

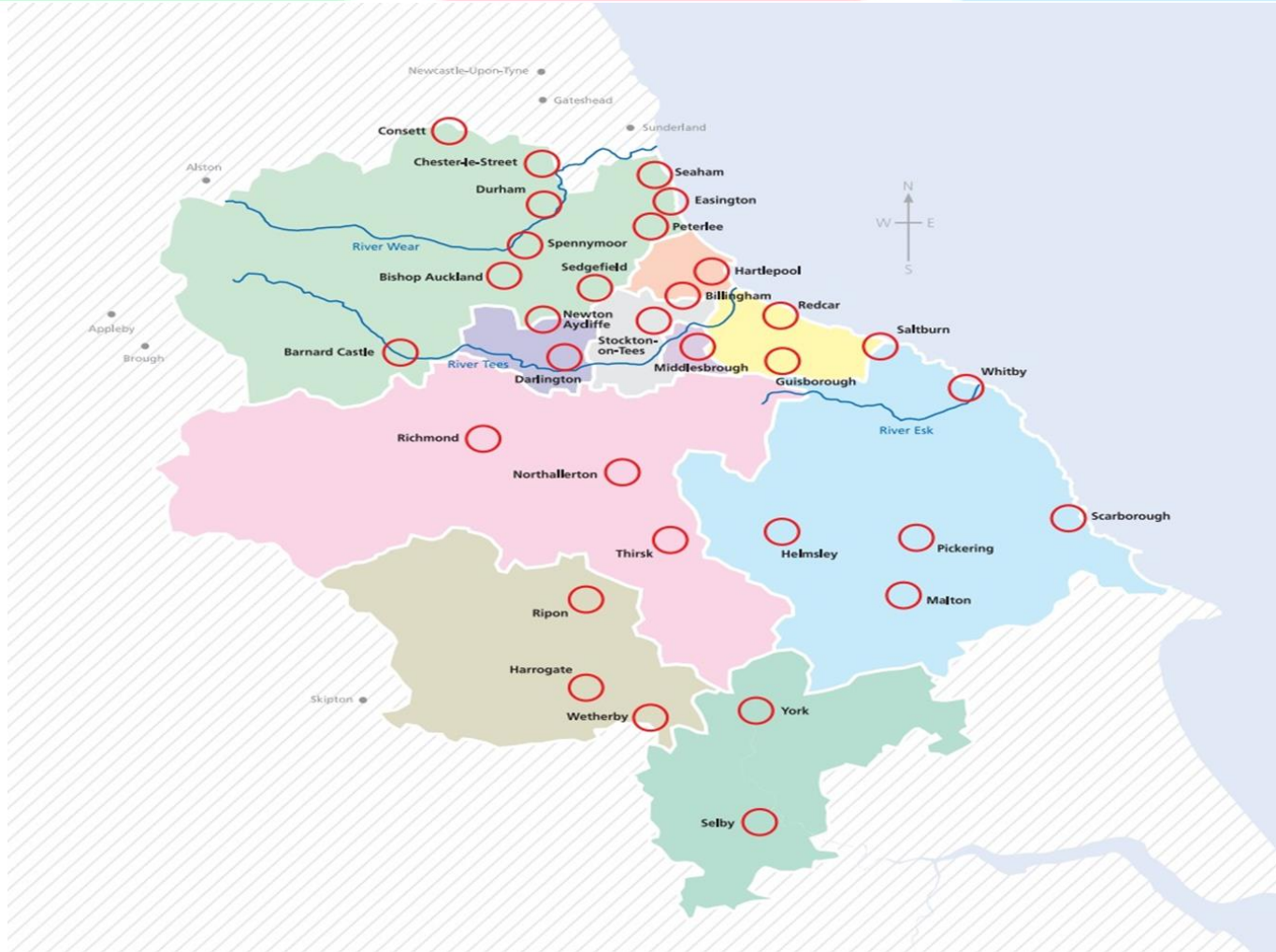


# Purposeful and Productive Services

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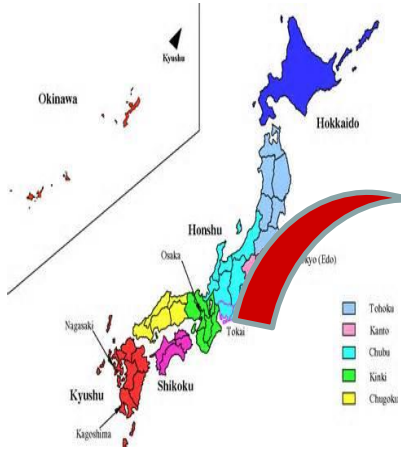
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# Lean Knowledge Transfer

Tees, Esk and Wear Valleys



NHS Foundation Trust




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# TPS- VMPS- QIS

- 
- TPS – Toyota Production System
  - VMPS – Virginia Mason Production System  
(their own branding of TPS)
  - QIS – Quality Improvement System  
(our own branding)

**They are all the same thing!**

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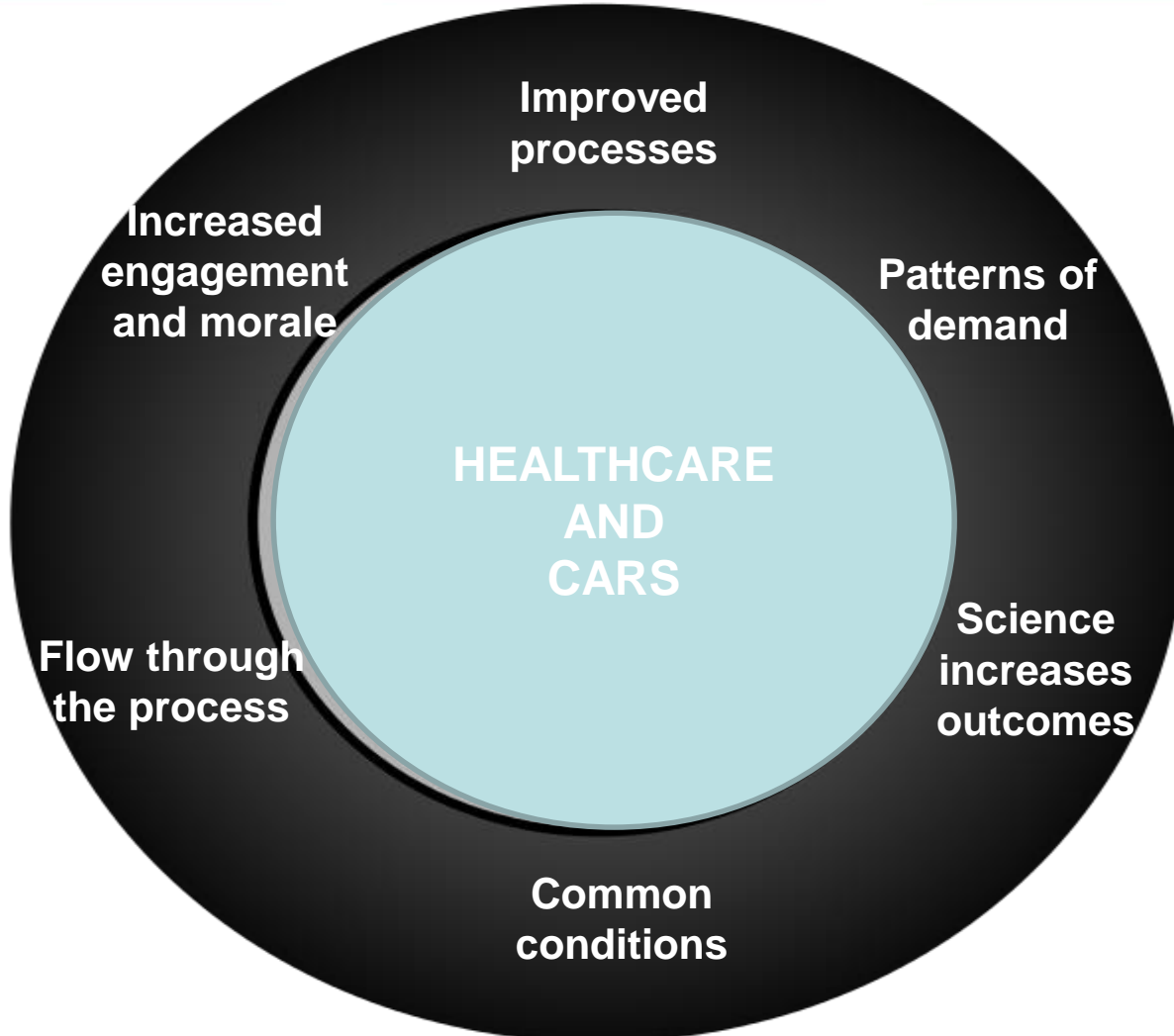
# Background

- In 2008 the Trust committed to join the North East Transformation System (NETS) in developing a shared Transformation System to use the same method to improve the quality of care and remove waste from our systems
- Virginia Mason Medical Centre in Seattle taught us “the method”
- Nearly all doctors (at all levels) are trained in Virginia Mason improvement methods and their quality improvement training needs are identified through the job planning process

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## PIPA / Model Wards

- Making service users' experience of care a core driver of change
- Replacing 'batched' decision-making processes (such as weekly ward rounds) with a more continuous flow (minimising service users' waiting times)
- Agreeing standardised processes for each step of the patient pathway
- Monitoring and measuring change

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# PPS

## Phase 1

- Establishing Cells
- Super Cell
- Daily Huddles- Report out boards
- Electronic Diary Management
- Case Load Management Tool
- Direct inputting into PARIS

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<https://youtu.be/77UNWT09Mbl>

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<https://youtu.be/PUqfvSB2yPc>

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# PPS

## Phase 2

- Clinical Pathways and workforce Development
- Team Processes Workstream
- Information Workstream
- Leadership and Coaching Workstream
- Information Technology Workstream

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## Outcome

- Increase in patient contacts
- CRES saving
- Increase in patient satisfaction through FFT
- Increase in patients seen within 28 days
- Direct inputting and co production has shown significant improvements in efficiency / productivity gains

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PPS

## Affective Network

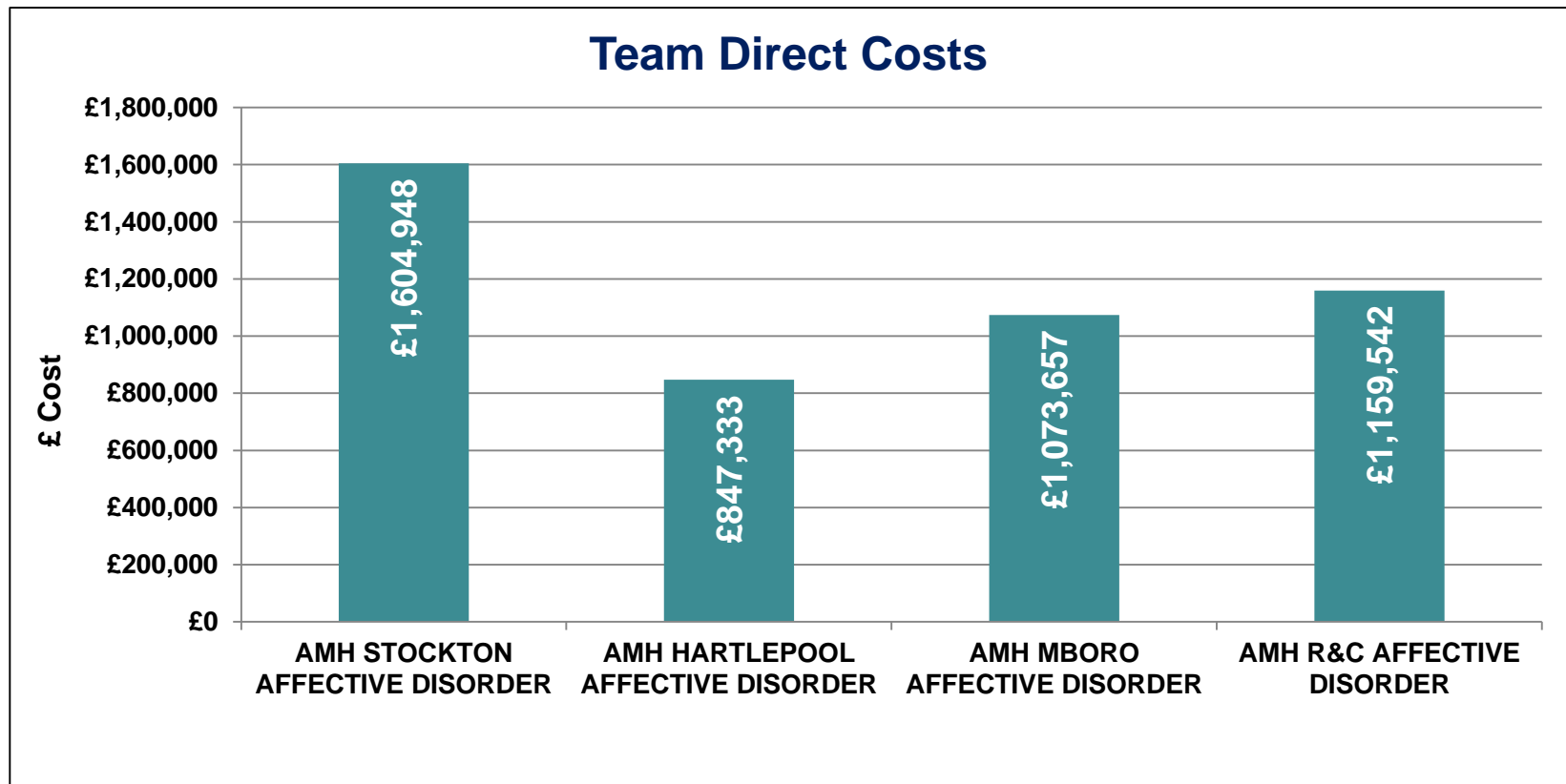


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This includes the total cost of the team including full medical, psychology and AHP costs, and is irrespective of clinical, managerial, or other work plan allocations unless apportioned elsewhere. This excludes any buildings or corporate overheads.



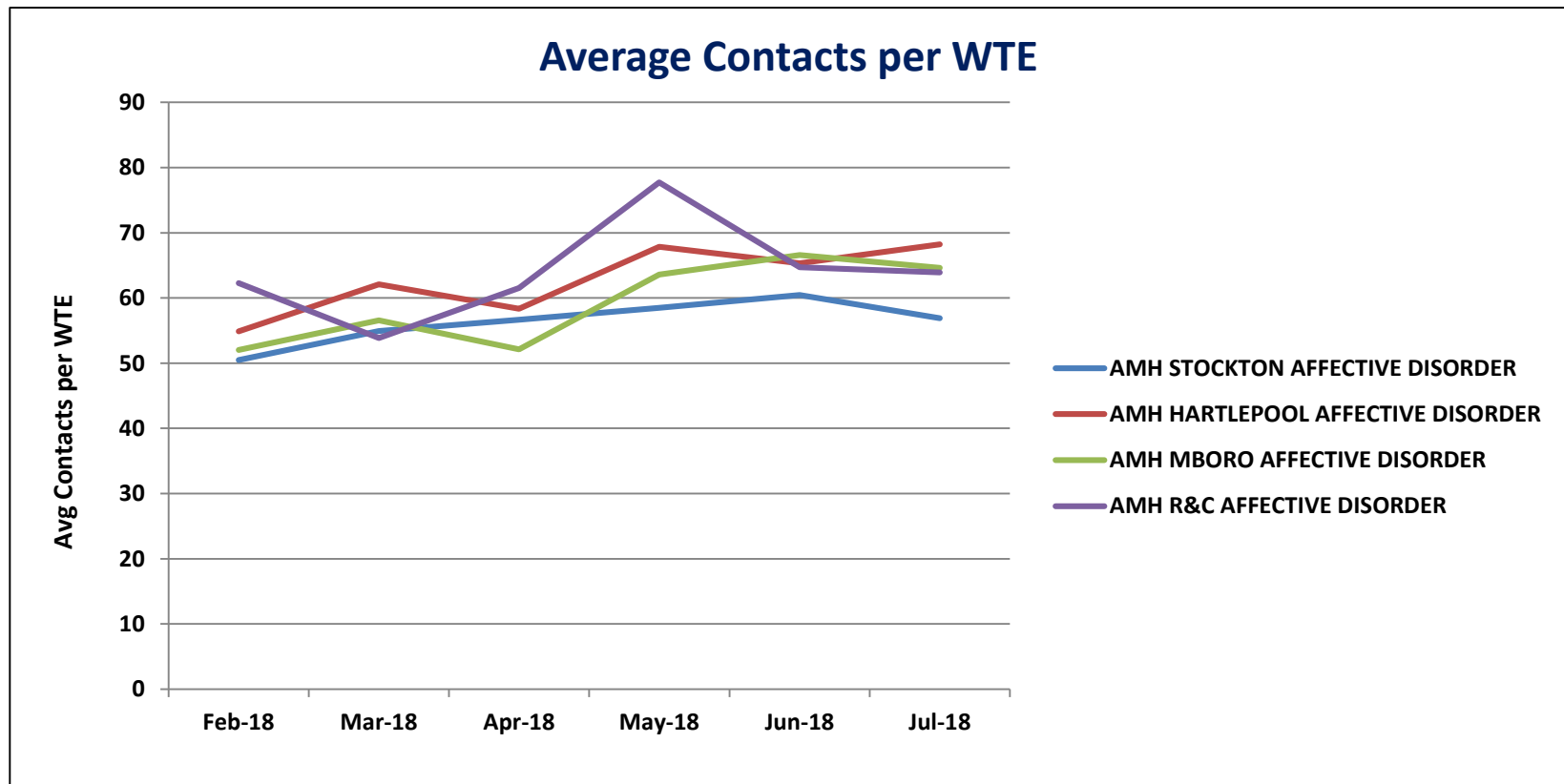
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The number of contacts divided by the contracted clinical WTE (whole time equivalent) for the team (excludes managers and admin & clerical staff).



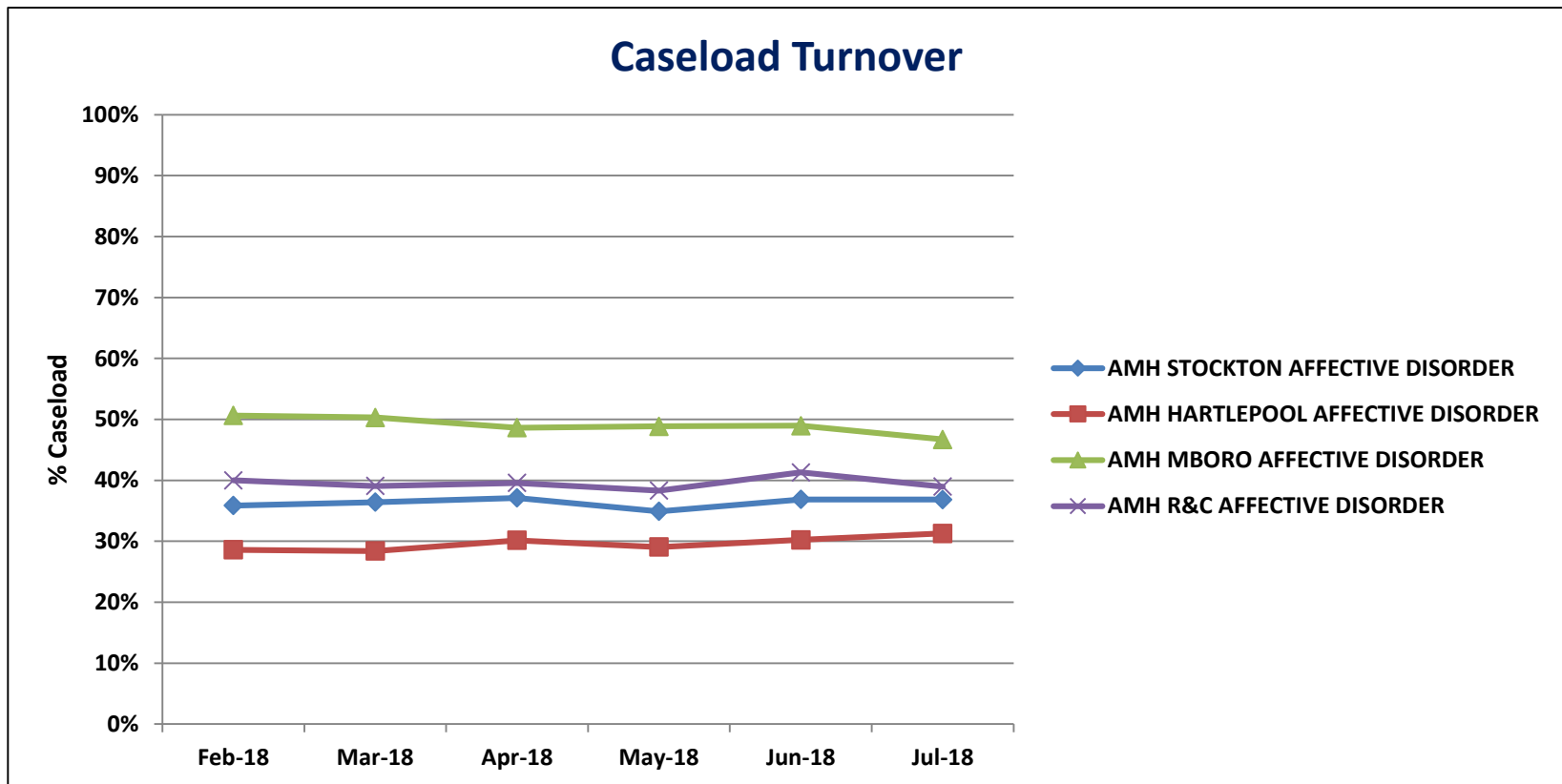
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In a rolling year, the patients that have been on the caseload, divided by the number of closed referrals on the caseload in the same period.



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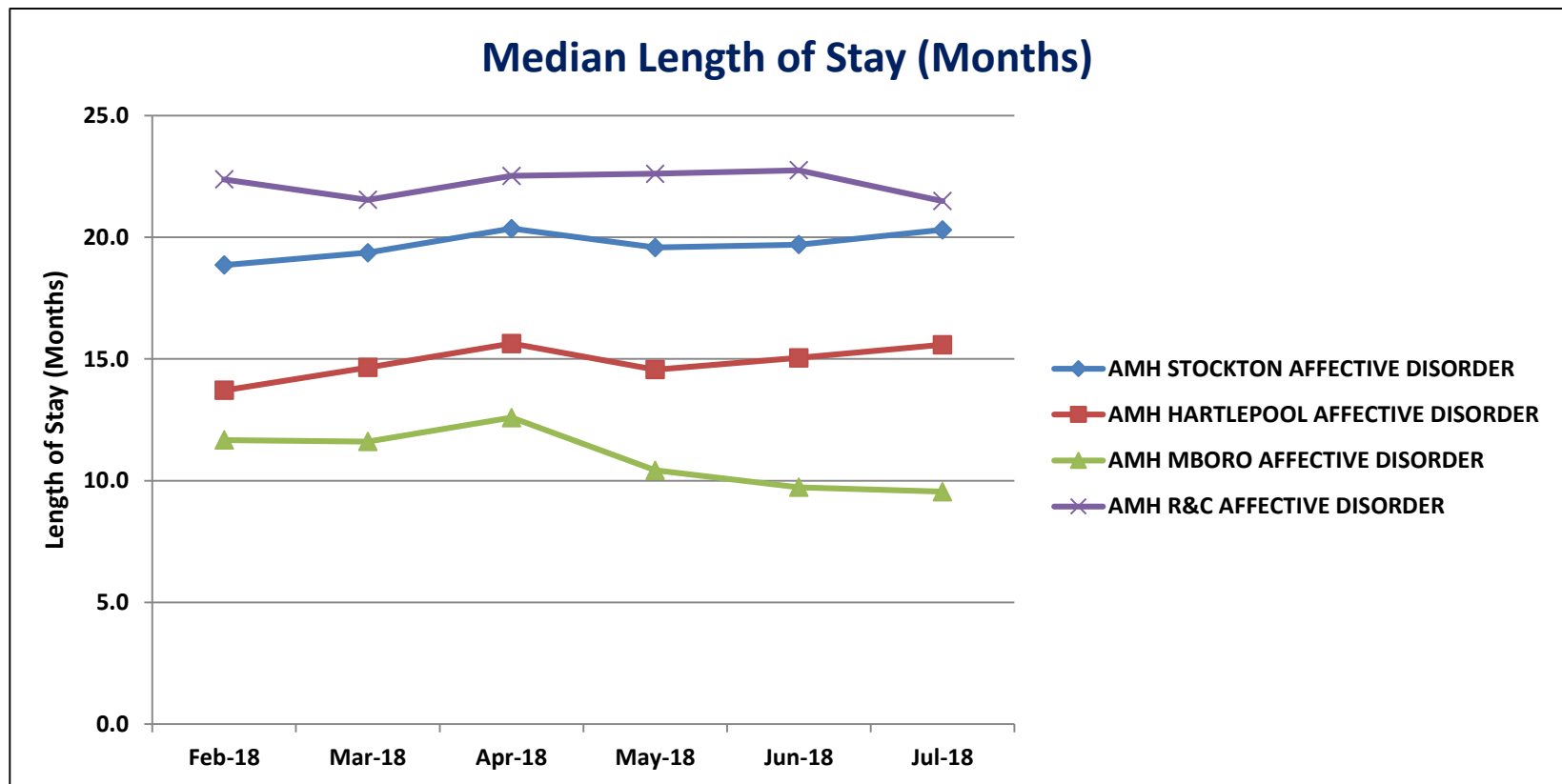
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Using a rolling year, for the patients on the caseload at the end of the reporting period, this is the median time in months from the start of the patient journey, to the end of the reporting period.

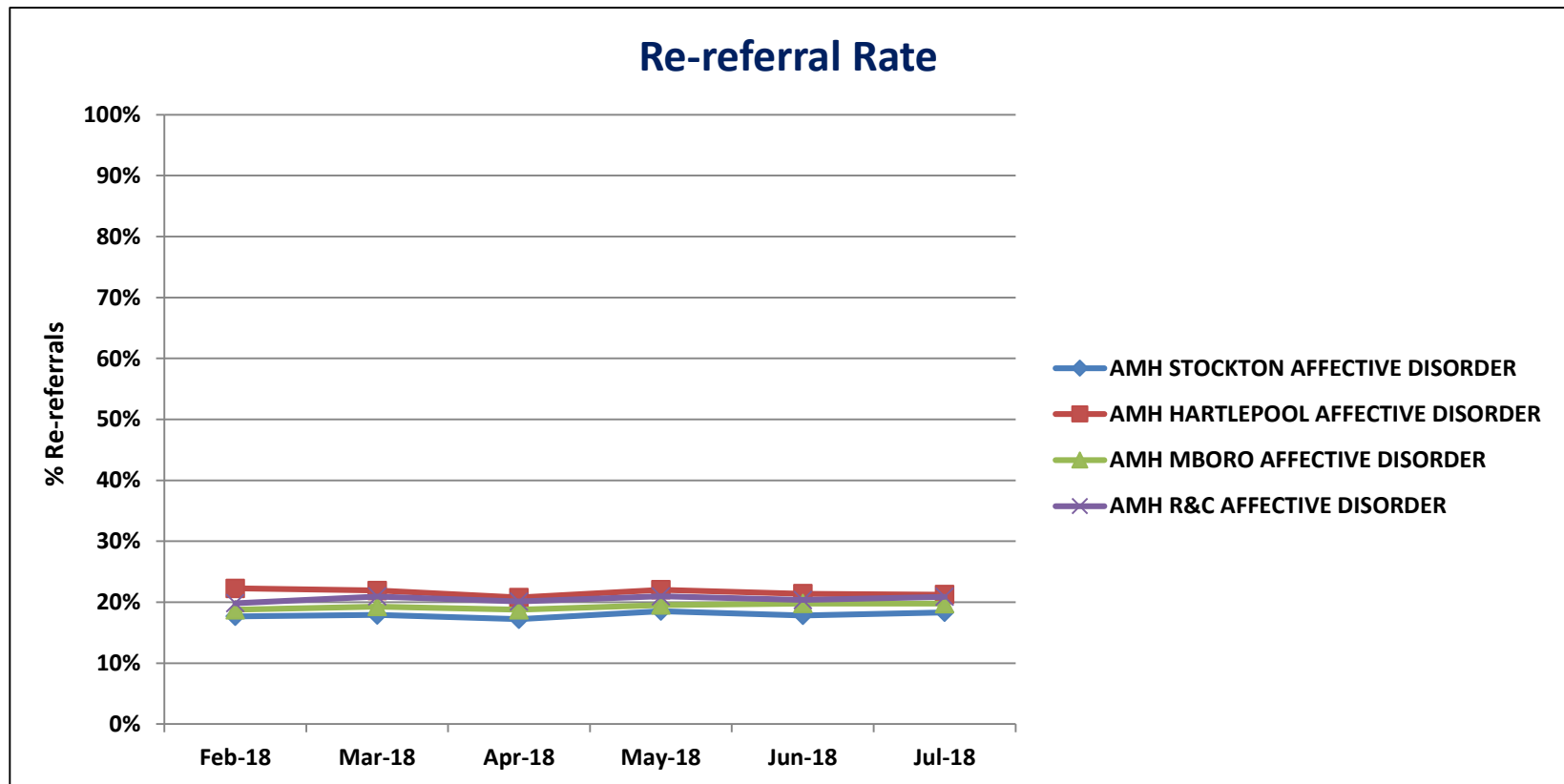


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Of the patients on the caseload in the rolling quarter, the number of patients who have been on the caseload more than once, divided by the number of closed referrals in the last year. NB Please be aware the report now captures a rolling quarter not a rolling year.

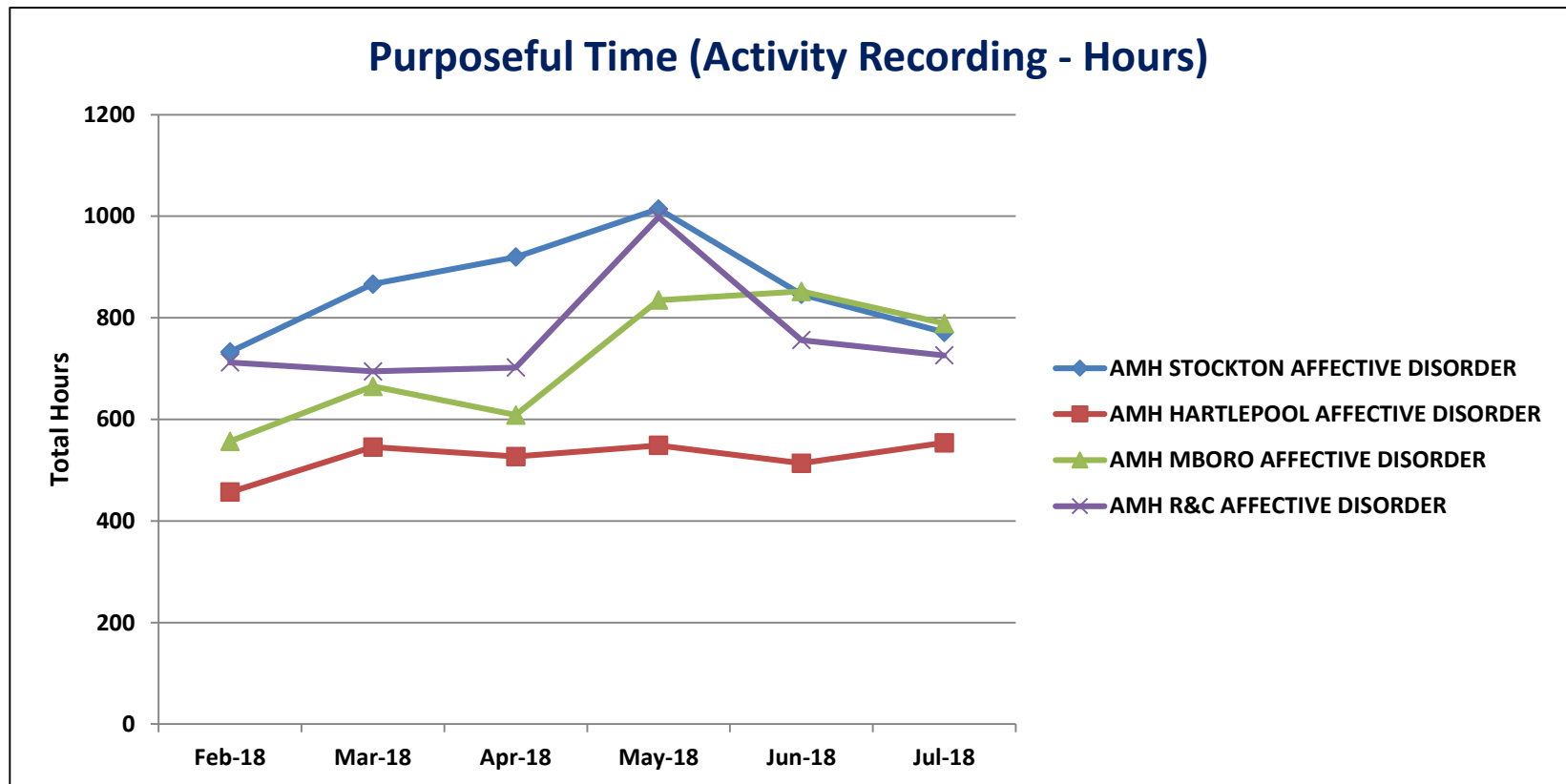


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The actual duration in hours of purposeful activities for both face to face and telephone interventions from the beginning of the 16/17 financial year.

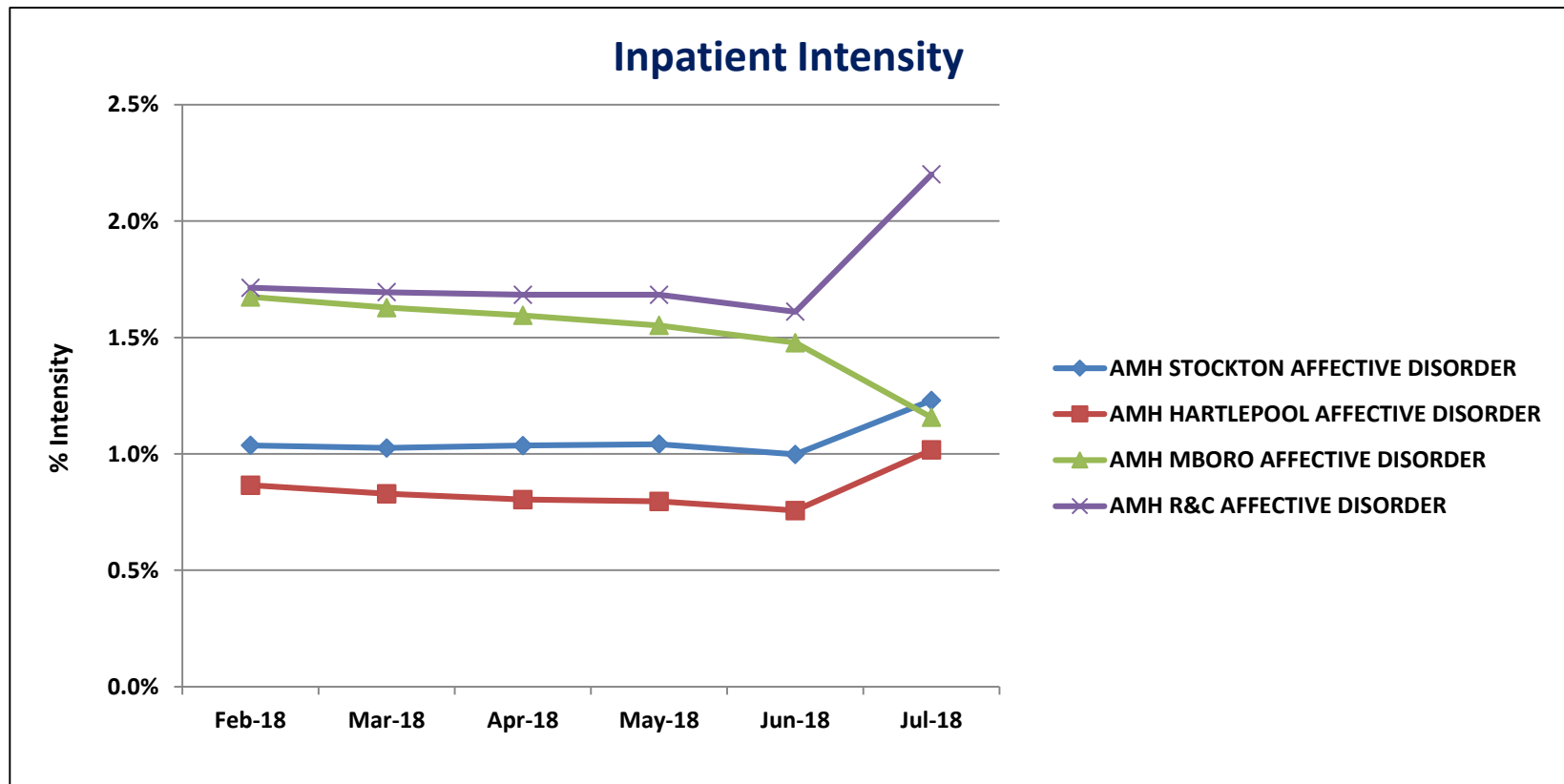


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Of the total days on the caseload in the rolling quarter, how many days have been occupied as an inpatient bed during the same period, divided by the days on the caseload. NB Please be aware the report now captures a rolling quarter not a rolling year.

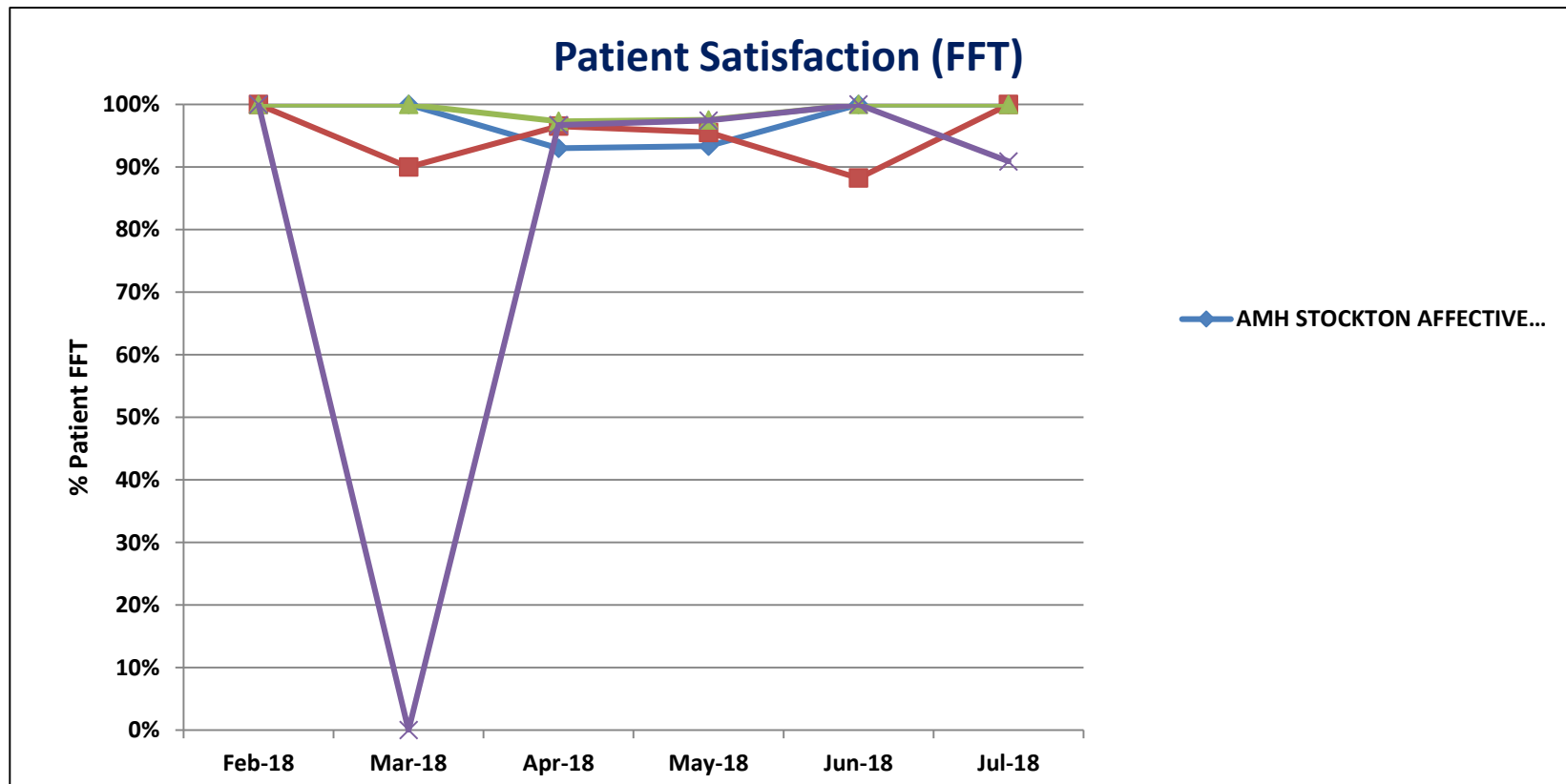


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The FFT score percentage is based on the patient satisfaction survey score. Of the total surveys which meet the FFT criteria (those who score likely or most likely to recommend), divided by the number of surveys completed.



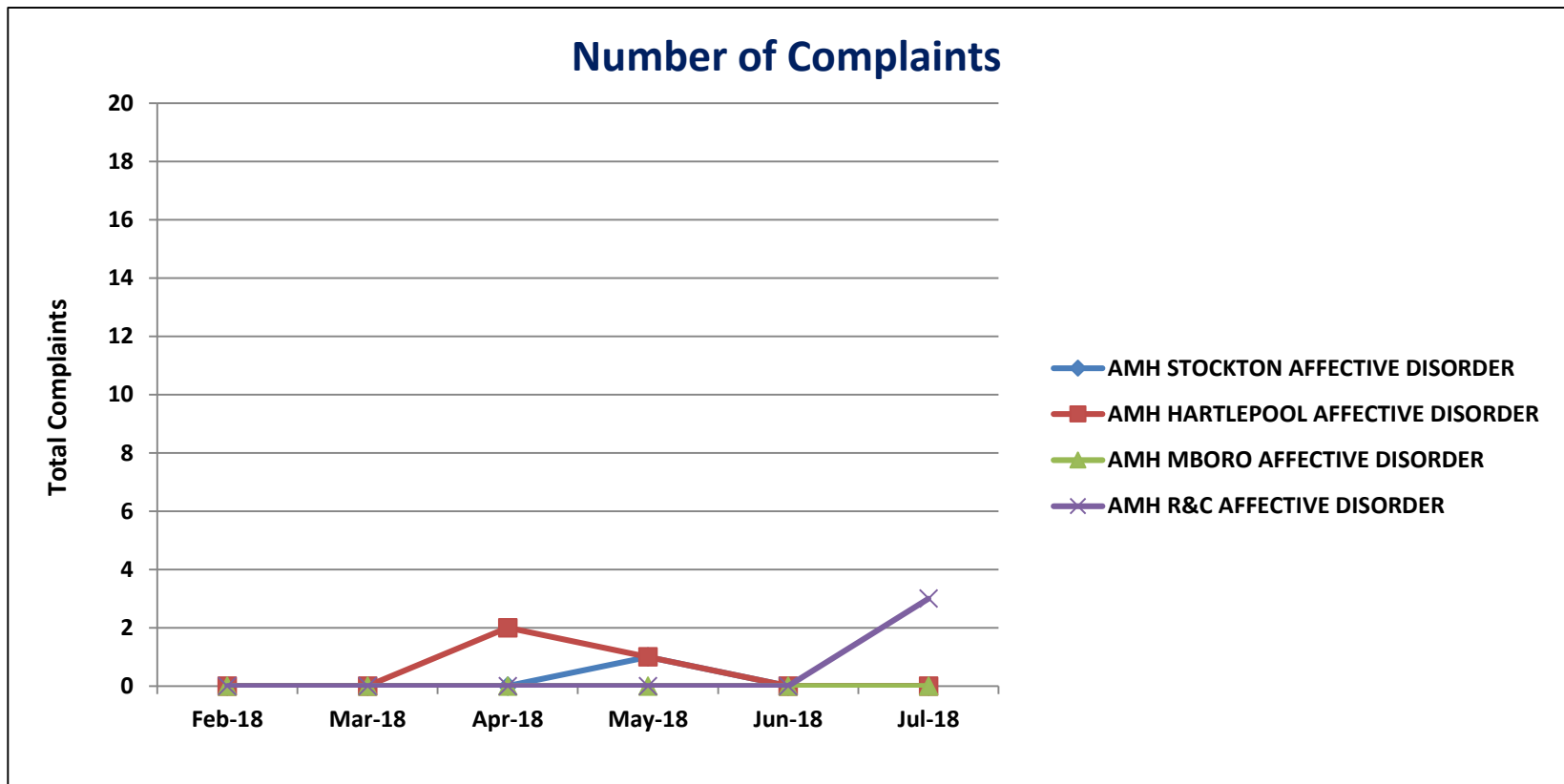
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The total number of complaints received by the trust for the reporting period.



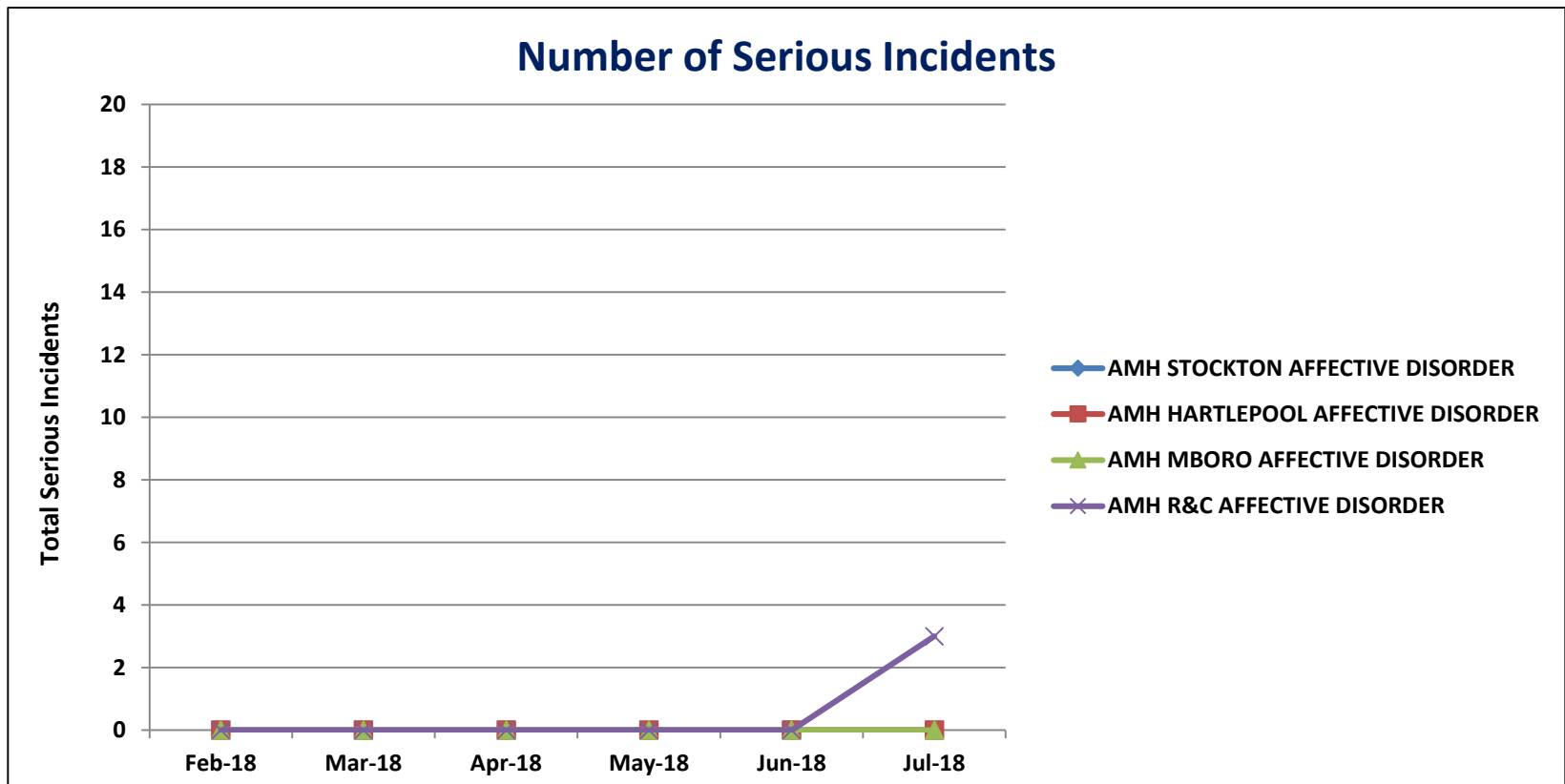
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The total number of serious incidents occurred within a team for the reporting period.

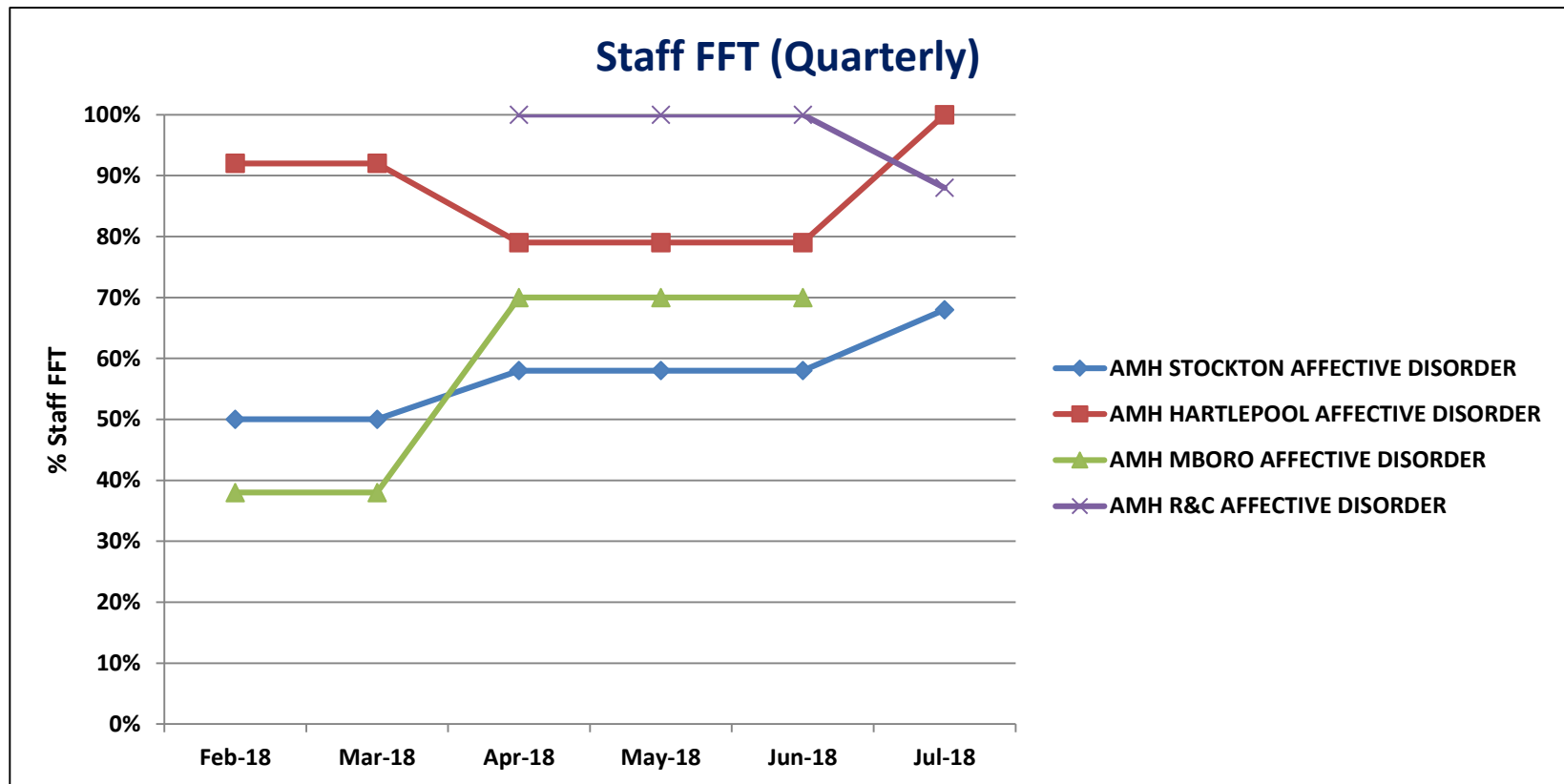


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The Staff FFT score is based on the latest quarterly percentage score of the total staff recommending the Trust as a place to work.



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# Feedback

