Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
28th October 2010

TITLE	**EQUIP Update**
SUMMARY	The Trust established its Lean improvement programme (EQUIP) in September 2009. EQUIP has enjoyed a positive inaugural year characterised by good staff engagement and some positive outcomes. The report identifies a number of priorities for the second year of the EQUIP programme.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The EQUIP programme is fundamental to on going service improvement and delivery of the Trust's Cost Improvement Programme which are strategic objectives and form part of the Trust's BAF.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	35 staff have been trained to Bronze level. Less than 10% of the workforce has been engaged in EQUIP. An objective will be to engage greater numbers of staff.
EQUALITY AND DIVERSITY ISSUES	None known
LEGAL ISSUES	None known
The Board is asked to:	Note the report.
Submitted by:	Chris Matthews on behalf of Valerie Howell, Deputy Chief Executive
Date:	15 October 2010
Decision:	For Noting

EQUIP Update

22/10/2010

Update for Trust Board on EQUIP Programme

1. Context

Introduction

The Trust established its Lean improvement programme (EQUIP), in September 2009. Despite the team having very limited experience of improvement, EQUIP has enjoyed a positive inaugural year characterised by good staff engagement and some positive outcomes. This inspired the Trust to invest further in EQUIP and in July 2010, a new position of Head of Service Improvement and EQUIP Programme Lead was recruited to.

EQUIP has been modelled on Royal Bolton Hospital NHS Foundation Trust's Lean programme (BICS). EQUIP's Programme and Clinical Leads and ASPH's Deputy Chief Executive recently visited Bolton to learn about BICS. In its fourth year, BICS achieved 3.1 million pounds of annual cost reduction, as well as 2.4 million of potential revenue increases by reducing length of stay. It has also successfully reduced mortality in a number of clinical pathways (HSMR reduced 19% for stroke and 30% for fractured Neck of Femur patients) and achieved a number of other measurable benefits to services.

1.2 SWOT analysis

Here is the programme lead's SWOT analysis on EQUIP.

Strengths

- Programme is strongly supported from the top of the organisation
- Good structure that has driven great success elsewhere
- Positive culture that is receptive to improvement
- Able team
- Support from Simpler, who have supported

Weaknesses

- Only one member of EQUIP team has an improvement background
- Team skill mix is less rich than other organisations with similar programmes
- Team has focused on supporting pathways at the expense of adopting Lean principles
- Although subject matter is good, Lean training is not interactive or health focused
- Fewer than 10% of the workforce has been engaged in EQUIP
- EQUIP team has had to try to drive forward (rather than facilitate) progress in some pathways, as staff have not taken ownership of process
- EQUIP team has experienced 80% turnover in a year

Opportunities

- Engage more staff in programme though affiliate network
- Increase level of Lean knowledge within and outside EQUIP team
- Develop more sophisticated use of data to evidence improvement
- EQUIP team is eager to develop more Lean skills
- Revisit 'Releasing Time To Care' programme
- Adopt 'Productive Leader' programme
- Align EQUIP with Trust's efforts to improve leadership skills and customer focus

- Build relationships and swap experiences with other organisations who are using Lean to drive transformation such as Bolton's acute Trust

Threats

- Some staff do not see the value of EQUIP and therefore engagement is sometimes poor
- Lack of clinical lead could harm engagement
- Winter pressures could lead to prioritisation of short term issues over improvement work

2. Looking forward

The context outlined above highlights a number of priorities for the second year of the EQUIP programme. These will be expanded upon in this section.

2.1 EQUIP team development

One of the keys to running a Lean service is to use 'standard work' where possible. This not only saves time but also improves the quality of work carried out. The EQUIP process currently has limited standard work, which leads to inefficiency and reduces customer satisfaction. The team is also keen to make greater use of visual management e.g. to have a programme status board that will be available for anyone to view online at any time.

The team has developed a plan to improve its own use of Lean and will be working hard to implement this in the coming weeks.

2.2 Training

Only 35 staff have been trained to Bronze level (reasonable knowledge of the EQUIP process and how to help implement it). This is insufficient to drive transformational change across the organisation. Also, feedback from those trained to date is mixed, with consistent praise for the subject matter, but some feeling that the delivery style was not interactive enough.

The EQUIP team is currently developing a plan to take over delivery of Bronze training from Simpler. This will entail revamping the training material and delivery style. Internal training delivery will also enable greater numbers of staff to be trained.

No Trust staff have yet been trained to Silver level (ability to facilitate EQUIP events), although the EQUIP team has been performing this role to some extent without having been trained. In order to expedite the transformation process, the team and other staff in the Directorates should be trained to Silver level. This will enable Directorates to run their own EQUIP events without facilitation support from the EQUIP team.

2.3 EQUIP affiliates

There is an opportunity to embed EQUIP into Directorates more effectively by developing the role of an EQUIP affiliate. With the EQUIP clinical lead post recently becoming vacant, there is also an opportunity to reassess how the function of championing EQUIP amongst clinicians is covered. The EQUIP lead has had initial discussions with some key stakeholders about having a clinical and a non-clinical lead for EQUIP in each Division. Responsibilities of these roles would need to defined, but the essential purpose would be to improve engagement with EQUIP. It would be desirable for the clinical leads to be trained to at least Bronze level. The non-clinical leads would be trained to at least Silver level, as they will have the additional duty of facilitating EQUIP events in their Division. Staff with previous

experience of working in the EQUIP team would make obvious candidates for this role.

2.4 Selection of pathways
The ethos of EQUIP is that teams 'do improvement to themselves' rather than 'having it done to them' by staff (such as the EQUIP team), who do not work in their area. The EQUIP team are therefore keen to ensure that staff in any area of the Trust who want to address a problem with their service can access EQUIP. However, EQUIP is central to the Trust's improvement plans and as such, it is essential that it is targeted at services which are most in need of improvement. Therefore it is recommended that future pathways are selected centrally by the Trust according to priority.

It is envisaged that the affiliate role discussed in section 2.3 will enable the ethos of EQUIP to extend to the selection of pathways by allowing those who are keen to get involved to do so even if they are not one of the Trust's key areas for improvement.

2.5 Releasing Time To Care (RTTC)
The Trust previously attempted to roll out this *NHS Institute for Innovation and Improvement* (NHSI) initiative (under the name *Productive Ward*) under the previous management team. This was done with limited resources and no expert help. As a result, there were few tangible benefits, although it is encouraging that some of the principles are still in evidence on some wards.

ASPH's EQUIP Lead previously oversaw the RTTC initiative in NHS Wales. RTTC is successful in Wales, with some wards doubling direct care time (i.e. the % time nurses spend directly caring for patients) from 40% to 80%, although an increase from 40% to 50% is more typical. Other results include big reductions in pressure sores, with one ward going 2 years without having one on the ward.

The Trust's Programme Board has tasked the Nursing Director and EQUIP Lead with developing a plan to reinvigorate RTTC in ASPH.

2.6 Productive Leader (PL)
The NHSI has adapted the Lean principles that underpin RTTC to develop a programme that increases NHS leaders' effectiveness. Productive Leader has been found to free up one day per week per person for NHS executives to spend on value added activity. This is done by increasing the effectiveness and efficiency of email, workload and meetings management.

The EQUIP Lead and the Head of OD have secured funding from the SHA to attend NHSI training on PL in November 2010. They will then take ASPH's executive team through the PL process in early 2011. This will be an effective way of the Trust's leadership demonstrating their commitment to Lean. The programme will then be rolled out to the rest of the Trust using the Directorate structure.

3. Summary

EQUIP has made a positive start and has demonstrated that it can engage staff to drive transformational change. The time is now ripe for the programme to improve its processes and engage greater numbers of staff to increase the measurable impact it has on the Trust's performance.

Board is invited to note this report .