Report to:	Council of Governors	Agenda item:	6
Date of Meeting:	7 June 2018		

Title of Report:	Chief Executive's Report
Status:	For Information
Board Sponsor:	James Scott, Chief Executive
Author:	Xavier Bell, Board of Directors' Secretary
Appendices	Appendix 1: Finance Key Performance Indicators Appendix 2: "Improving Together"

1.	Executive Summary of the Report

To purpose of the Chief Executive's report is to provide the Council of Governors with an overview of the key developments within the Trust.

2.	Recommendations (Note, Approve, Discuss)

The Council of Governors are asked to note the report.

3.	Legal / Regulatory Implications

Not applicable

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

Strategic and environmental risks are considered by the Board of Directors on a regular basis and key items are reported through the Chief Executive's report.

5.	Resources Implications (Financial / staffing)

Not applicable

6.	Equality and Diversity

Not applicable

7.	References to previous reports

The Chief Executive submits a report to each Council of Governors.

8.	Freedom of Information

Public

1. Operational Performance

Single Oversight Framework (April 2018)
Against the NHSI Single Oversight Framework the RUH has been rated 3 overall. The Trust has been placed into category 4 for 4 hour performance.

In April three SOF operational metrics triggered concerns, with performance failures in two consecutive months: 4 hour wait in A&E, 18 weeks RTT Incomplete Pathways and Six week diagnostic waits (DMO1). Delivery of the 4 hour access standard remains the Trusts most significant performance issue. Improved performance has been delivered from January 2018. A revised 4 hour improvement trajectory for 2018/19 has been drafted but has not yet been confirmed or agreed with regulators/commissioners.

Under the SOF, metrics trigger concerns when they fail national standards for two consecutive months, or Sustainability and Transformation Funding improvement trajectories are missed for two consecutive months. The SOF does not give a performance assessment in its own right and assessments of overall rating are not therefore made by NHSI on a monthly basis.

4 hour performance remains below the national standard of 95% (80.7% in April, or 86.4% when the Entire RUH footprint including MIU activity is considered) and continues to be the highest operational performance risk for the Trust. The Trust continues to work to a detailed improvement plan, and performance against this is reported monthly in a separate 4hour performance report. The Chief Executive now chairs the BaNES A&E Delivery Board and is working with partners through that forum to hold the BaNES system to account.

Six weeks diagnostic waits (DMO1) In April performance was reported as 2.2% against the <=1.0% indicator. Progress against the improvement plan has slowed. CT & MRI performance in April was impacted by high patient cancellations as a result of equipment failure. Specialist echocardiography is a major contributor to adverse performance, and the Cardiology department are releasing consultants from other duties to enable them to undertake additional specialist echo diagnostic sessions.

2 week GP Referral to treatment is not a national SOF operational metric, however this does remain as one of the national cancer standards. Performance for both "Urgent Suspected Cancers; Breast" and "Urgent All Suspected Cancer" has exceeded the constitutional target of 93% in April (98.5% and 94.8% respectively).

Activity levels
In April 2018 the non-elective activity was 10.1% above April 2017 (excluding Maternity). Emergency department (ED) attendances were 0.9% above April 2017.

In April the Trust capacity was impacted by bed closures for infection, predominately Flu and Norovirus. The max number of beds closed was 100 and the average per day closed was 34. The Trust was able to close the Flu cohort ward in April 2018, with a reduction in Flu cases seen across the Trust.

The following graph shows non-elective activity against contract (excluding maternity):
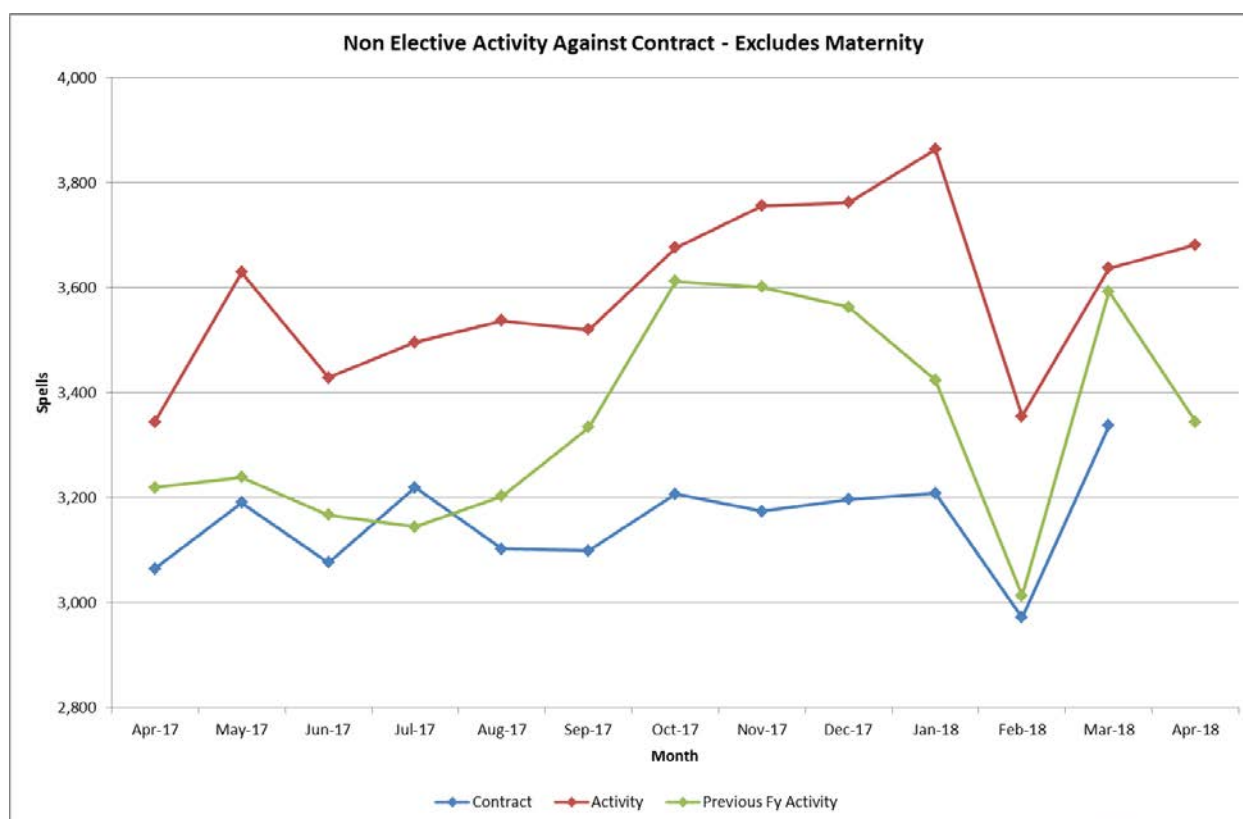
C – Difficile Infection
As at April 2018:

2017/18 - the RUH *C.Diff* tolerance was 22 "post 3 day" *C.Diff* cases. 1 case is awaiting appeal response (from October 2017). For 2017/18 the best case scenario is 18 RUH Trust attributed *C.Diff* cases which would be within tolerance, the worst case scenario is 19 which would also be within tolerance.

This is the best ever performance recorded by the Trust, and represents a major success in our work to tackle infection rates in the hospital.

2018/19 - the RUH tolerance is 21 "post 3 day" *C.Diff* cases.

- In April there were 5 cases of C-Difficile;
- 4 cases await RCA.

This performance is outside of the Trusts tolerance and rated red in month.

C.Diff Performance by Month:

Month	Actual Number of Cases	Number of Successful Appeals	Number Awaiting Appeal Response	Number of Outstanding RCA's
April 17	2	1	0	0
May 17	3	2	0	0
June 17	1	0	0	0
July 17	4	1	0	0
Aug 17	2	1	0	0
Sept 17	5	2	0	0
Oct 17	6	2	1	0
Nov 17	2	1	0	0
Dec 17	2	1	0	0
Jan 18	1	0	0	0
Feb 18	2	0	0	0
Mar 18	1	1	0	0
17/18 Y-T-D	**31**	**12**	**1**	**0**
April 18	**5**	**0**	**0**	**4**

Delayed Transfers of Care (DTOC)

The DTOC position by CCG is detailed in the table below, which shows 24 patients reported at the April month end snapshot and 533 delayed days (2.9%). This is an improving position and in-month this was above the nationally set target.

The graph outlines the delayed days by week since May 2017. The 4hr System Improvement Plan is focused on reducing the volume of super stranded patients at the RUH (+21 day length of stay). The impact of this work is being seen with a reduced number of DTOC patients.

|	NHS BATH AND NORTH EAST			NHS SOMERSET CCG			NHS WILTSHIRE CCG			NHS SOUTH GLOUCESTERSHIRE			All CCGs		
	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total	NHS	SS	Total
Number of Patients	9	1	10	0	0	0	7	5	12	1	1	2	17	7	24
Number of Delayed Days	205	46	251	16	25	41	168	57	225	4	12	16	393	140	533

RUH Days Lost Through Week
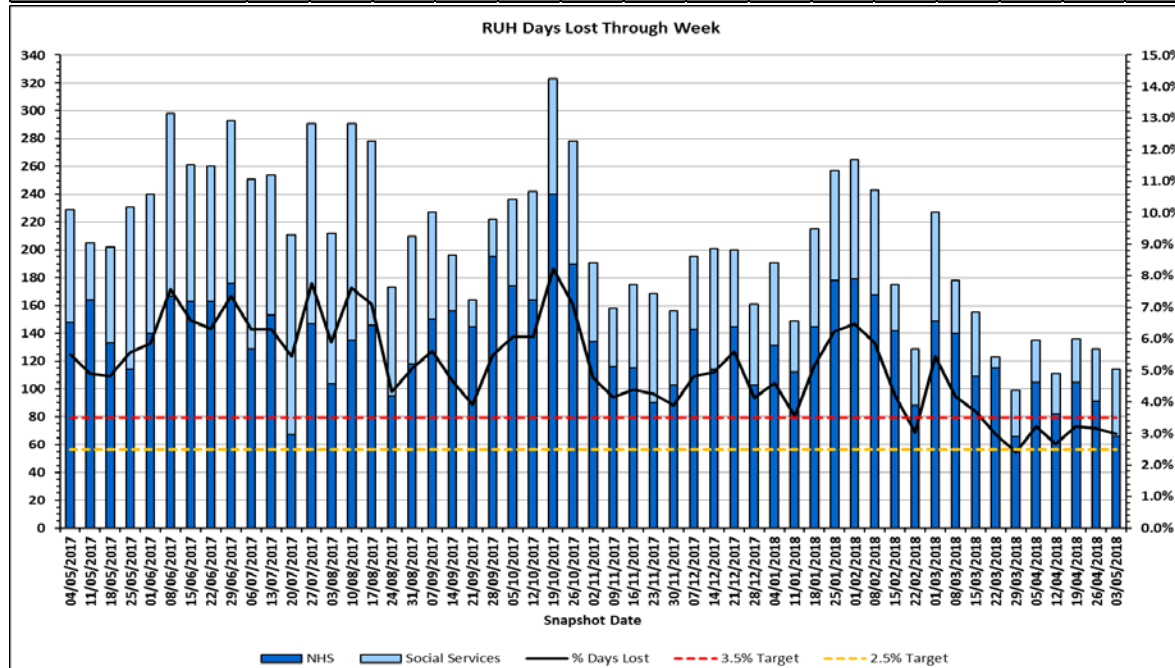
Patient Length of Stay:

In 2017/18 national reporting commenced on two new "length of stay" (LoS) metrics:

- stranded patients, being the number of 7 day + patients; and
- Super-stranded 21 day + patients.

The Trust now monitors stranded and super-stranded patients in its Four Hour Improvement Plan. In April 2018:

- The median number of patients with a LoS of 7+ days was 316 (against a target of 250); and
- An end of April snapshot showed 19.7% of patients with a LoS exceeding 21 days (against a target of 14%).
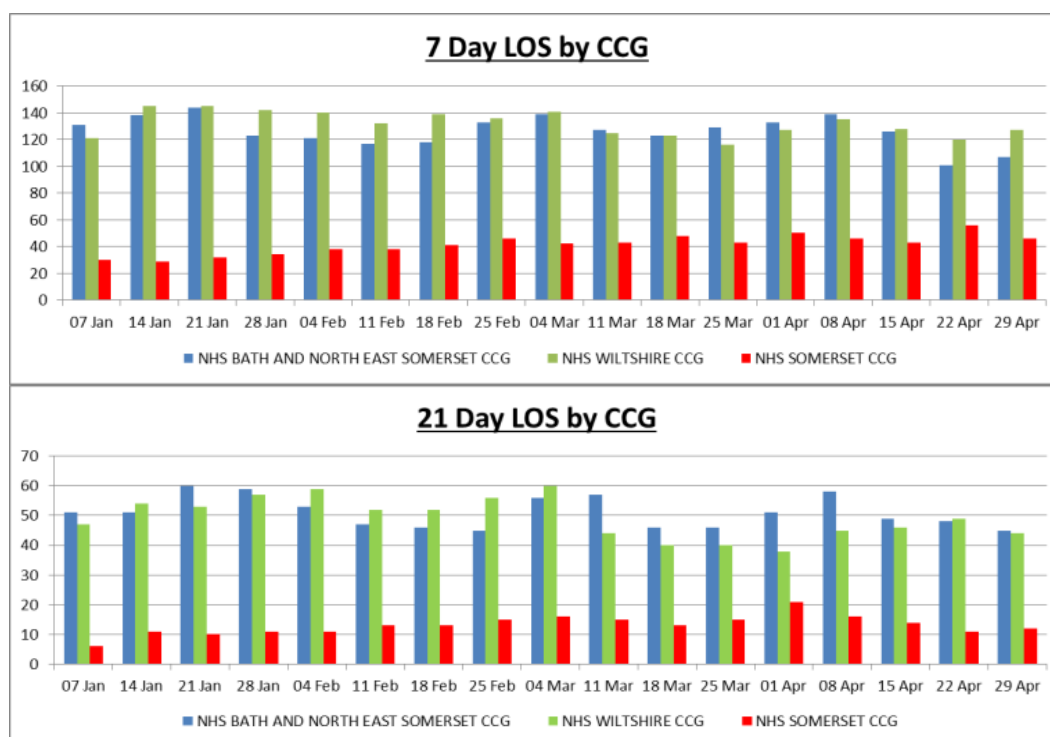
Actions being taken to improve patient LoS include:

- System wide review of all patients with a > 21 day length of stay;
- Daily data reporting of all > 7 day length of stay to each CCG;
- Improve assessment of stranded and super stranded patients;
- Escalate delays in assessment and discharge plans with system partners; and
- Executive focus on a system wide improvement plan.

Quality Update

PALs and Complaints

There were 13 formal complaints across the wards in April, which is high in comparison to previous months. The Complaints manager has undertaken an analysis into these complaints to see if there are any trends emerging and there does not seem to be any common issues or trends.

There were 22 formal complaints received across the entire Trust in April (i.e. including areas other than wards):

12 – Medicine Division
2 – Women & Children's Division
8 – Surgical Division

20 complaints cited clinical care and concerns, one was poor communication and one was due to a cancelled procedure.

There were **248 contacts with the PALS** in April 2018:

- 145 required resolution (58%)
- 71 requested information or advice (29%)
- 15 were compliments (6%)
- 17 provided feedback (7%)
-

The **top three subjects requiring resolution** were:

Clinical Care and Concerns - there were **41** contacts relating to Clinical Care and Concerns, 38 of these were general enquiries, 3 related staff attitude.

Appointments - there were **37** contacts regarding appointments. 10 of these related to the cancellation of an appointment, and 9 requested further information about their appointment date and time. There were no clear trends regarding the remaining queries.

Patient Property - **9** contacts referred to the loss of patient property.

The graph below shows the total number of PALs enquiries from April 17 to April 2018:

Number of PALS enquiries
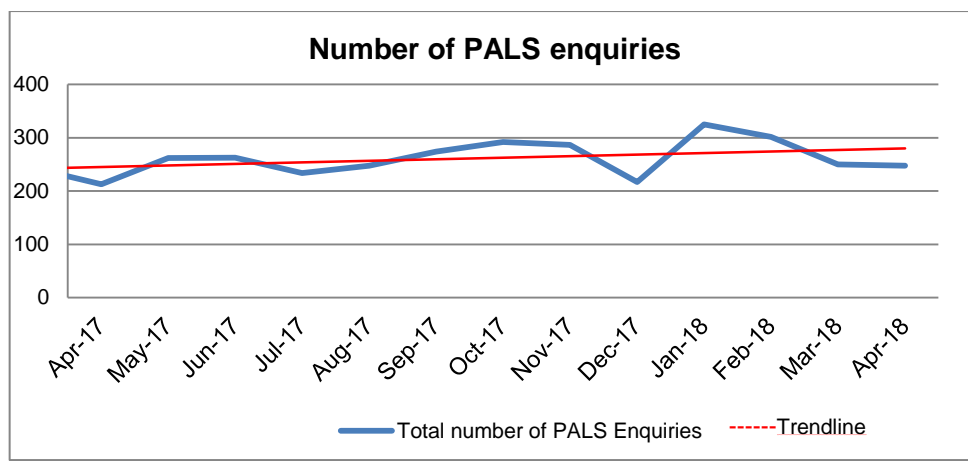
Serious Incidents
During April 2018, five Serious Incidents were reported and remain under investigation.

2. Finance

The control plan for Month 1 was a deficit of £0.6m. The Trust's actual position at the end of April was a deficit of £1.3m, meaning the Trust is £0.7m below plan. This was driven by income from commissioners being below plan, and pay being above plan. Note that the full anticipated STF allocation has been included in the position; however, performance is measured on a quarterly basis. This means that if the Trust does not achieve its quarterly target by the end of Month 3 the finance element of this will be lost for Q1.

NHS Single Oversight Framework – Use of Resources: The Trust's Month 12 (2017/18) overall finance score was 3.

See appendix 1 for the Finance key performance indicators.

3. Update on Senior Management Posts

Dr Claire Radley has joined the Trust as Director of People from April 2018. She will be presenting to Council of Governors at a seminar on 7 June 2018.

Libby Walters will be joining the Trust as Director of Finance from June 2018. Libby is currently the Director of Finance & Resources at Dorset County Hospital. In the meantime, the Trust has appointed an interim Director of Finance, Peter Hollinshead, who has been in post since February 2018.

Following a competitive recruitment process, the Trust has appointed Dr Bernie Marden as its new Medical Director. Governors will be aware that Bernie has been acting in the post of Medical Director since October 2017.

Dr Tim Craft has been appointed substantively to the post of Director of Research & Innovation, a post he has been acting into since October 2017. The appointment reflects the Board's desire for the Trust to increase its research and development portfolio.

Sarah Hudson has been appointed to the position of Divisional Manager, Medicine. Sarah was previously the Deputy Divisional Manager.

4. Organisational Development Programme "Improving Together"

The Board of Directors have provisionally approved an ambitious organisational development programme for the Trust, to commence in June/July 2018 (subject to Regulatory approval).

The programme of work will support us in the delivery of sustainable highest quality services to our patients and enable us to be an employer of choice through our particular focus on staff engagement and wellbeing.

The four year programme is called "Improving Together" and will be supported for fourteen months by external consultancy that is experienced in organisational development and improvement, with the clear stated aim that they will support the development of our staff culture and skills to lead this work going forward.

The work will deliver our vision and key objectives for patient safety and quality, staff satisfaction and sustainability.

More details of the programme can be found in Appendix 2.

5. Secretary of State for Health and Social Care Visit

The Secretary of State for Health and Social Care, Jeremy Hunt, visited the Trust on 27 April 2018 as part of his ongoing focus on patient safety. An invited audience made up from a cross section of staff attended an event which also saw the Director of Nursing and Midwifery, Helen Blanchard and newly appointed Medical Director, Dr Bernie Marden, present on the Trust's progress in sepsis treatment and pressure ulcer prevention. The Secretary of State then presented on the importance of fostering a culture of patient safety, and took questions from the audience.

The Secretary of State for Health recently wrote to the Chief Executive to thank the Trust for hosting his visit and went on to say *"Everyone I spoke to was clearly committed to delivering the highest possible standards of care for patients, and in Helen and Bernie's presentation I was particularly struck by your work on preventing pressure ulcers and treating sepsis. These visits really brought home to me the progress made to make the NHS safer for patients, but we still have much to achieve, so please do spread and look out for good practice*

6. Visit by Jacob Rees-Mogg MP

Jacob Rees-Mogg visited the Trust on 4 May 2018 to meet with the Chairman and Chief Executive. Whilst on site Jacob was given a tour of Combe ward, Radiology and the Children's ward where he met with staff and patients.

7. Dying Matter Week 14 -18 May

The Trust supported Dying Matters Week which took place from 14 – 18 May, urging people across the South West to talk more openly about dying, death and bereavement. The Trust worked with Dorothy House Hospice Care to host a joint See It My Way event, where patients talked about their experience of living with a life-limiting condition. Helen Meehan, Lead Nurse for Palliative Care, was interviewed by BBC Wiltshire to discuss end of life issues and highlight some of the initiatives taking place at the RUH.

8. NHS70 Award and Celebration

The Trust's Home First partnership team has been named as regional winners in the National NHS70 Parliamentary Awards and will now go forward to the awards ceremony at the Houses of Parliament on 4 July. The Home First scheme was launched by the RUH in 2017 and aims to reduce the length of stay for patients who are clinically well enough to leave hospital, but who might need extra support to return to their usual place of residence.

A dedicated area on the RUH website has been launched to host NHS70 stories shared by the public and staff. The Forever Friends Appeal have launched their Big 7Tea party campaign, encouraging the community to hold their own tea parties to raise a cuppa to the NHS's 70th birthday while raising some money for their causes. Further information can be found via http://www.ruh.nhs.uk/NHS70/index.asp?menu_id=1.

9. Wholly Owned Subsidiary

The Board of Directors received a further update on the Wholly Owned Subsidiary (WOS) project at its March meeting and concluded that we do not have sufficient information to make a decision to progress to implementation at this point in time. Further work on the benefits case for staff and patients and in particular an understanding of the impact of new Agenda for Change terms and conditions on our current recruitment and retention challenges is required before this can be concluded.

In the meantime there remains work to be done in improving our current operations which we had already identified a need to undertake in any event. We know for example that our portering costs are twice the national benchmark rates described within the "model hospital" and we have a number of significant opportunities for procurement transformation still to pursue. We will be focusing our attention here in the immediate term.

Key performance Indicators

Area of review	Key Highlights	Current month Rating	Forecast Year end Rating
Income & Expenditure position	• The control total plan for Month 1 was a deficit of £0.6m. The Trust's actual position was a deficit of £1.3m, £0.7m below plan. • Income from commissioners was below plan; whilst pay was greater than plan. • The full anticipated STF allocation has been included in the position; however if the Trust does not achieve the control total by the end of Month 3, the finance element of this will be lost for Q1.	🔴	🔴
QIPP programme	• £0.5m achieved against plan of £0.9m, 61% delivery for the year to date. • The forecast QIPP position for 2018/19 is now £1.4m below plan.	🔴	🔴
Liquidity	• Cash balance at the end of March was £28.2m, which is £0.2m above plan. • The liquidity metric is scored as 1, which is the highest rating possible.	🟢	🟢

Royal United Hospitals Bath
NHS Foundation Trust

IMPROVING TOGETHER

Organisational
Development
Programme

Everyone **Matters**
Working
Together
Making a
Difference

Introduction

In 2017/2018 the Royal United Hospitals Bath NHS Foundation Trust engaged widely with stakeholders in developing its new strategy:

Our vision

To provide the highest quality of care; delivered by an outstanding team who all live by our values

Our goals

Recognised as a listening organisation; **patient** centred and compassionate.	Be an outstanding place to work where **staff** can flourish.	**Quality** improvement and innovation each and every day.	Work together with our **partners** to strengthen our community.	Be a **sustainable** organisation that is fit for the future.

Our values

Working Together   **Everyone Matters**   **Making a Difference**

Within this, we have set ourselves an ambitious goal of being amongst the Top 20% of NHS Trusts across quality, safety, patient experience and staff experience metrics.

Our "Improving Together" programme has been developed, founded on best practice experience of others such as Western Sussex Foundation Trust, to enable and secure the delivery of our strategy.

A survey of almost 1000 staff to help understand our level of readiness to develop a culture of improvement identified the following opportunities:

- 68% of staff already agree/strongly agree that continuous learning is part of the RUH culture and helps us to make improvements in our daily work.

- To enable every member of staff to easily articulate the RUH's new strategy and their own role in delivering it

- To establish a management system which fully aligns activity and systems to focus effort on fewer priorities where we will seek to make significant change

- To bring wider team members and leaders regularly together ensuring full awareness of issues and engagement in proactive and collaborative activities to address them

- To train our whole organisation in a common improvement methodology and language to become: *"An organisation of problem solvers"*

Experience from other hospitals using a similar approach has demonstrated particular success in expanding the number of improvements implemented and sustained year on year.
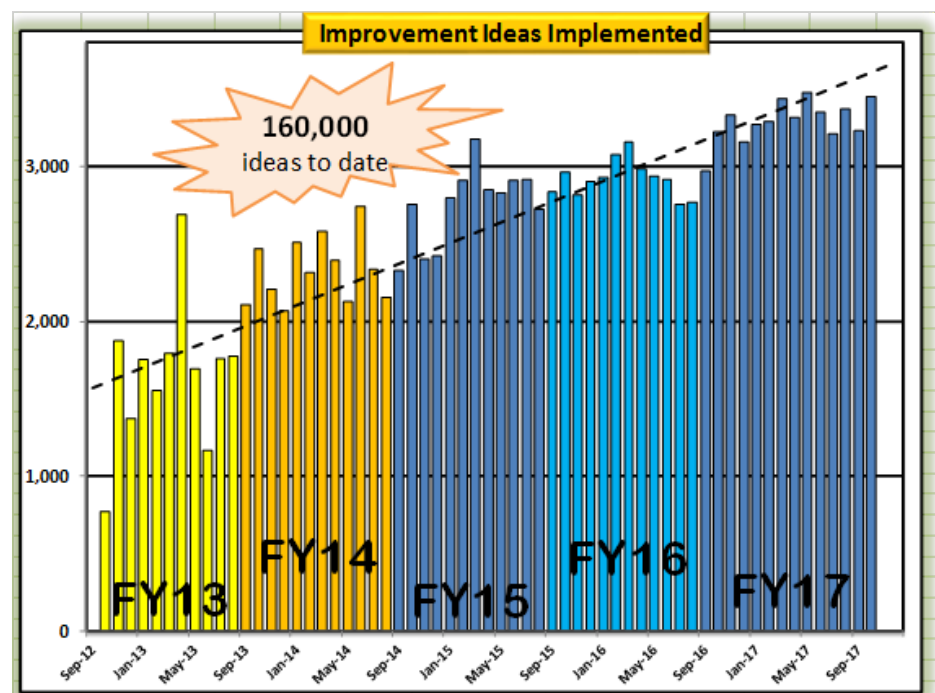
The Improving Together Programme

With support of our external advisors KPMG, we have developed a programme of work to help us address each of these opportunities. The Improving Together programme consists of six workstreams:.

Strategic Alignment:

Defining, aligning and cascading goals across the organisation that will drive improvement efforts.

Leadership Support:

A 13-month executive and senior leadership coaching and development programme.

Capability Building:

Training and developing a central team, as well as delivery of an all staff training programme.

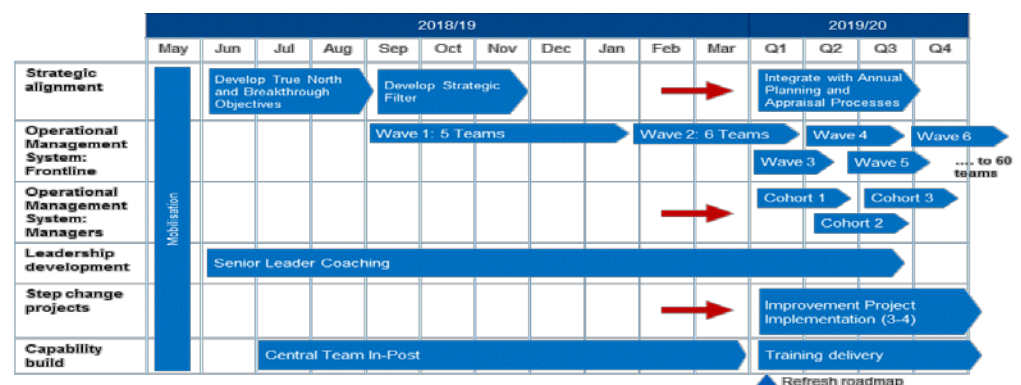## Front Line Improving Together System:

Training 60 front-line teams in a management system that creates daily continuous improvement.

Management Improving Together System:

Developing managers to enable them to connect organisation-wide strategy to front-line delivery.

Improvement Projects:

Delivery of a small number of improvement projects that span multiple teams and divisions.

		2018/19										2019/20			
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Q1	Q2	Q3	Q4
Strategic alignment		Develop True North and Breakthrough Objectives			Develop Strategic Filter					→		Integrate with Annual Planning and Appraisal Processes			
Operational Management System: Frontline					Wave 1: 5 Teams				Wave 2: 6 Teams			Wave 4		Wave 6	
												Wave 3	Wave 5	.... to 60 teams	
Operational Management System: Managers	Mobilisation									→		Cohort 1		Cohort 3	
													Cohort 2		
Leadership development		Senior Leader Coaching													
Step change projects										→		Improvement Project Implementation (3-4)			
Capability build			Central Team In-Post									Training delivery			
											▲ Refresh roadmap				

Benefits

As a programme to support cultural change in the organisation, the benefits we envisage are extensive. Aside from delivery of our strategic plan, we expect a range of financial and non-financial benefits to be either directly delivered or enabled, including:

Patient

- Improvement in patient experience
- Engagement and involvement of patients and carers in making improvements

Staff

- Improved recruitment, retention and engagement
- Improvement in staff health and wellbeing
- Improved capability and confidence of front-line managers
- Reduction in management process variation
- Increased individual "ownership" of improvement opportunities
- Increased adherence to Trust Values

Quality

- Increased involvement by patients/carers in service improvement
- Increased breadth and depth of quality improvement
- Increased consistency in all that we do
- Enhanced levels of quality accreditation

Operations

- Reduced LOS and "stranded" patients
- Improved 4 hr performance
- Improved RTT performance and reduction in patient waiting times
- Increased number of innovative ideas delivered and retained

Financial Resilience

- Reduced risk in delivery of our QIPP programme
- Improved revenue per bed by reducing long-stay delays
- Improved access to STF and CQUIN funding
- Reduction in claims, litigation and CNST costs

Supporting Quality through a Well-Led Organisation

"By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture." *CQC*

Our Improving Together Programme:

- Developing and supporting outstanding leadership is at the centre of our Improving Together programme. Through training and support provided to staff at all levels within the organisation we help foster a culture of excellence. Our front-line managers will develop new tools and behaviours to help sustain the focus on continually improving how high-quality and person-centred care is delivered.

- The Improving Together Programme also acts as a highly successful structure for developing strategic and frontline improvement plans, monitoring their progress and sustaining the improvements themselves.

In summary, Improving Together will contribute significantly to the CQC criteria for a 'well-led' organisation. Links between the Well-led KLOEs and our organisation development programme include:

KLOE	Improving Together Initiatives
W1: Is there the leadership capacity to deliver high-quality sustainable care?	o A 12-module Executive Coaching programme will commence in June 2018. Each Executive Director will work with an experienced Catalysis coach to create a personal development plan: this plan describes the behaviours and skills required to lead a culture change programme, the gaps the Exec Director has against these behaviours/skills, the actions that are being taken to improve along with periodic reflection and monitoring against the plan. o All levels of leadership under the Executive Directors will also receive coaching, including divisional, specialty and ward/department. This will form part of the "Improving Together System" workstream which will commence delivery in September 2018. o The full Trust Board, including NEDs will also receive development through a period development seminars.
W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?	o The "Strategy Alignment" workstream is designed to deploy the Trust's new strategy across the organisation. The goal of this workstream is to ensure every staff member can answer three questions: 1) What are the RUH's strategic goals? 2) How are we performing against these? 3) What is my individual role in contributing to these? Knowing the answer to these questions will mean that any improvement efforts by staff will be focused on helping us achieving our goals.
W3: Is there a culture of high-quality, sustainable care?	o Overall, the programme is focused on developing a new culture – one where every staff member has the skills, tools and confidence to affect improvement. Training and development is provided to all leaders to help them generate and support an environment of ongoing improvement and continuous clinical excellence. o Executive Directors currently have a programme of walk-arounds. In our programme, this will extend to other levels of management – encouraging them to maintain a visible presence with frontline staff.

KLOE	Improving Together Initiatives
W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?	o Central to our programme is the "Improving Together System" – this is a collection of 10 tools, routines and skills that will be co-developed with front-line staff and rolled out across the Trust. Several of these tools support good governance, including: o Unit Leadership Teams (ULT): Each ward/department will establish a "Unit Leadership Team" or ULT. This is a monthly forum of 4-5 leaders in each ward/department. This muti-disciplinary team is responsible for a performance scorecard and improvement within the department. This ULT will encourage ownership of problem solving at a local level, but feed into our existing governance structures at specialty and divisional level. o Status sheets: these are a standardised structured reporting tool, structured around our True North. Status sheet conversations will take place every day between ward managers and matrons, providing an opportunity to escalate issues as well as coach front-line managers on resolving issues themselves without escalating. Status sheet conversations carry on up the management chain – all the way to CEO.
W5: Are there clear and effective processes for managing risks, issues and performance?	o Roll-out of the Improving Together System will also see introduction of "Improvement Huddles". These are a ward-based, 15-minute improvement focused meeting that takes place every day. Using a structured place, ward-based staff will identify, prioritise and action improvement ideas. o Improvement Huddles complement our existing systems and tools: when staff see Datix data and trends discussed in improvement huddles, this will only encourage more timely and better quality incident reporting and risk management.

KLOE	Improving Together Initiatives
W6: Is appropriate and accurate information being effectively processed, challenged and acted on?	o From September 2018, the roll-out of the management system will see performance scorecards introduced at each level across the organisation. These will be aligned to our True North, and therefore holistic (patient experience, safety, quality, staff, finance). These scorecards will feature on our visual management in wards/departments. This means that data and information on performance will be reviewed, scrutinised and acted on at the front-line. o Tools within our improvement approach are centred on use of appropriate and accurate data – including the use of SPC run charts and the the A3 structured problem solving approach.
W7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?	o Improving Together presents several new ways for patients, carers, the public and staff to be engaged in improving our services. Patients and carers, for example, will be able to submit their own ideas to our Improvement Huddles and be part of discussion to prioritise and evaluate improvement ideas. o Introduction of visual displays of data and information in wards and departments will help visitors to clinical areas understand current challenges facing the team, and provides them an opportunity to engage with staff on their views.
W8: Are there robust systems and processes for learning, continuous improvement and innovation?	o We will continue and accelerate our programme of improvement training across the Trust, including the QSIR programme and the Flow Academy. This provides excellent opportunities for staff to collaborate on improvement projects and share lessons across the Trust. o We are also planning an extensive programme of communications and engagement, including the use of regular Trust-wide sharing events, development of an internal website to catalogue and share lessons and engagement with other Trust undergoing similar improvement and culture change programmes (at both the Chief Executive and front-line level).

Case Examples from Western Sussex

Love to Move transforms elderly care

Being in hospital can lead to disability, particularly in elderly and frail patients whose risk of falls limits their mobility. Fortunately, our dementia care team has been seeking to not only reduce the number of falls, but to enhance patients' health and wellbeing throughout their time in hospital.

Laura Moss, a band six physiotherapist, started working with the Emerald Unit as part of the medical physiotherapy team when she joined the Trust in July 2017. When she found that several patients were being re-referred for physiotherapy as their extended hospital stays led to decreasing mobility, she started looking for opportunities to improve the lives of patients.

She identified the underused group room as an ideal space to work with patients to improve their mobility and their opportunities for social interaction. Working with nurses, healthcare assistants and volunteers on Emerald, and using best practice from trusts across the south of England, Laura set up a bi-weekly seated exercise class for patients followed by a lunch club.

Patients and their visitors have been encouraged to work on their coordination and throwing and catching. Participating in these "muscle memory" activities has encouraged patients to strike up conversations with one another, perhaps about former sporting glories, which has resulted in patients feeling less lonely and isolated. Having the opportunity to eat lunch together afterwards, provides further opportunities for social interaction and less time in bed alone.

Feedback has been extremely positive. One patient said "the group is fun", while another "Enjoyed getting away from my bed and having lunch in the dining room most." Healthcare assistants have benefited from increased confidence: "I helped in the group and found it was not as difficult as I expected. It was lovely to see the patients having fun". And nursing staff have found the group sessions give them an opportunity to get on with jobs on the ward without having to worry about patients at risk of falls: "During the time the group is on I was able to do tasks more efficiently as my patient, who was a high risk of falls, was in the group".

The Love to Move project is a perfect example of Patient First in action. Laura looked identified a problem, looked at the cause and developed a solution – all with the interests of the patient first and foremost.

Brighton Staff Buzz Magazine – Jan 2018

Record Improvements for NHS Trust for ICU Discharges

The number of delayed discharges from the Western Sussex Trust's intensive care units has fallen to a record low due to a successful improvement project, led by the critical care and site teams.

In the week from 16 to 22 of January, there were only three patients who stayed on the ICUs for more than 24 hours, once they were deemed ward fit for discharge. This compares to 13 patients a week, on average, before the teams participated in a Kaizen Workshop last September, to tackle the problem of delayed ICU discharges.

Dr Shaun Anderson, clinical lead for critical care in Worthing, said: "I have long been frustrated by the inability to put the right patients in the right beds, at the right time, because of problems with delayed discharges. "This in turn leads to delayed admissions and increased night time discharges, which are not in the best interests of our patients."

The issue is one faced by many hospitals and was highlighted by the Care Quality Commission following their inspection. The trust immediately prioritised it and the Patient First Kaizen approach was used to bring teams together in order to identify issues within their control to improve, using A3 problem-solving methodology.

The teams set to work and immediately began to see significant gains in quality. For example, in October, >24hr delayed discharges were reduced from 54 in 2015 to 35 last year. Problematic night time discharges also fell by a third from nine to six, while desired under 4-hour discharges increased from 14 to 21 year on year.

Dr Anderson said: "Having never been involved in one of these Kaizen processes I was a bit sceptical but, at the first meeting, it was clear they had a process and they had brought all the right people together – the ICU team, nursing staff, site managers, and management. "People wanted to make it better and the Lean improvement methodology helps you drive that. Immediately, I was delighted to start seeing a change in both attitude and results."

COO Pete Landstrom said: "This project has always been about increasing quality for patients and what has been achieved in so short a period, while we have been extraordinarily busy, is hugely impressive. "Not only have delayed discharges plummeted, but we have also seen huge reductions in night time transfers, which is significant in terms of patient quality. "Interestingly, we have also observed a reduction in the overall average length of stay for patients.

"I would like to congratulate everyone who has participated in this improvement project – it is a superb example of what is possible for our patients when teams commit to our new improvement processes."

The Improving Together programme is the next step on our organisational development journey, helping us to ensure an exciting and sustainable future for the RUH and meeting our ambitious strategic goals in a way that fully aligns to our Trust Values of working together, everyone matters and making a difference.