Staff Story – UHL Improving Operational Performance Programme

Author: Bina Kotecha, Wendy Allibone and Jasminder Dhillon   Sponsor: Hazel Wyton

Executive Summary   Trust Board paper C

Context

In collaboration with the Director of Productivity we introduced the Improving Operational Performance (IOP) Programme, in April 2018, in order to support teams to become as effective and efficient as possible. Our first cohorts have undergone a 12 month programme comprising of study days and on the job learning and we are proud to showcase some of our successes. In total 46 of the 49 learners that commenced the programme in April 18 have completed and certificates have been applied for. Additional learners have commenced onto the programme in October 18 (amended programme to reflect initial learner feedback) and are due to complete later on this year. This programme forms part of the Trust's Productivity Improvement Plan (2018-19).

This IOP programme is fully funded through the Apprenticeship Levy (£3500 per delegate) and has been provided on site by Complete Lean Solutions (CLS). CLS was founded in 2003 and have a strong track record across a number of sectors both in the UK and abroad. They employ 45 lean experts from Toyota.

Questions

1. How has the IOP Programme benefited both staff experience and service delivery?

Conclusion

Representative colleagues, as below, that have completed the programme will present their personal journey and the difference this has made (summary attached):

- Wendy Allibone, Matron, Outpatients
- Jasminder Dhillon, Point of Care Testing Manager, CSI

They will also be bringing along other team colleagues that that have been instrumental to their success, in applying the learning.

We note that Jasminder Dhillon is also one of our Becoming the Best Improvement Agents and she will share (during the Trust Board meeting) how this learning has been applied to this pivotal role.

Input Sought

We would welcome the Board's support in continuing to provide this learning given the strong alignment with Becoming the Best. This will be further pursued with the Trust's new Head of Quality Improvement.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register   [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework   [Yes – part of People Strategy]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Yes]

4. Results of any **Equality Impact Assessment**, relating to this matter: [Yes]

5. Scheduled date for the **next paper** on this topic: TBC

6. Executive Summaries should not exceed **4 sides**   [My paper does comply]

7. Papers should not exceed **7 sides.**   [My paper does comply]

Apprenticeships @ Leicester's hospitals

Wendy Allibone; Matron - Outpatients

Wendy has utilised the training to identify and implement improvements within Clinic 3 dermatology. Wendy has shared some of the learning with her team to implement changes such as:

- Categorise patient notes at the reception desk to reduce nurse staff time
- Visual board now in place to easily identify which clinicians are in which rooms to aid staff
- 5S Implementation in each clinicians room to ensure standardisation & minimise non value added time for clinical staff (searching for leaflets, surgical equip. etc).

Wendy assisted with a prize winning project poster to showcase the work.

Use of Skype has been trialled to notify clinicians of patient arrival. Wendy is working on observations and timings to confirm the efficiency and cost savings that will be realised through these activities.

CLS Complete Lean Solutions

CASE STUDY

Jasminder Dhillon; Point of Care Testing Manager

Jasminder has worked closely with Diabetes Clinical team and Procurement to implement the introduction of connective 'smart' Glucose/Ketone meters. Jasminder has used Lean tools learnt in the training to understand:

- Current equipment quality (IQC) metrics (Calibration, cleanliness, illegible readings)
- Current time taken to complete process inclusive of recording results (compliance)

Jasminder has utilised Lean tools such as: Changeover timings, Practical Problem Solving, Error proofing, cycle time analysis to determine the benefits of the introduction of the new equipment.

She has worked closely with the Procurement team to understand the process of supplier tendering and preferred supplier quality analysis.

She has identified that current IQC performance is at 97.5%. By introducing the new connective meters this will give an anticipated end result of 100% compliance. Also drastically reducing the amount of non-value added activities currently undertaken by staff e.g. sourcing equipment, batteries, logging results via notes/charts. Jasminder is now working on confirming the efficiency/time savings annually too.