

TRUST BOARD IN PUBLIC		Date: 25 February 2016	
		Agenda Item: 4.3	
REPORT TITLE:		SASH+ (in partnership with the Virginia Mason Institute) update	
EXECUTIVE SPONSOR:		Michael Wilson Chief Executive	
REPORT AUTHOR (s):		Sue Jenkins Director of Strategy	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee	
Action Required:			
Approval ()	Discussion ()	Assurance (√)	
Purpose of Report:			
This report provides the Board with assurance that the SaSH + work (in partnership with Virginia Mason) is progressing to plan.			
Summary of key issues			
<p>This paper provides the Trust Board with an update on progress since December 2015 including details about:-</p> <ul style="list-style-type: none"> • each of the value streams • training and development • the communications plans • the compacts • the Kaizen Promotion Office (KPO) 			
Recommendation:			
The Board is asked to consider this report and ensure that it provides assurance around delivery of the SaSH + work (in partnership with Virginia Mason).			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe -Deliver safe services and be in the top 20% against our peers SO2: Effective - Deliver effective and sustainable clinical services within the local health economy SO3: Caring – Ensure patients are cared for and feel cared about SO4: Responsive – Become the secondary care provider and employer of choice our catchment population SO5: Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model</p>			
Corporate Impact Assessment:			
Legal and regulatory implications		The Trust has a contractual commitment to participate fully in this programme for a five year period	
Financial implications		The programme is being centrally funded by the Trust Development Authority (TDA) and the	

	Department of Health. The programme is expected to achieve improvements in quality, performance and efficiency over the next five years
Patient Experience/Engagement	Patients will be involved in value stream work wherever possible
Risk & Performance Management	A Trust Guiding Team has been established to oversee this work. This group reports to a national Trust Guiding Board
NHS Constitution/Equality & Diversity/Communication	A national communications plan is being delivered to support the work and internally communications is being rolled out across the organisation
Attachment:	
SaSH + update Appendix A – SASH+ compact	

TRUST BOARD REPORT –25 February 2016

SASH+ update – working in partnership with the Virginia Mason Institute

1. Introduction

1.1 In December 2015 the Trust Board received its first update on the SASH+ work which is being progressed in partnership with the Virginia Mason Institute and NHS Improvement. It was agreed that regular reporting on continued progress should take place on a bi-monthly basis.

1.2 This paper provides the Trust Board with an update on progress since December 2015 including details about:-

- each of the value streams
- training and development
- the communications plans
- the compacts
- the Kaizen Promotion Office (KPO)

2. Value stream updates

2.1 The Trust has identified three value streams which will be the initial focus of improvement work.

2.2 They are:-

- Inpatient flow – cardiology
- Outpatients
- Management of diarrhoea

2.3 The following table confirms the progress that has been made against each of the value streams so far.

Value Stream 1	Inpatient flow - cardiology
Scope	From: decision to refer to cardiology To: Discharge from cardiology ward
Executive Sponsor	Michael Wilson – CEO
KPO lead	Sue Jenkins
Sponsor development session	Held on 3 December 2015 Facilitated by VMI Included 15 staff from cardiology team Agreed high level current state value stream map Agreed high level future state value stream map Agreed 4 priorities and draft project plans for RPIWs <ul style="list-style-type: none"> • Right patient right bed • Discharges • Cancellations and amendments to lists • Ward rounds
Value Stream Sponsorship Team	James Sneddon Nandu Gandhi Rachel Danvers Alison James Caroline Pinney

	<p>Victoria Bailey Keith Middleton Michael Wilson - chair Sue Jenkins</p> <p>Meet weekly</p>																																																
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*RPIW#1 topic *An RPIW is a 5 day workshop focused on a particular process in which people who do the work are empowered to eliminate waste and reduce the burden of work	Right patient right bed																																																
RPIW#1 dates	8 – 12 February 2016																																																
RPIW#1 sponsor	Alison James																																																
RPIW#1 process owner	Diane Winchester																																																

RPIW#1 workshop leader	Rhonda Stewart (VMI sensei)																																																
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30 day report	Due 14 March 2016																																																
60 day report	Due 12 April 2016																																																
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Successes	Great engagement from all involved in RPIW Excellent and active patient involvement all week Team talk was a great forum to use to do final report out of the week to the whole organisation. The report out has been videoed and will be available to view once final edits are complete.																																																
Lessons learned	Timing and amount of information to the home team (those working in cardiology but not part of the RPIW) is critical Each area represented learned about each others areas and how they affect their work Sharing information empowers staff																																																

	Five days were used to do something constructive. There was designated time, a helpful structure, ambitious targets, rapid change and time for reflection The process works
RPIW#2 topic	Discharge
RPIW#2 dates	4 – 8 April 2016
RPIW#2 sponsor	Keith Middleton
RPIW#2 process owner	TBC
RPIW#2 workshop leader	Sue Jenkins
RPIW#2 team leader	Allana Hansell
Metrics	To be agreed
30 day report	Due 9 May 2016
60 day report	Due 14 June 2016
90 day report	Due 13 July 2016

Value Stream 2	Outpatients
Scope	From: decision to refer To: attendance at first follow up appointment or discharge
Executive Sponsor	Des Holden – Medical Director
KPO lead	Allana Hansell
Sponsor development session	Planned for 2 March 2016 Agenda shared with participants To be facilitated by VMI Have invited 25 outpatient staff to the event Observations currently underway to prepare high level current state value stream map Metrics being discussed
Value Stream Sponsorship Team	Des Holden (chair) Angela Stevenson Natasha hare Sian Griffith Pramit Patel Linda Judge Jamie Moore Ben Emly Allana Hansell First meeting due on 22 February 2016
High level metrics agreed	Currently being agreed
RPIW#3 topic	Priority topics to be agreed at Sponsorship development session on 2 March
RPIW#3 dates	23 – 27 May 2016
RPIW#3 sponsor	TBC
RPIW#3 process owner	TBC
RPIW#3 workshop leader	Sue Jenkins
RPIW#3 team leader	Allana Hansell
Metrics	To be agreed
30 day report	Due 27 June 2016
60 day report	Due 27 July 2016
90 day report	Due 2 September 2016

Value Stream 3	Management of Diarrhoea
Scope	From: onset of symptoms To: resolution of symptoms
Executive Sponsor	Ben Mearns – Chief of medicine
KPO lead	Katy Morris
Sponsor development session	Planned for 28 April 2016 Observations currently underway to prepare high level current state value stream map Metrics being discussed
Value Stream Sponsorship Team	Ben Mearns (chair) First meeting due on 22 February 2016
High level metrics agreed	Currently being agreed
RPIW#3 topic	Priority topics to be agreed at Sponsorship development session on 28 April 2016
RPIW#3 dates	18 – 22 July 2016
RPIW#3 sponsor	TBC
RPIW#3 process owner	TBC
RPIW#3 workshop leader	Allana Hansell
RPIW#3 team leader	Helen Gallon
Metrics	To be agreed
30 day report	Due 22 August 2016
60 day report	Due 21 September 2016
90 day report	Due 21 October 2016

3 Training and development

3.1 SaSH recognise the importance of having a cohesive training and education plan that supports the roll out, implementation and delivery of the SaSH+ work over the next five years.

3.2 The current plan includes a range of courses delivering varying levels of expertise and knowledge to a range of staff:-

Type	Format	Frequency	Duration	Audience
Induction	Presentation	Monthly	5 minutes	all new starters
Grand round	Presentation	Twice yearly	30 minutes	trainees and consultants
Taster session	presentation and practical exercises	Monthly	2 .5 hours	All staff wanting to understand what SASH+ work is all about

One day masterclass (planned)	presentation and practical exercises	Quarterly	1 day	All staff interested in improvement Wider healthcare system staff
Leadership orientation	presentation and practical exercises	One off	1 day	30 Staff in leadership roles
Lean for leaders	6 days taught, work based assignments, coaching and mentoring	June 2016 – January 2017	8 months	40 Staff in leadership roles
Learning conference (planned)	Presentation, sharing learning, visits to the genba and practical exercises	annual	1 day	wider healthcare system internal staff
ALT	7 days taught 12 assignments over 6 weeks RPIW x 2 sign off	September 2015 – July 2016	8 months	4 KPO specialists

3.3 A draft training and education plan has been developed including cohort numbers, course content and target audiences over the coming five years. This plan seeks to ensure that there is an opportunity for every single member of staff in the organisation to experience some learning and development about the SaSH+ work over the coming years.

3.4 A gap analysis has also been undertaken which indicates that additional capacity may be required of the following courses

- Leadership orientation
- Lean for Leaders
- Advanced Lean Training certification

3.5 Discussion is underway with the national team to consider the feasibility of additional procurement of the above courses

4 Communication

- 4.1 Communication activity is already underway and a communications plan is being developed to ensure that internal and external communications and stakeholder management is focused and that staff, external audiences, stakeholders and the media are engaged throughout and their views are listened to. This will be aligned to the national TDA VMI Communications Strategy. The Head of Communications and the KPO lead will meet their counterparts from the participating Trusts on a monthly basis to ensure that there is alignment, consistency of messages and open communication at a national and local level.
- 4.2 At a local level the Trust is developing a communications plan which will include:-
- 4.2.1.1.1.1 Stakeholder engagement – both locally and as part of the national programme of stakeholder engagement
- Regular Kaizen bulletins sharing the improvement story as it unfolds
 - Regular updates at TeamTalk meetings
 - Tailored SASH+ TeamTalk meetings for RPIW report outs and updates on value streams
 - Specific reference to the work in the CEO's weekly message
 - A KPO wall which will visually depict the value stream progress
 - A web page sharing information and the stories from the SASH+ work as it progresses
 - Updates in Staff News and Yammer
 - Updates shared through our social media platforms
 - Media engagement – in-line with national partnership timeframes
 - Regular board reports which provides updates of the work undertaken along with delivery against key metrics as this progresses
 - A series of videos displayed on the trust information screens and the web page sharing progress, updates successes and learning
 - A visual identity for SASH+ and branded templates for all materials and corporate communications messages

5 Compact development

- 5.1 Underpinning the improvement work at both a national and trust wide level is the development of a compact which details reciprocal commitments and an explicit set of responsibilities from all parties engaging in this development work.
- 5.2 At a national level a compact has been developed between the TDA and the five participating NHS Trusts.
- 5.3 In order to support the improvement work at a SASH level a draft compact has been developed between the organisation and clinicians. This work has been led by Amicus, who are specialist experts in compact development, working in partnership with VMI.
- 5.4 The draft compact which is being shared and considered across the organisation for feedback is attached at Appendix A

6 Kaizen Promotion Office

- 6.1 In order to lead the SaSH+ work across the organisation, a Kaizen Promotion Office (KPO) has been established. The KPO is responsible for:-
- providing specialist support and advice for SaSH+ across the organisation and wider health system
 - building improvement expertise capacity and capability across the organisation
 - leading the initial value stream work to support the launch of SASH+
 - developing and rolling out an education and training plan to share improvement tools, techniques and skills

- providing ongoing coaching and mentoring to those leading improvements in the work place
- acting as a repository for all Kaizen work including monitoring of metrics and collating stories of success and learning
- sharing progress, learning and achievements both internally and externally
- hold the organisation to account for maintaining rigor and compliance with the improvement process methodology

6.2 All four members of the KPO team have commenced their advanced lean training which is certified by VMI. Completion of this training in April 2016 for the first of the candidates.

7 Recommendation

7.1 The Board is asked to consider this report and ensure that it provides assurance around delivery of the SaSH + work

Sue Jenkins
Director of Strategy & Kaizen Promotion Office (KPO) Lead
February 2016

Appendix A

SASH+ Compact

Preamble

We embrace our vision to deliver safe high quality health care which puts our community first. To achieve it we will improve patient outcomes while looking after our money and resources. We will develop our staff, give them tools to do their job, and work together to implement the best care for patients without variation that adds no value. Further, we make the following commitments:-

Executive Team Commitments

- Put patients at the heart of everything
- Demonstrate the Trust's values; be a role model
- Commit to staff development by providing resources, feedback, and empowering staff to create change by having voice
- Provide open, transparent, and timely information
- Implement best practices and new ideas front line staff identify to improve patient outcomes
- Involve staff in financial decisions properly
- Make reasons for decisions clear
- Give time to staff to design change and resources to support implementation
- Be sensitive to work life balance
- Be visible and strive to understand staffs' work
- Be trustworthy and honest
- Foster accountability for trust values
- Mutual holding to account

Staff Commitments

- Own the shared vision
- Put patients at the heart of everything
- Use resources efficiently, appropriately, and effectively
- Engage. Show up
- Accept responsibility. Do what it takes
- Recognise the authority of leaders as representing the organisation
- Agree standards and stick to them
- Be trustworthy and honest
- Be open to change.
- Commit to standard work and acknowledge the negative impact when not followed
- Commit to Trust values and behaviors and be loyal to SASH abiding by professional standards, codes of conduct
- Do one's job AND contribute to the larger organisation
- Mutual holding to account

