TRUST BOARD IN PUBLIC	**Date: 26 May 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 and KPO Lead
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

This paper provides the Trust Board with an update on progress since February 2016 including details about:-
- each of the value streams
- training and development
- the communications plans
- the compacts

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:

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

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	

1. Introduction
1.1 The Board receives regular updates relating to the Trust's SASH+ work.

1.2 This paper provides the Trust Board with an update on progress since February 2016 including details about:-
- each of the value streams
- training and development
- the communications plan
- the compact work

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 Update on cardiology value stream
2.3.1 Following our first rapid process improvement workshop (RPIW) in February which looked at the referral process of cardiology patients both 30 and 60 day reports have now been produced. The results are detailed below

Metric	Baseline	Target	30 days	60 days
Number of bed changes on Holmwood and CCU for bed management purposes	Hwood 12.5% CCU 37.5%	0% 0%	Hwood 12.5% CCU 37.5%	Hwood
Number of inliers on cardiology	Angio (5/14) 36% Hwood (4/28) 14% CCU (0/8) 0%	0% 0% 0%	Angio (9/14) 64% Hwood (6/28) 21% CCU (0/8) 0%	Angio (0/14) 0% Hwood (8/28) 29% CCU (0/28) 0%
Number of outliers on other wards	(3/28+8) 8%	0%	(5/28+8) 14%	(2/28+8) 6%
Length of stay – non elective	7.7 days	5.8 days	7.1 days	6.9 days
Length of stay - elective	1.4 days (33hrs 20 mins)	0.96 days (23 hrs)	1.7 days	1.3 days
Number of bed changes	Hwood (3.4/28) 12.5% CCU (3/8) 37.5%	Holmwood 0% CCU 0%	Hwood 12.5% CCU 37.5%	Hwood 21% CCU 37.5%
Friends and family test	Hwood 93% from 35.8% response rate CCU 100% from 67.9% response rate	100% 100%	94% from 19.4% response rate 100% from 51.9% response rate	91.3% from 20% response rate 100% from 24.1% response rate

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2.3.2 There has been a challenge in embedding the new referral process for the cardiology team. This is in the main due to high non elective demand which has meant that angio beds have been used as escalation beds on a frequent basis and it has been difficult to keep a fast track bed free for bringing patients through from the emergency department to. There has also been some resistance to change from some key staff working in the cardiology team who we have taken some time to listen to and hear their concerns.

2.3.3 Following the 60 day report out the referral process has been relaunched and a revised action plan has been developed and is being implemented.

2.3.4 In April 2016 the Trust held its second rapid process improvement workshop (RPIW) for cardiology. 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. This time the RPIW focused on the discharge process which was measured from the time the decision to discharge was made to when the patient left the cardiology bed.

2.3.5 Some of the key learning from this event was that it is important to ensure the scope of the work is kept to one genba (place where the work is done). During this week we tried to make improvements in the pharmacy, on the cardiology ward and in the discharge unit. On reflection this was too many areas to focus on in one week and the impact did not appear to be so intense as it was in RPIW#1 when we were focused on one area. We have taken forward this learning into our preparation for RPIWs#3 and #4.

2.3.6 The metrics that were review during RPIW#2 and at the time of writing the 30 day report out is in the process of being pulled together

Metric	Baseline	Target	30 days
Time from decision to discharge to patient ready to leave hospital	250 mins 53 secs 4 hrs 10 mins 53 secs	120 mins	Currently being collated
Time from decision to discharge to patient leaving cardiology bed	130 mins	60 mins	Currently being collated
Number of patients medically ready for discharge	(1/36) 3%	0%	Currently being collated
Hwood TTOs ready for collection at 12:00 >30 mins	3	0	Currently being collated
All TTOs ready for collection and not on ward	29	0	Currently being collated
All short notice TTOs ordered or changed	16	0	Currently being collated
All CDs awaiting sign off > 30 mins	5	0	Currently being collated
Patients knowing EDD prior to day of discharge	50%	100%	Currently being collated

2.3.7 The high level metrics for this value stream are detailed below and these will be reported quarterly going forward. The first quarter is due to be reported at the end of May 2016.

Target Area	Baseline
Quality Metric 1: Number of bed changes on Holmwood & CCU	H'wood 12.5% CCU 37.5%
Quality Metric 2: Number of outliers on other wards	8%
Quality metric 3: Non elective emergency readmissions < 7 days	Oct 15 – 7.4%
Quality metric 4: Non elective readmissions < 30 days	Sep 15 – 16.1%
Quality metric 5: Number of procedures cancelled	Not plan/capacity 7.5% Not done/plan 13.5% Not done/capacity 20%

Target Area	Baseline
Service Metric 1: FFT for Holmwood	Oct 15 – 93% from 35.8% response rate
Service Metric 2: FFT for CCU	Oct 15 – 100% from 67.9% response rate
Delivery Metric 1: LOS – non elective	Oct 15 – 7.7 days
Delivery Metric 2: LOS elective	Oct 15 – 1.4 days
Delivery metric 3: Time from referral to first seen by cardiologist	15 hours and 30 minutes
Delivery metric 4: Time from referral to arriving in cardiology bed	25 hours and 36 minutes
Morale Metric 1: Number of inliers on Holmwood, CCU and angio	Angio 36% H'wood 14% CCU 0%

Target Area	Baseline
Morale metric 2: Abbreviated Staff Survey	Net score 256.5
Cost Metric 1: Excess Agency costs	Total costs M1 -M7 Angio £32k Med £11k(excluding locum) ECG £22k Hwood/CCU £238k
Cost Metric 1: ADHs paid	M1 – M7 £21,600 (£3,100 per month)

2.4 Outpatients value stream update

2.4.1 The outpatient value stream is in progress. A Sponsor Development Session was held on 2nd March. The event was well attended with 25 participants from a wide range of areas including the outpatient booking office (booking and referral management clerks), nurses from outpatients, primary care colleagues, and consultants who hold outpatient clinics. During the day the high level current state value stream map was validated and the ideal future state was created.

2.4.2   The following suggestions were made by the group as potential areas for improvement i.e. where we might focus Rapid Process improvement Workshops (RPIW):

- Booking of appointments
- Referrals
- Day of appointment – support process
- Management plan next steps
- Roles and responsibilities of nurses and nursing assistants

2.4.3   The value stream sponsorship team, led by the executive sponsor Des Holden, has identified high level metrics for the value stream which include:

Quality
- Number of referrals in backlog, not admitted
- Number of cancellations by hospital for (a) new appointments (b) follow up appointments
- Number of clinics cancelled within 6 weeks of appointment

Service
- Number of complaints formally recorded, about outpatient appointments.
- Friends and family test results % recommended

Delivery
- Time from receipt of referral to date of first appointment for (a) urgent appointments and (b) routine appointments
- Percentage of did not attends (DNAs) for (a) new appointments and (b) follow up appointments

Morale
- Staff survey results for outpatient booking office staff, taken from management standards survey
- Staff vacancy rate for outpatient booking office
- Staff sickness rate for outpatient booking office staff

Cost
- 18 week breach fines per month
- Cost of ad hoc clinics per month for outpatient appointments.

2.4.4   The first RPIW for this value stream will take place the week commencing 23rd May. The focus of this week will be on the booking of new appointments for adult ophthalmology patients. There has been 6 weeks of data collection, including timed observations of each operator in the process, as preparation for the RPIW.

2.4.5   Baseline metrics show a lead time of:

- Urgent Referrals

Time from the receipt of the referral by outpatient booking office (OBO) to the date of the first appointment
= 28 days 2 hrs 59mins

- Sub-lead Time

Time from receipt of referral by OBO to the date the booking is made for first appointment = 14 days 2hrs 59 mins

- Routine Referrals

Time from the receipt of the referral by OBO to the date of the
first appointment = 107 days 18hrs 24mins

- Sub-lead Time

Time from receipt of the referral by OBO to the date the booking is made for the first appointment = 79 days 18hrs 24mins

2.4.6 The sponsor for the RPIW, Natasha Hare, will be setting challenges for the RPIW team to reduce lead and sub lead times, as well as other challenges in line with the metrics agreed in the target progress report.

2.4.7 Some of the issues raised as kaizen bursts (opportunities for improvement) by individuals working in the area (genba) and which will form the basis of the improvement work include:

- Urgent referrals are incorrectly put in to the routine pile of work.
- Duplicate referrals entered into the system and this is only realised at a later stage of the process, resulting in over processing.
- Long wait for consultants to grade referrals.
- Referral 'travels' 1002 steps around the hospital before it is 'transformed' into an appointment.
- Partial booking for routine appointments means there is overproduction in the current state.
- Patients ring in to find out when their appointment will be made and it is not always clear as to what stage the referral is at in the process.

2.4.8 The final day of the RPIW sees a report out on the work by the RPIW team to the entire Trust. Following this there will be report outs at 30, 60 and 90 days on how the improvements are being sustained using metrics from the Target Progress Report.

2.5 Management of diarrhoea value stream update

2.5.1 The management of diarrhoea value stream is now underway; work commenced several months ago preparing for the Sponsor Development Session, which was held on the 28th April. It was the first time SaSH prepared for and delivered the Sponsor Development session without the support of Virginia Mason Institute. The event was attended by 30 delegates including housekeeping staff, portering, junior doctors, a pharmacist, consultants, a patient representative, ambulance service, infection control and nursing representatives. The feedback was extremely positive and the key deliverables for the day were met. The day focussed on validating the current state value stream and developing a desired future state. The group (supported by Ben Mearns the executive sponsor) identified the following priorities for improvement:
- Identification of diarrhoeal symptoms and initial care
- Diagnosis and treatment
- Use of isolation
- Samples to pathology
- Documentation standardisation

2.5.2 Preliminary discussions have been held with the value stream sponsor team to identify potential high level metrics. The provisional metrics include:
- **Quality**
  - Number of moves between clinical teams
  - Onset of symptoms to stool sample collected (time)

- **Service**
  - Onset of symptoms to result being reported
  - Onset to symptom resolution
- **Delivery**
  - Time from stool sample collection to receipt in lab
  - Length of isolation period
- **Morale**
  - Number of bed moves
  - Time taken for staff to complete documentation
- **Cost**
  - Cost of stool sampling
  - Reduction in length of stay

2.5.3 The first RPIW for this value stream is planned for the week commencing the 18 July 2016 and will focus on 'Identification of symptoms and initial care'. Examples of kaizen bursts that the teams will be looking to improve in the RPIW are:
  - 'First mention of diarrhoea differs between nursing and medical notes (inconsistency)'
  - 'Patients often embarrassed and reluctant to inform others of symptoms, resulting in delays to identifying symptoms'
  - 'There is variability in responding to patients with diarrhoea, depending on level of professional experience'
  - 'Patients with communication difficulties, cognitive deficiency are unable to use call bell for help'

2.5.4 The background work necessary to prepare for the RPIW has commenced. This involves identifying patients with diarrhoea when presenting with symptoms in AMU and following their care in real time (where possible). The RPIW process owner and sponsor will meet weekly in the lead up to the RPIW to ensure the appropriate preparation and planning is carried out before the event.

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	Status
Induction	Presentation	Monthly	5 minutes	all new starters	In place and being delivered
Grand round	Presentation	Twice yearly	30 minutes	trainees and consultants	In place and being delivered
Taster session	presentation and practical exercises	Monthly	2 .5 hours	All staff wanting to understand what SASH+ work is all about	In place and being delivered

Leadership orientation	presentation and practical exercises	One off	1 day	30 Staff in leadership roles	Being developed in partnership with other VMI trusts
Lean for leaders	6 days taught, work based assignments, coaching and mentoring	June 2016 – March 2017	9 months	40 Staff in leadership roles	43 candidates are due to commence on 16 June 2016
Learning conference (planned)	Presentation, sharing learning, visits to the genba and practical exercises	annual	1 day	wider healthcare system internal staff	Planning for Spring 2017
Advanced lean training (ALT)	7 days taught 12 assignments over 6 weeks RPIW x 2 sign off	September 2015 – July 2016	8 months	4 KPO specialists	1 certified April 2016 1 to be certified May 2016 1 to be certified July 2016 1 to be certified during 2017 on return from maternity leave Plan being developed to increase to 10 specialists over 5 years

3.3 Our local training and education plan now links with the national training and education plan which is being co-ordinated by the Transformation Guiding Board. The starting point for co-ordination of national training and education will be having a consistent approach to delivering a 1 day leadership orientation course. The materials are currently being reviewed. Once this is in place the taster sessions are likely to come to an end.

3.4 The national team are currently considering offering an additional Advanced Lean Training (ALT) place which will support the development of an additional certied KPO specialist. Following discussion at the Trust Guiding Team the appointment to the newly created deputy Chief Nurse for Innovation and Improvement will be offered this opportunity.

3.5 The national team have also offered the opportunity for newly recruited Trust Guiding Team members to undertake the executive leadership development session in Seattle later this year. Two executives, our Chief operating Officer and our director of OD and people will be offered this opportunity.

4 Communication

4.1 The KPO and communications teams meet on a regular basis and have developed a communications plan 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 is aligned to the national NHSI VMI Communications Strategy. The Head of Communications and the KPO lead 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 has developed a communications plan which will include:-
- 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 Our local draft compact is being shared and considered across the organisation for feedback. A further development and refining session with clinical leads, divisional chief nurses, chiefs, associate directors, the executive team and heads of department is planned for 23 June to take this work forward.

6 Recommendation

6.1 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
May 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