

# Evaluation of the NHS Partnership with Virginia Mason Institute

*Invitation to tender*

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**Deadline: 12:00 (midday) on 8 August 2017**

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[www.health.org.uk](http://www.health.org.uk)

Attached documents include:

- Tender response form
- Information on the trusts involved in the partnership
- Sample contract

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## 1.0 Summary

- 1.1 The Health Foundation, in support of NHS Improvement, is recruiting a provider to undertake an independent evaluation of the NHS Partnership with Virginia Mason Institute (VMI). The NHS Partnership with VMI is designed to support five NHS trusts in England to learn, adopt and embed a method of continuous improvement which puts patients first.
- 1.2 Announced in summer 2015 by the Secretary of State for Health, VMI is working with five NHS trusts over five years to develop and introduce localised versions of the Virginia Mason Production System (VMPS), a system-based transformation approach based on systematic use of lean techniques to continuously improve quality and safety, eliminating waste and reducing cost.
- 1.3 The five trusts involved in the partnership are: University Hospitals Coventry and Warwickshire NHS Trust; The Shrewsbury and Telford Hospital NHS Trust; Barking, Havering and Redbridge University Hospitals NHS Trust; The Leeds Teaching Hospitals NHS Trust; and Surrey and Sussex Healthcare NHS Trust.
- 1.4 The first phase of the partnership began in autumn 2015 as each Trust established their 'trust guiding team' to oversee and lead the work in their organisation. Each Trust is working at a pace which is locally determined. To date, across the five trusts, 44 Rapid Process Improvement Workshops (RPIWs) have been conducted to develop improvement ideas to eliminate waste and reduce the burden of work. In addition, nearly 50 staff members have received training to learn how to apply daily lean management techniques in their work areas. Additional RPIWs and lean management training will be conducted as the programme progresses.
- 1.5 Our aim in commissioning this evaluation is to examine the effect of the localised transformation approach on the quality and efficiency of health care services and organisational culture in each Trust. We also want to develop and share learning from the process to support the organisations, and the wider system, to maximise the benefit from their involvement in the partnership. We therefore anticipate the evaluation will comprise a process, outcome and economic evaluation and include both formative practices and summative assessments.
- 1.6 The evaluation should also provide learning at a programme level to enable systems leaders to maximise learning on how to support providers to embed and spread a culture of continuous improvement in the NHS.
- 1.7 The evaluation partner will be appointed in late autumn 2017, to commence work in early 2018. The evaluation will last approximately 36 months and the final evaluation report will be due in March 2021. Due to the timing of the appointment of the evaluation partner, the evaluation will require retrospective and prospective analyses of the partnership in each site.
- 1.8 We anticipate bids up to a maximum of £400,000 (inclusive of VAT and expenses).

- 1.9 Your tender should be completed using the tender response form that accompanies this ITT. An electronic copy should be sent to [VMlevaluation@health.org.uk](mailto:VMlevaluation@health.org.uk) by **12:00 (midday) on Tuesday 8 August 2017**.

## **2.0 About the Health Foundation**

- 2.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 2.2 Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.
- 2.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
- 2.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.
- 2.5 Further details about the organisation can be found at [www.health.org.uk](http://www.health.org.uk).

## **3.0 About NHS Improvement**

- 3.1 NHS Improvement is responsible for overseeing foundation trusts, NHS trusts and independent providers. NHS Improvement offers the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, they help the NHS to meet its short-term challenges and secure its future.
- 3.2 NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.

## **4.0 Background**

### **NHS Partnership with Virginia Mason Institute**

- 4.1 The essential challenge for the NHS – to improve quality within the resources available – is becoming increasingly complex as demand increases in financially constrained times. There is a broad consensus that meeting these challenges requires organisations to adopt an improvement method with strong commitment by the leadership team within a culture of learning.

- 4.2 It is in this context that in July 2015, the Secretary of State for Health announced the partnership with VMI as part of a broader ambition for the NHS to become the world's largest learning organisation<sup>i</sup>.
- 4.3 In recognition that building a sustainable culture of continuous improvement takes time to embed, the partnership with VMI and the five NHS trusts was set up to run for five years. The hope was that the trusts would learn from each other and, through their experience, offer insights and learning to the wider NHS about embedding improvement. This evaluation of the partnership is a critical part of that learning.
- 4.4 Virginia Mason is a nonprofit organization offering a system of integrated health and related services in Seattle and Yakima, Washington. At the turn of the millennium the organisation was facing economic challenges as well as concerns around quality and safety of care. In searching for a management method they were influenced by (the Seattle based) Boeing's adoption of lean methodology from the Toyota Production System in Japan.
- 4.5 This led to the creation of the Virginia Mason Production System. VPMS is a whole system management method. At its core it supports the systematic removal of waste in order to provide the highest quality using minimum resources. It is based on the use of lean improvement techniques (such as Plan Do Study Act, RPIWs, and 3P) to improve quality and safety, thereby reducing waste and cost. At its heart is the central Kaizen Promotion Office (KPO), which enables and guides the approach to improvement across the organisation.
- 4.6 The five trusts involved in the NHS Partnership are:
- Barking, Havering and Redbridge University Hospitals NHS Trust
  - University Hospitals Coventry and Warwickshire NHS Trust
  - The Leeds Teaching Hospitals NHS Trust
  - The Shrewsbury and Telford Hospital NHS Trust, and
  - Surrey and Sussex Healthcare NHS Trust
- 4.7 The trusts have a combined turnover of more than £2.4 billion, employ more than 40,000 staff and serve a combined population of more than 8 million people. More information on the NHS partnership with VMI can be found [here](#). More details on each Trust involved in the partnership can be found in Annex 1.

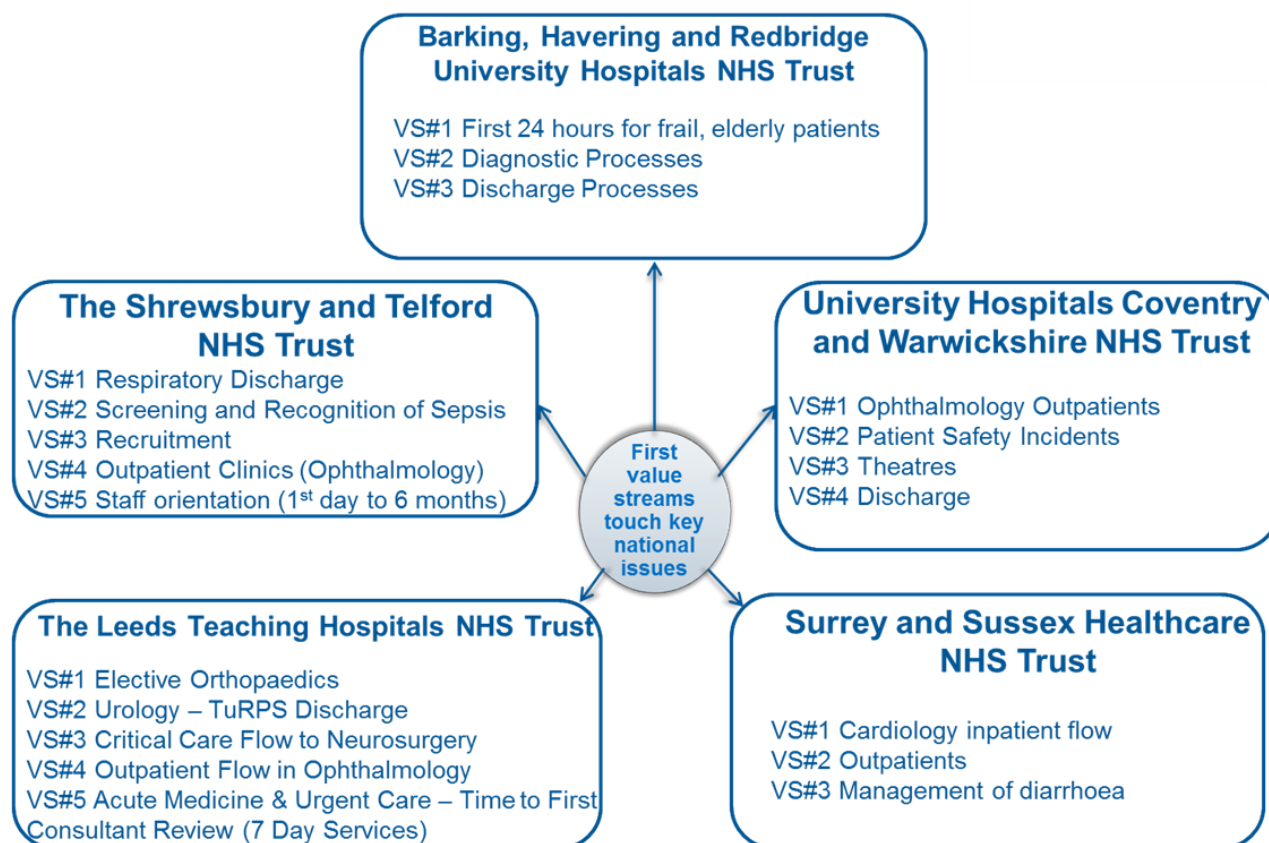
### Progress in each trust

- 4.8 The first phase of the partnership began in autumn 2015 as each trust established their 'trust guiding team' to oversee and lead the work in their organisation.

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<sup>i</sup> <https://www.gov.uk/government/speeches/making-healthcare-more-human-centred-and-not-system-centred>

- 4.9 A KPO has been established in each organisation in which an initial three members of staff received advanced lean training from VMI. The KPO, known as the 'keeper of the method' is responsible for the deployment and application of the VMPS tools, methods and concepts. In time, the KPO leader in each Trust will be able to run their own advanced lean training course to build capacity and support sustainability in their Trust.
- 4.10 Each trust has chosen their first value streams (shown in Figure 1) on which to focus improvement work whilst learning the method. A value stream is a set of activities that encompass the transformation of a patient care from beginning to end. Within each value stream trusts select areas for RPIWs. RPIWs are five-day workshops focused on a particular process within a value stream. In these, a diverse range of staff who are involved in that process come together to develop improvement ideas to eliminate waste and reduce the burden of work. The team is empowered to test and implement ideas and is then required to measure changes in the service at 30, 60 and 90 days.
- 4.11 Each trust is working at a pace which is locally determined. As of end February 2017, 44 RPIWs have been conducted across the five trusts.
- 4.12 In addition to the value stream work, each trust is rolling out a Lean for Leaders programme. This begins with a cohort of approximately 40 staff from each trust taking part in a six month course to learn to apply daily lean management in their work areas. The first Lean for Leaders programmes began in each trust between June 2016 and January 2017. Through co-teaching the first cohort with VMI, each trust develops the capability to then run their own Lean for Leaders courses. As with value streams and RPIWs, each trust is rolling out Lean for Leaders at their own pace. As of the end of May 2017, 449 staff across the five trusts have either completed or are currently on a Lean for Leaders course. Further details of the value stream activities undertaken in each site can be found in Appendix A.
- 4.13 Fundamentally, the partnership with VMI is about more than learning a methodology and associated tools. It is about introducing a management system so the lean culture becomes embedded within each trust. Trusts are therefore placing the approach at the heart of their organisational strategy and underpinning it by the values and behaviours that will support success, e.g. empowering front line staff to make improvements. For Virginia Mason, the method is called the Virginia Mason Production System, but each of the five trusts is developing their own local versions, for example, 'The Leeds Improvement Method.'



**Figure 1. First value streams identified by the five trusts involved in the NHS partnership with Virginia Mason Institute**

## 5.0 Evaluation of the NHS Partnership with Virginia Mason Institute

### Requirements

- 5.1 The Health Foundation has a strong pedigree in supporting research and development, and many frontline projects, on quality improvement in health care. In support of the NHS Partnership with VMI, we are seeking an independent evaluation partner to conduct a robust mixed methods evaluation of the transformation approach adopted in each trust, and the overall programme.
- 5.2 The evaluation should comprise a process, outcome and economic evaluation and include both formative practices and summative assessments. This will enable learning to be captured specific to each trust, which can also be shared between trusts, and at a programme level, to understand if and how this kind of approach can be used to foster and spread a culture of continuous improvement in the NHS.
- 5.3 The evaluation partner will be appointed in late autumn 2017, to commence the evaluation in early 2018. The evaluation will last approximately 36 months and the final evaluation report will be due in March 2021. Due to the timing of the appointment, the evaluation will require retrospective and prospective analyses of the partnership in each site.

5.4 Once appointed, the evaluator will be expected to develop a detailed protocol for the local evaluation in each trust and the evaluation of the overall programme. It is important to note that the design and delivery of the evaluation will need to be agreed with each trust involved in the project. Once contracted, a degree of flexibility will be needed from the evaluator at all phases in order to accommodate teams that may be at different stages of implementation.

## Aims

5.5 The evaluation has two overarching aims:

- To examine the impact of the locally adapted improvement approach on the quality and efficiency of health care services and organisational culture in each Trust, and
- To develop and share learning from the process to support: 1) the organisations, and 2) the wider system, to maximise learning from the partnership.

5.6 The specific aims of the evaluation are to:

- examine the effect of the local improvement approach on the specific value streams included in the process in each trust
- explore the effect of the approach on the quality and efficiency of care at both a micro- and meso-systems level
- examine the effect of the improvement approach in building a sustainable culture of continuous improvement within each trust
- identify and share best practice and learning across sites to support roll out in the trusts so they gain maximum benefit from the partnership
- develop recommendations on how best to build change capacity through systems alignment and engagement to bring about sustainable and lasting culture change at an organisational level within the NHS
- gather learning and provide recommendations on how national system leaders in the NHS can support providers to foster and spread a culture of continuous improvement in the NHS. These should be made with reference to the wider national policy context, for example *Developing People, Improving Care* ii

## Research questions

5.7 Accordingly, the research questions to be addressed through the evaluation are:

- How are the local versions of the improvement approach implemented in each trust and how has the approach evolved over time? What similarities and/or differences exist in the approach used across the five trusts?

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<sup>ii</sup> *Developing People, Improving Care* is evidence-based national framework to guide action on improvement skill-building leadership development and talent management for people in NHS-funded roles. [https://improvement.nhs.uk/uploads/documents/Developing\\_People-Improving\\_Care-010216.pdf](https://improvement.nhs.uk/uploads/documents/Developing_People-Improving_Care-010216.pdf)



- What are the factors facilitating, and/or the factors acting as a barrier to, successful implementation of transformational change in each trust?
- What is the learning at an individual trust level and at a programme level about how best to overcome these barriers? How has the shared learning helped trusts to address these barriers?
- What is the effect of the local improvement approach on the value streams being undertaken included in the process?
- What is the effect of the process on the overall effectiveness and efficiency of care in each trust, in respect of quality, safety, patient experience, access, equity and productivity?
- What has been the effect of the improvement approach on building a sustainable culture of continuous improvement within each trust?
- How are the changes in culture impacting on the staff in each trust?
- What is the learning from the programme about how system alignment and engagement can be used to support a sustainable and lasting culture of change within NHS trusts?
- What support can national system leaders give to providers of services to foster and spread a culture of continuous improvement in the NHS?

## Approach

5.8 Based on the aims of the project and the research questions to be addressed, we expect the evaluation to comprise:

- **process evaluation** – to understand how the accelerated transformation approach worked, what happened in practice and how people reacted to it
- **outcome evaluation** – to understand the effect of the improvement approach on the areas in which it has been deployed, and the overall impact on quality, efficiency and culture in each trust
- **an economic component** – to understand the resource use involved in developing and implementing the local transformation approaches

5.9 The process evaluation will investigate how the local version on the VMPS is being implemented in each trust. This will include how receptive each trust has been to the process, how the local version of the approach was developed and how the implementation evolved throughout the process. The evaluation should also explore the extent to which a culture of continuous learning has developed among the staff in each trust as a result of the programme.

5.10 The process evaluation will be used to identify and share learning and best practice across the five trusts. It will also investigate contextual factors which might be impacting on both the processes and outcomes. To ensure the collection of relevant data, careful consideration will be needed of the contextual factors that are likely determinants of the effectiveness of the approach. Examples of possible contextual factors that might be explored include: team dynamics; leadership components – eg skills base, qualities; staffing levels; and partner/stakeholder relationships.

- 5.11 The outcome evaluation will explore the effect of the local transformation approach on the quality and efficiency of care provided by each trust. The outcome measures included in the evaluation will depend on the value streams and RPIWs selected in each site. The evaluation partner will be expected to work with each trust to agree the data to be collected in each trust.
- 5.12 The economic component should examine the resource involved in developing and implementing the local transformation approach. This should include the extent of the external support provided and internal resource utilised, including the quantum and distribution of resource allocation and utilisation. The aim of the economic component is to provide an assessment of overall value for money and/or return on investment of the activity in each site.
- 5.13 We expect the evaluation to comprise both a formative and a summative component. The formative elements will be used to provide objective insight into how the transformation process was implemented within each trust; allowing for feedback to be implemented during the programme cycle. Local discrete summative evaluations will be used to measure the outcomes and impact of the improvement methodology on individual value streams and overall care in each trust, and identify the extent to which changes have been maintained over time. Outcomes are typically the short to medium term consequences of the programme, occurring as a direct consequence of outputs, while impact is translated as the more longitudinal effects of the programme. We acknowledge however that there can be a level of interchangeability between the two and the timescale of the evaluation may be too short to measure long-term impacts.
- 5.14 As well as providing insight on progress and achievements in each trust, the evaluation should also provide learning at a programme level to enable systems leaders to maximise learning on how to support providers to embed and spread a culture of continuous improvement in the NHS. The whole programme evaluation will pull together and synthesise findings from the individual site evaluations and will contain both process and summative findings (and their key lessons learnt). This will require the evaluation partner to capture both horizontal and vertical learning across the partnership.
- 5.15 We anticipate the methods used to answer the evaluation questions may include (but are not limited to) documentary analysis, observation of activities, semi-structured interviews, focus group discussions, surveys and interrupted time-series analysis. To minimise the burden of data collection on the participating organisations and other stakeholders, where practical, we would ask that existing data sources are used.
- 5.16 Applicants should include in their tender submission a detailed description of the evaluation methodology. This should include details of the specific research tools; the sampling frameworks and analytical techniques; and the approach for sharing learning and best practice, and developing recommendations from the evaluation at both a local site level and a programme level.

## Control group

5.17 It is important to note that as part of the approach we would favour methodologies that involve a control group, and we welcome suggestions within the tender response as to the most appropriate and feasible approach.

## Working with the Trusts

5.18 A key factor in the successful delivery of the evaluation will be a close working relationship between the evaluation partner and the trusts involved in the programme. Applicants should include in their application how they will work with each trust to deliver the evaluation and we welcome proposals that recognise the potential of local embedded partnerships, whilst ensuring objectivity.

5.19 Based on the learning from the Health Foundation's Safer Clinical Systems programme, following the recommendations of Brewster et al.,<sup>iii</sup> we ask that applicants also include in their tender response a plan to develop a concordat with the project partners to support the delivery of the evaluation. Applicants should also give consideration in their proposal to developing a theory of change to support the evaluation in each site and at a programme level.

## Responsibilities of the evaluation partner

5.20 The evaluation partner will be responsible for delivering all aspects of the evaluation, including obtaining relevant authorisations and approvals (eg ethics approval), data collection and analysis, and reporting of the findings.

5.21 The evaluation will require a project team with experience in conducting qualitative and quantitative research in a health service context, as well as the ability to develop and disseminate knowledge and evidence in a clear and compelling way, with academic rigour. The team will have demonstrable experience in developing effective working relationships with a wide range of stakeholders, a strong understanding of improvement science and experience of evaluating multi-site interventions in a health care setting. The team will also need to demonstrate a good understanding of lean management techniques and processes.

5.22 The evaluation team will need to maintain a flexible way of working and the appointed partner will need to develop the most suitable approach with regard to:

- the balance of breadth versus depth of approach over the length of the evaluation, and across the range of evaluation questions
- the blend and balance of quantitative and qualitative data
- the ability to capture both horizontal learning between trusts and vertical learning at a system/programme level

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<sup>iii</sup> Brewster L, Aveling E-L, Martin G, et al. What to expect when you're evaluating healthcare improvement: a concordat approach to managing collaboration and uncomfortable realities. *BMJ Qual Saf.* Online first.; 2015. Available from: <http://qualitysafety.bmj.com/content/qhc/early/2015/04/02/bmjqs-2014-003732.full.pdf>

- which data will be collected by the evaluation partner and which data might it be more appropriate for the trusts to provide, and how these data will complement each other without undue duplication

## 6.0 Deliverables

6.1 We intend to commence work in autumn 2017 with the negotiation and agreement of the protocol. The formative evaluation work should begin in early 2018, with the final report submitted by the end of March 2021. Over the course of the evaluation the following deliverables should be provided:

- **Research protocol** (December 2017): detailing the work to be completed, including research methods, sampling frameworks and analytical techniques, the approvals required to undertake the work and the proposed timelines for the evaluation
- **Local learning sets** (June and December 2018, 2019 and 2020): enabling trusts to understand how the initiative is progressing and the impact it is having at both a local and programmatic level
- **Annual interim reports** (December 2018, 2019 and 2020): providing observations on the development, rollout and impact of the improvement approach across the trusts, and recommendations for future implementation
- **Final evaluation report** (March 2021): providing details of the learning from the initiative and how the model could be used to deliver positive change at an NHS system level, as well as conclusions on overall value for money/return on investment
- **Stakeholder engagement events** (Spring 2021): to share learning from the programme with key system leaders and decision makers
- **Academic publications** (ongoing): to disseminate learning from the partnership initiative to the wider quality improvement community

6.2 Recommendations for national level learning should be made with reference to the context of the national strategic framework, Developing People, Improving Care and aim to inform its ongoing implementation.

6.3 The objective of the learning sets and the interim and final reports will be to support knowledge capture for the trusts, NHS Improvement and the Health Foundation, and share learning on how best to embed transformational change within NHS trusts.

## 7.0 Management and audiences

7.1 The Health Foundation will be responsible for commissioning and managing the evaluation of the NHS Partnership with VMI.

7.2 The primary audiences for this work include:

- The trusts involved in the partnership
- Project sponsors from NHS Improvement and the Department of Health

- The wider health and social care system: NHS trusts and foundation trusts, sustainability and transformation partnership leaders and national organisations such as NHS England, the Care Quality Commission and Health Education England
- The Health Foundation's improvement, research and economics and data analytics directorates
- Those interested in innovative, collaborative approaches to achieving change in health and care (including clinicians, managers and academics)

### Working with us

- 7.3 Where at all possible, the Health Foundation takes a partnership approach to its work. The work will be managed by a research manager at the Health Foundation.
- 7.4 Where required, the Health Foundation will work with the successful provider to refine the proposed approach before they submit a final research protocol in December 2017.
- 7.5 We will draw on the support of a project advisory group to support the research, comprised of representatives of the audience groups and key stakeholders. The advisory group will meet every six months to provide delivery oversight and assurance of the evaluation, and review progress against key milestones and strategic objectives. The provider will be expected to attend advisory group meetings.

### Intellectual property

- 7.6 In commissioning this research, the Health Foundation will own the intellectual property generated, and NHS Improvement will be granted a non-exclusive licence to the intellectual property rights (please see the intellectual property clause in the sample contract).

## 8.0 Budget

- 8.1 We anticipate bids up to a maximum of £400,000 (inclusive of VAT and expenses).
- 8.2 We will commission this research by issuing a contract for services and as such we expect VAT is likely to be payable on all aspects of the work. *Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.*
- 8.3 Assessment of applications will be on value for money rather than the lowest bid. We expect the budget to cover all aspects of the evaluation – ie staff time, recruitment, travel and subsistence for site visits and meetings, and reporting costs.
- 8.4 The Health Foundation shall not be responsible for any costs incurred by you in responding to this tender and shall not be under any obligation to you whatsoever with regard to the subject matter of this tender.

## 9.0 Tender and selection process

### How to apply

- 9.1 The **deadline to submit a tender response is 12:00 (midday) on Tuesday 8 August 2017**. We will not accept proposals submitted after this time.
- 9.2 Please complete the attached tender response form (in Arial typeface, minimum font 11 points). We will only accept proposals submitted using this form.
- 9.3 Your entire proposal, including all supporting documentation, should be emailed as a single document to [VMlevaluation@health.org.uk](mailto:VMlevaluation@health.org.uk)

### Information call

- 9.4 We will hold an **information call from 16:00 to 17:00 on Tuesday 4 July 2017**. The call will last an hour. If you would like to attend, please [register your interest to join](#). Joining instructions will be sent to you in advance of the call.
- 9.5 Information calls offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding. Please note that we will not be able to answer specific technical questions about individual tender responses.
- 9.6 You are strongly encouraged to participate in the information call.

### Assessment and selection criteria

- 9.7 We intend to **interview a selection of shortlisted bidders on Monday 30 October 2017** to explore proposals in more depth. Please ensure you are available to be interviewed during this week.
- 9.8 Assessment of applications will take place during August and September 2017. Applications will be assessed first by representatives from the Health Foundation and NHS Improvement. Applications successful at this stage will undergo a second peer review assessment by recognised experts in the field. Applications will be assessed in accordance with instructions given to providers by the Health Foundation and the assessment and selection criteria set out in this invitation to tender. Proposals will be assessed using the following criteria:
  - knowledge of the topic
  - appropriateness of the proposed methodology
  - experience, expertise and connection to the relevant community of practice
  - appropriate project management, risk management and quality assurance
  - capacity to deliver the evaluation on time, on budget and to the required standard
  - value for money, and
  - potential for the evaluation findings to build capacity and share learning across trusts and the wider health and care system

## 10.0 Timetable

10.1 The table below lists the key dates for this project.

Item	Date
Invitation to tender released	Tuesday 27 June 2017
Information call	Tuesday 4 July 2017
Closing date for applications	Midday on Tuesday 8 August 2017
Internal review, external peer review and assessment meetings	August and September 2017
Interviews	Monday 30 October 2017
Successful providers notified	Beginning November 2017
Inception meeting	w/c 13 November 2017
Evaluation protocol received	w/c 11 December 2017
Interim reports	December 2018, 2019, 2020
Final evaluation report	End March 2021

## 11.0 Questions

11.1 If you have any queries relating to the tendering process or the nature of the service required, please email [VMevaluation@health.org.uk](mailto:VMevaluation@health.org.uk)

## 12.0 Contract arrangements<sup>iv</sup>

12.1 The Health Foundation's standard contract for delivery of services is attached. Any queries about the contract terms should be detailed in your application.

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<sup>iv</sup> NHS Improvement is not acting, and will not act, as a contracting authority for the purposes of this tender process.

## Appendix A: Value streams and RPIWs in each trust

### Leeds Teaching Hospitals NHS Trust

#### Five value streams:

- Elective Orthopaedics (total hip and knee replacement - admission to recovery)
- Urology (transurethral resection of the prostate – recovery to discharge)
- Critical Care (patient flow to neurosurgery wards)
- Outpatients (patient journey and experience in their ophthalmology appointment)
- Seven Day Services (time to consultant review)

#### Nine five day RPIWs to date in total across the first four value streams

<b>Value stream 1:</b>	<b>Chapel Allerton Hospital: Total hip and knee replacement</b> <b>Executive sponsor: Simon Neville</b>
<b>RPIW 1:</b> 25 Jan 2016	Theatre list order changes
<b>RPIW 2:</b> 7 March 2016	Inventory
<b>RPIW 3:</b> 19 Sept 2016	Pre-assessment
<b>Value stream 2:</b>	<b>Abdominal medicine and surgery: discharge pathway</b>
<b>RPIW 1:</b> 16 June 2016	Clinical checkpoints
<b>RPIW2:</b> 11 July 2016	Preparing the patient
<b>RPIW 3:</b> 6 March 2017	eDAN
<b>RPIW 4:</b> 12 June 2017	Trial Without catheter
<b>Value stream 3:</b>	<b>Critical care and neurosurgery: critical flow to base wards</b> <b>Executive sponsor: Dean Royles</b>
<b>RPIW 1:</b> 8 May 2017	eDAN
<b>Value stream 4:</b>	<b>Patient services: ophthalmology outpatients</b> <b>Executive sponsor: Suzanne Hinchliffe</b>
<b>RPIW 1:</b> 3 April 2017	First clinical course review

- 142 staff engaged in Lean for Leaders



## Barking, Havering and Redbridge University Hospitals NHS Trust

### Four value streams:

- First 24 hours for frail, elderly patients
- Diagnostic processes
- Discharge
- Patient Safety Incidents

Six five day RPIWs have been completed across three of the value streams.

<b>Value stream 1:</b>	<b>The first 24 hours for frail, elderly patients</b> <b>Executive sponsor: Matthew Hopkins</b>
<b>RPIW 1:</b> 11–15 July	Theatre list order changes
<b>RPIW 2:</b> 5–9 December	Frailty assessment in the ED
<b>RPIW 3:</b> 15–19 May	ED Documentation
<b>Value stream 2:</b>	<b>Diagnostic processes in the cancer pathway</b> <b>Executive sponsor: Nadeem Moghal</b>
<b>RPIW 1:</b> 15–19 August	The guided biopsy booking pathway
<b>RPIW 2:</b> 3–7 Oct	The preparation of biopsy samples
<b>RPIW 3:</b> 6–10 February	Incidental findings

- 40 staff (cohort one) are currently undertaking The PRIDE Way for Leaders Programme (Lean for Leaders) and will complete this in September 2017.

## Surrey and Sussex Healthcare NHS Trust

### Three value streams

- Cardiology inpatient flow
- Outpatients
- Management of diarrhoea

Nine five day RPIWs held with multi-disciplinary teams on across three value streams.

<b>Value stream 1:</b>	<b>Cardiology inpatient flow</b> <b>Executive sponsor: Fiona Allsop</b>
<b>RPIW 1:</b> 8 Feb 2016	Referral process to cardiology
<b>RPIW 2:</b> 4 April 2016	Simple discharges.
<b>RPIW 3:</b> 19 Sept 2016	Pre-assessment
<b>Value stream 2:</b>	<b>Outpatients</b> <b>Executive sponsor: Dr Des Holden</b>
<b>RPIW 1:</b> 23 May 2016	Ophthalmology referral process
<b>RPIW 2:</b> 19 September 2016	Attendance at breast clinic
<b>RPIW 3:</b> 12 December 2016	Clinic preparation
<b>RPIW 4:</b> 24 May 2017	On the day blood tests for rheumatology outpatients
<b>Value stream 3:</b>	<b>Management of diarrhoea</b> <b>Executive sponsor: Dr Ben Mearns</b>
<b>RPIW 1:</b> 18 July 2016	Initial identification, response and diagnosis of patients with diarrhoea
<b>RPIW 2:</b> 21 November 2016	Implementation of treatment plan
<b>RPIW 3:</b> 13 March 2017	Isolation of patients

- 32 staff completed Lean for Leaders Programme to learn to apply lean management in their work areas and 55 have commenced in cohorts two and three.

## Shrewsbury and Telford NHS Trust

### Four value streams:

- Respiratory
- Sepsis
- Recruitment
- Outpatient Clinics (Ophthalmology)

Twelve five day RPIWs held with multi-disciplinary teams on across the value streams.

<b>Value stream 1:</b>	<b>Respiratory discharge</b> <b>Executive sponsor: Debbie Kadum</b>
<b>RPIW 1:</b> 07 March 2016	Front door: diagnosis of respiratory condition
<b>RPIW 2:</b> 20 June 2016	Internal discharge planning
<b>RPIW 3:</b> 10 October 2016	Ward round
<b>RPIW 4:</b> 23 January 2017	Handover
<b>RPIW 5: to be confirmed</b>	Board round
<b>Value stream 2:</b>	<b>Sepsis</b> <b>Executive sponsor: Edwin Borman</b>
<b>RPIW 1:</b> 25 April 2016	Recognition and screening of sepsis
<b>RPIW 2:</b> 08 August 2016	Delivery of sepsis bundle
<b>RPIW 3:</b> 05 December 2016	Inpatient diagnosis of sepsis
<b>RPIW 4:</b> 08 May 2017	Blood sample turnaround
<b>Value stream 3:</b>	<b>Recruitment</b> <b>Executive sponsor: Victoria Maher</b>
<b>RPIW 1:</b> 21 November 2016	Pre-employment checks
<b>RPIW 2:</b> 06 February 2017	Preparation and logistics for vacancy approval
<b>Value stream 4:</b>	<b>Outpatient clinics</b> <b>Executive sponsor: Tony Fox</b>
<b>RPIW 1:</b> 06 March 2017	Patient information (patient letters)

- 38 staff have completed Lean for Leaders Programme and a further 55 commenced in the second cohort (in April).

## University Hospitals Coventry and Warwickshire NHS Trust

### Four value streams:

- Ophthalmology Outpatients
- Patient Safety Incidents
- Theatres
- Discharge

Eight five day RPIWs held with multi-disciplinary teams.

<b>Value stream 1:</b>	<b>Ophthalmology outpatients</b> <b>Executive sponsor:</b> <i>David Moon</i>
<b>RPIW 1:</b> 1–5 Feb 2016	Follow ups
<b>RPIW 2:</b> 4–8 Apr 2016	Patient flow
<b>RPIW 3:</b> 27–31 March 2017	Eye casualty
<b>Value stream 2:</b>	<b>Patient safety incidents</b> <b>Executive sponsor:</b> <i>David Eltringham</i>
<b>RPIW 1:</b> 23–27 May 2016	Grading
<b>RPIW 2:</b> 22–26 Aug 2016	Serious incident process
<b>RPIW 3:</b> 30 Jan–3 Feb 2017	Investigation
<b>Value stream 3:</b>	<b>Theatres</b> <b>Executive sponsor:</b> <i>Meghana Pandit</i>
<b>RPIW 1:</b> 21–25 Nov 2016	Assessment on the day of surgery
<b>RPIW 2:</b> 24–28 Apr 2017	Delays on the day – urology
<b>Value stream 4:</b>	<b>Simple discharge</b> <b>Executive sponsor:</b> <i>Rebecca Southall</i>
<b>RPIW 1: to be confirmed</b>	

- 34 staff completed Lean for Leaders Programme to learn to apply lean management in their work areas and 53 staff have started the second programme