60%	100%	100%	40%	20%	80%	100%	100%
August	100%	80%	100%	80%	0%	0%	100%	90%	100%	60%	80%	100%	100%
September	100%	0%	100%	100%	0%	0%	100%	90%	100%	60%	80%	100%	100%
October	100%	0%	80%	100%	0%	0%	80%	100%	100%	100%	100%	100%	100%
February		100%	80%	100%	100%	80%	100%	100%	71.40%	60%	100%	100%	10%

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Improvement Action 6 – Ward Rounds

Current focus has been on nurse attending ward round – barrier to delivery has been the significant staffing gaps through out February

Metric (units of measurement)	Target	6	7	9	10	11	15	16	21	22r/27	24	28	32
% of time per week nurse present on ward round													
August (Base Line)	100%	100%	60%	100%	80%	20%	100%	100%	100%	60%	100%	60%	100%
September				90%	90%				100%	60%	100%	60%	100%
October		100%		90%	100%	0%	100%	75%	100%	80%	100%	60%	50%
January		100%									100%		
February		100%			100%						100%		

Plan is to also measure:

- % of time ward rounds run over into protected meal times
- % of Time Ward Round follow Standard Work model
- Did Ward round start at agreed time following ward round

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Improvement Action 9 -Afternoon Huddles

Target

Methodology Metric: Afternoon Huddles

Metric (units of measurement)	Target	6	7	9	10	11	15	16	21	22r/27	24	28	32	Overall RSH	Overall PRH	Overall SATH USC
% Of Afternoon Huddles completed with all MDT members present (not exceeding 15 minutes)																
July	100%	80%	0%	80%	0%	0%	100%	100%	100%	0%	0%	0%	0%	20%	51%	36%
August	100%	85.70%	0%	100%	80%	71.40%	100%	100%	100%	N/A	0%	100%	50%	50%	78%	64%
September	100%	100%	50%	80%	80%	100%	80%	80%	100%		80%	0%	80%	36%	70%	53%

- In June 5/12 USC wards had PM huddles in place this improved to 9/12 during August and end of September 10/12 now have a PM huddle. Plan is for 12/12 to be in place by November and PM huddles are aligned to Winter Planning with additional support to emphasise their importance coming from the Senior Leadership Team.

- Wards have fed back that the PM huddles have become less effective with the opening of escalation areas as although plans are made at ward level these rapidly change if patients ready for discharge move to ward 27 and 8 – this has caused slight disengagement across the MDT.

- Ward managers have all fed back that having pharmacy support at PM huddles would hugely help to plan for the following morning and a request has been made to pharmacy to support with 2 wards one at PRH and one at RSH to conduct a PDSA through out November to see if pharmacy input at huddles does support to improve pre 10/12 performance.

Implementation Metrics - Pre 10 and Pre 12

Metric (units of measurement)	Target	6	8	7	9	10	11	15	16	22r/27	24	28	32	27
Quality % performance against number of discharges off the ward prior to 12pm														
August (Base Line)	30%	24%		9%	12%	9%	14%	6%	19%	8%	20%	18%	10%	
September	30%	22%		27%	24%	31%	24%	13%	14.30%	8%	21%	9.40%	6%	
October	30%	22%	26%	18%	11%	20%	14%	8%	22%	12%	13%	14%	12%	15%
November	30%	20%	22%	20%	13%	16%	16%	15%	0%	10%	10%	10%	7%	10%
December	30%	13.70%	27.10%	17.50%	14.29%	14%	10.70%	14.50%	30.43%	10.80%	10.19%	12.75%	9.80%	16.90%
January	30%	32.65%	30.30%	18.10%	16.50%	16.30%	15.12%	17.13%	25%	15.27%	24.17%	16.04%	4%	12.93%
February	30%	28.74%	18.74%	14.74	20%	13.40%	18.64%	16.74%	31.58%	5.50%	19.64%	12.79%	11.76%	24.32%

Metric (units of measurement)	Target	4	17	22T&0	23	25G	25CR	26s	26u
Quality % performance against number of discharges off the ward prior to 12pm									
August (Base Line)	30%	11%	17%	13%	13%	14%	11%	21%	3%
September	30%	13.40%	15.07%	13.68%	9.09%	10.17%	28.50%	22.20%	14.29%
October	30%	16.49%	18.07%	7.30%	6.25%	12.50%	20.00%	12.77%	12.17%
November	30%	15.08%	17.27%	18.29%	5.08%	19.32%	35.05%	15%	19.81%
December	30%	9.89%	14.29%	6.60%	2.63%	25.30%	40.86%	31.43%	12.24%
January	30%	13.39%	19.78%	15.12%	10%	11.11%	44.76%	49.32%	21.24%
February	30%	16.49%	15.97%	13.58%	14%	10.91%	36.40%	20.24%	24.04%

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Implementation Metrics - Pre 12

Metric (units of measurement) AVERAGE	Target	RSH USC	RSH SC	RSH AMU	RSH SAU	RSH TOTAL (average)	PRH USC	PRH SC	PRH AMU	PRH total	USC Total	SC total	Total combined average
Quality % performance against number of discharges off the ward prior to 12pm													
August (Base Line)	30%	13%	12.00%	16.23%	19%	15%	17%	14%	16%	16%	15.50%	15%	15%
September	30%	13%	16.00%	15%	22.60%	17%	22%	14.24%	20.16%	19%	17.54%	17.60%	17.50%
October	30%	15%	18.85%	19%	18.20%	18%	19%	17.28%	27.13%	21%	20.03%	18.11%	19.07%
November	30%	10%	18.76%	23.89%	18.82%	18%	15%	16.18%	23.60%	18%	18.10%	17.92%	18.01%
December	30%	11.30%	19.84%	21.13%	21.55%	18.46%	17.78%	12.90%	15.34%	15.34%	16.38%	18.09%	17.24%
January	30%	14.67%	25.26%	23.90%	18.89%	20.68%	21%	16.50%	23.20%	20%	20.69%	20.20%	20.45%
February	30%	23%	24.74%	16.42%	17.61%	20.91%	17.58%	17.58%	16.42%	22.04%	22.02%	19.88%	20.95%

Implementation Metric – LOS

Metric (units of measurement)	Target	6	7	8	9	10	11	15	16	21	22r/27	24	27	28	32	Overall USC RSH	Overall USC PRH	Overall SATH USC
August (Base Line)	Reduction of 2 days	15	8		9	11	8	11	36	7	11	12		15	6	10	14	12
September		19	20		14	16	14	9	26	7	8	7		9	5	7	17	12
October		9	9		8	12	12	12	43	9	10	8		12	6	7	7	7
November		8	6	14	7	9	20	12	32	8	9	8	9	11	5	8	13	11
December		8	7	12	7	10	9	13	16	9	10	9	9	10	4	9	10	9.5
January		10	20	13	8	10	9	15.6	33	10	9	9	10	8	5	8	14	11

Metric (units of measurement)	Target	4	17	22T&0	23	25G	25CR	26s	26u	Overall SC RSH	Overall SC PRH	Overall SATH SC
August (Base Line)	Reduction of 2 days	8	5	10	10	9	11	9	8	10	7	9
September		9	5	10	11	11	9	10	7	10	7	9
October		9	6	10	9	11	10	9	7	9	8	9
November		8	6	10	11	10	10	8	6	9	7	8
December		8	7	9	11	9	9	11	9	10	8	9
January		8	6	9	10	12	8	9	7	9	7	8

Metric (units of measurement)	Target	Overall USC RSH	Overall USC PRH	Overall SATH USC	Overall SC RSH	Overall SC PRH	Overall SATH SC	Total RSH	Total PRH	Total SaTH
August (Base Line)	Reduction of 2 days	10	14	12	10	7	9	10	11	11
September		7	17	12	10	7	9	14	12	13
October		7	7	7	9	8	9	8	8	8
November		8	13	11	9	7	8	9	10	10
December		9	10	9.5	10	8	9	10	9	10
January		8	14	11	9	7	8	9	11	10

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