



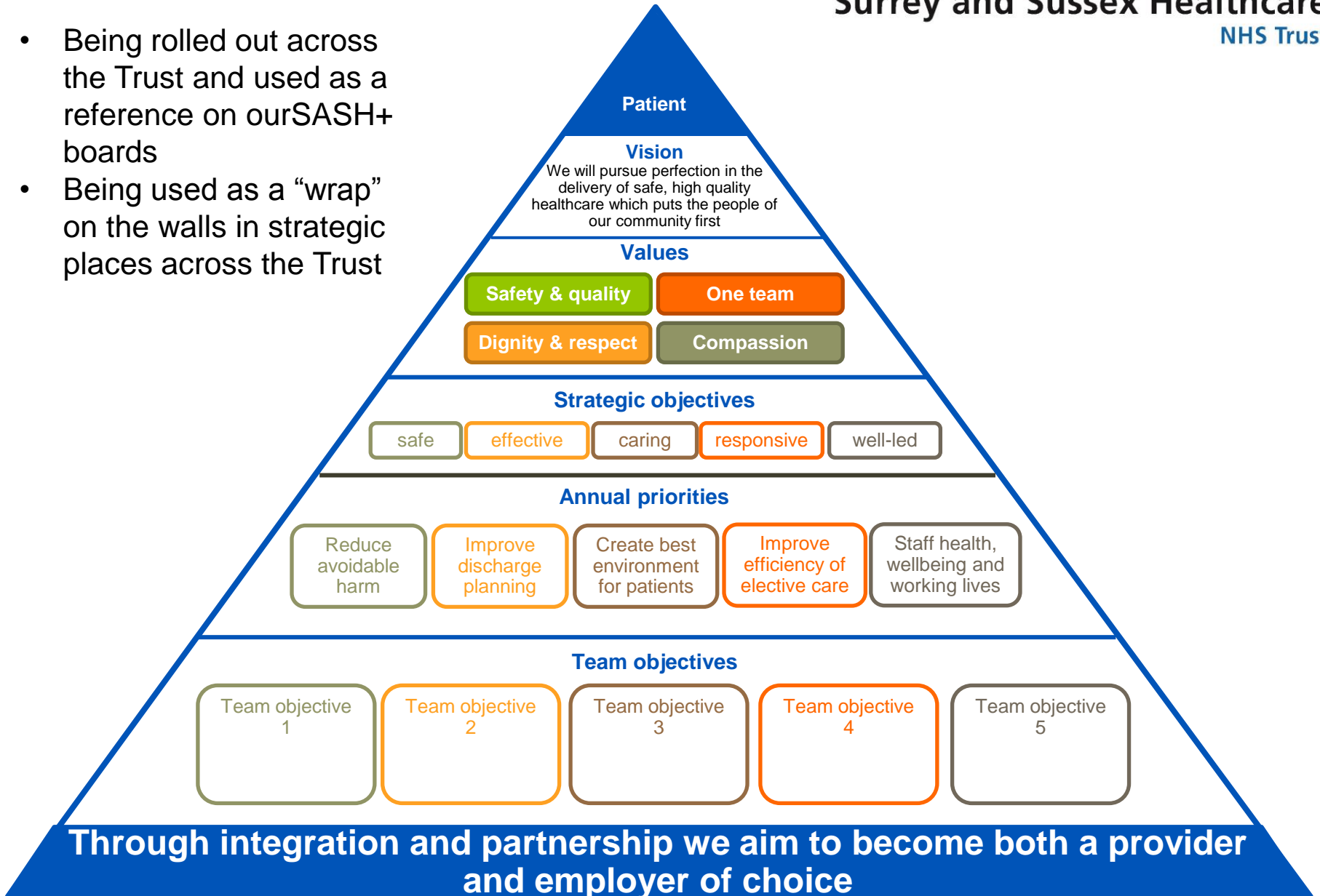
# SASH+ update

Trust Board  
June 2017



# Our strategy on a page

- Being rolled out across the Trust and used as a reference on our SASH+ boards
- Being used as a “wrap” on the walls in strategic places across the Trust





# Inpatient flow - Cardiology



**Improvement**

Value Stream 1:	Cardiology inpatient flow Exec sponsor: Fiona Allsop
RPIW #1 8 February 2016	<b>Referral process to cardiology</b> <i>Reducing the lead time and process for non elective patients referred to cardiology</i>
RPIW #2 4 April 2016	<b>Simple discharges</b> <i>Reducing the lead time and improving the discharge process for cardiology patients</i>
RPIW #3 (10) June 2017	<b>Inpatient angio procedures</b> Reducing the lead time and improving the process for inpatients requiring an angio procedure

## Improvements so far

- 8am daily huddle in place to identify patients to be discharged
- Electronic white board installed on the ward
- FFT scores for cardiology patients maintained at 100%
- Cardiology patients knowing EDD prior to date of discharge has improved from 50% to 88%





# Outpatients



**Improvement**

Value Stream 2:	Outpatients Exec sponsor: Dr Des Holden
RPIW #1 (3) 23 May 2016	<b>Ophthalmology referral process</b> <i>Improving the referral process for ophthalmology patients from receipt of referral to appointment being offered</i>
RPIW #2 (5) 19 September 2016	<b>Attendance at breast clinic</b> <i>Improving the experience and process for outpatients attending the breast clinic including those receiving bad news</i>
RPIW #3 (7) 12 December 2016	<b>Clinic preparation</b> <i>Improving the process for the preparation of out patient clinics by medical records staff</i>
RPIW #4 (9) 24 April 2017	<b>On the day blood tests for rheumatology outpatients</b> <i>Improving the process and experience for rheumatology out patients who require an on the day blood test</i>

## Improvements so far

- Time from the patient arriving at the hospital to the end of their consultation with the Breast Clinician reduced more than half from 52 mins to 25 mins
- Clinic room has been moved closer to the quiet room for breaking bad news in
- The number of breast patients seen after their allocated appointment time has reduced from 94% to 0%
- Time from receipt of urgent ophthalmology referrals to date of first appointment has gone from 28 days and 3 hrs to 10 days (64% improvement)
- Time from receipt of routine referrals to date of first appointment has improved from 107 days 18 hrs to 32 days (67% improvement)
- Number of referral letters in the system waiting to be processed has reduced from 1331 to 296
- The reduction of processing time for medical records to prepare clinic lists for the day from 41 minutes to 9 minutes (78% improvement)
- Reduced number of steps walked by patient having a blood test from 212 to 18 steps
- Reduced lead time for rheumatology outpatients from 31 mins to 14 mins
- Reduced inappropriate interruptions at pathology reception from 86% to 50%



# Outpatients



## *Improvement*

Celebration	Challenge
<ul style="list-style-type: none"><li>Great improvements in phlebotomy RPIW making improvements for both staff and patients</li></ul>	<ul style="list-style-type: none"><li>Cynical service manager was challenging to work with during RPIW</li><li>Roll out of previous work in single specialties is more challenging in other specialties and divisions</li><li>High level metrics are not showing improvements as RPIWs are at specialty rather than trust wide level</li></ul>
Learning	Key next steps
<ul style="list-style-type: none"><li>The process highlighted some poor management practices and an over reliance on managing from a system rather than being on the genba</li></ul>	<ul style="list-style-type: none"><li>Developing a summary of all improvements to help sharing key learning across all out patient based staff will demonstrate things are happening</li></ul>



# Management of diarrhoea



**Improvement**

Value Stream 3:	Management of diarrhoea Exec sponsor: Dr Ben Mearns
RPIW #1 18 July 2016	<b>Initial identification, response and diagnosis of patients with diarrhoea</b> <i>Improving the experience of patients experiencing diarrhoea from symptom identification and personal care to documented differential diagnosis</i>
RPIW #2 21 November 2016	<b>Implementation of treatment plan</b> <i>Improving the implementation of treatment plans for patients experiencing diarrhoea</i>
RPIW#3 13 March 2017	<b>Isolation of patients</b> <i>Improving the process to support the isolation of patients with diarrhoea</i>
RPIW#4 21 August 2017 (planning underway)	<b>Sampling</b> <i>Improving how samples are collected and arrive in the lab for testing</i>

## Improvements so far

- Personal care packs developed and in place
- Lead time for diagnosis reduced from 2 days and 9 hrs to 6 hrs which is 91% improvement
- % of patients with differential diagnosis for diarrhoea has improved from 50% to 100%
- Time spent by nurses gathering supplies for personal care has reduced from 7.5 mins to 1.5 mins
- Distance walked by staff to collect linen from the main stores was 346 steps. It is now 0 steps
- The time taken from a documented differential diagnosis being made to the treatment plan being implemented has reduced from 29 hrs and 15 minutes to 30 minutes
- The number of times a nurse is interrupted on a drug round has reduced from 25 times to zero
- Lead time for patients requiring isolation to arrive in a room reduced from 20 hrs and 30 mins to 4 hrs and 17 mins
- Number of diarrhoea patients without a documented assessment for the need for isolation reduced from 78% to 0%
- Number of patients without a documented clinical indication for a side room reduced from 17% to 0%
- Number of times side room does not get the correct clean reduced from 17% to 0%
- Number of times reason for side room on ward use does not correlate with site teams reason has reduced from 33% to 11%



# Management of diarrhoea



**Improvement**

Celebration					Challenge
<ul style="list-style-type: none"> <li>RPIWs are impacting on high level metrics</li> </ul>					<ul style="list-style-type: none"> <li>Just because you ask for something to be rolled out doesn't mean it will happen</li> </ul>
<b>Service Metric 1:</b> Time between identification of symptoms to return to normal bowel habit (last documented type 5-7 if normal bowel habit not documented) N=9/16	78 hours (median)	72 hours	221 hours (median) N= 5/15	50hrs 10 mins (median) N= 3/16	
		100% of patients with normal stools documented			
<b>Delivery metric 4:</b> Time between identification of symptoms and documented differential diagnosis N=5/10 50%	57.5hours (Median)	14 hours	AMU- 6 hrs (median) at 90 days	1hr 10 mins (mode) N = 12/16 (75%)	
			19 hrs 45 mins (median) N=12/15	12hrs 30 mins (median) N = 12/16	
Learning					Key next steps
<ul style="list-style-type: none"> <li>Keeping scope small has facilitated greatest changes</li> <li>Log of roll out of improvements has helped keep VSST focussed</li> </ul>					<ul style="list-style-type: none"> <li>Preparing for sampling RPIW in August</li> </ul>





# Lean for Leaders



## Improvement

Celebration	Challenge
<ul style="list-style-type: none"> <li>• Celebration event for 30 candidates from cohorts 1 and 2 is planned for June</li> <li>• 55 candidates have commenced cohorts 3 and 4</li> <li>• 49 candidates have been recruited for cohorts 5 and 6 which starts in September</li> <li>• Examples of improvements are being seen across the organisation</li> <li>• Lots of interest in participating in future cohorts</li> </ul>	<ul style="list-style-type: none"> <li>• Attrition rate is high 12/42 dropped out in cohorts 1 and 2</li> <li>• 3/58 have dropped out in cohorts 3 and 4</li> <li>• Finding time to apply the learning through the homework has been challenging</li> </ul>
Learning	Key next steps
<ul style="list-style-type: none"> <li>• Keeping a detailed track of benefits, efficiencies, productivity gains and cost reductions is key to demonstrating success</li> <li>• Launch event prior to taught modules has been well received</li> <li>• Marking grid to grade homework has been helpful in managing expectations of candidates</li> <li>• Maintaining robust standards for attendance and completion of homework has ensured the quality of L4L graduates</li> </ul>	<ul style="list-style-type: none"> <li>• Share NHSi monkey survey to check sustainability of L4L learning</li> <li>• Consider how to improve attrition rate</li> </ul>



# Lean for Leaders reflections



**Improvement**

I used to think.....	And now I think.....
<ul style="list-style-type: none"> <li>• .....that we had streamlined processes</li> <li>• .....I have to solve the problem</li> <li>• .....lean would be challenging</li> <li>• .....lean would be faster</li>   <li>• ..... I had to do everything</li> <li>• .....all problems were my problems</li>   <li>• .....lean meant doing what your manager told you</li>   <li>• .....how am I going to do that?</li>   <li>• .....that is a problem we have always had and there is nothing we can do about it</li> <li>• .....change took a lot of time</li>   <li>• .....PDSA cycles were large and difficult to make happen</li> <li>• ..... Lean was easy</li> <li>• .....the ability to facilitate meaningful change came from senior managers</li> </ul>	<ul style="list-style-type: none"> <li>• .....of 5S in everything we do</li> <li>• ....how can I encourage my team to do that</li> <li>• .....lean is structured and exciting</li> <li>• .....lean needs embedding properly to sustain and improve further</li> <li>• .....I can help others to get things done</li> <li>• .....all problems are not my problem they belong to the team and the team should own the problem</li> <li>• .....lean is about empowering all staff at all levels to come up with solutions and take them forwards</li> <li>• .....I have to support my team to solve the problems</li> <li>• .....lets work out the root cause of that problem and how we can solve it</li> <li>• .....all ideas can be considered however big or small</li> <li>• .....PDSA cycles and lean methods are workable in our system</li> <li>• .....its all about embedding and sustaining</li> <li>• .....all members of the team have the potential to improve our service</li> </ul>



# SASH+ programme



**Improvement**

Celebration	Challenge
<ul style="list-style-type: none"><li>• The process works at both value stream and L4L levels</li><li>• More people are understanding what SASH+ is about across the organisation</li><li>• System wide kaizen conference was a huge success</li><li>• Visit from Professor Sir Mike Richards and Dr Kathy Mclean</li></ul>	<ul style="list-style-type: none"><li>• KPO team is challenged with staffing at the moment</li><li>• Pace is limited by KPO resource</li><li>• Request for one off visits</li></ul>
Learning	Key next steps
<ul style="list-style-type: none"><li>• The processes exposes staff – good and bad</li><li>• Keep control of the pace and how learning is shared</li></ul>	<ul style="list-style-type: none"><li>• Recruit additional support for KPO team</li><li>• Plan for open day in September</li></ul>