**Beginning the Patient First journey: PFIS**

The Patient First Improvement System (PFIS) is our intensive training programme for units and wards. PFIS is just one pillar of the wider Patient First picture, but it is an effective way to drive improvements and eliminate problems and inefficiencies.

PFIS training equips teams with the skills and tools they need to eliminate those issues that come up time and again – the ‘rocks in our shoes’ – that prevent staff from being able to deliver outstanding patient care and help us to reach our True North. True North is the term used to describe where we want to be, in terms of performance, in 3 to 5 years.

Facilitated by colleagues from KPMG and our Kaizen team, PFIS comprises four monthly training modules with weekly team days in-between, which are used for coaching and embedding the new tools and practices in the wider ward team.

At least two of our executives are present at every module to support and provide context to the training. This is providing an invaluable opportunity for both executives and staff to get to know each other and discuss current challenges.

“We know everyone at BSUH is working hard,” says Chief Medical Director, Dr George Findlay. “Everyone wants to do their best for our patients but sometimes things get in the way – PFIS is about developing you to make the improvements needed for your patients.”

How will PFIS help us?

Implementing the system will support leaders (and staff!) to:

* have time for proactive planning centred around staff and breakthrough objectives rather than just doing reactive management
* have a forum for daily continuous improvement (i.e. huddle) rather than doing lots of disparate projects
* have a structure to manage larger issues through department improvement and unit leadership that is aligned with our True North
* sustain improvement through process changes and standardisation.

PFIS is based on the Lean methodology developed by Toyota to ‘maximise customer value while eliminating waste’. On the PFIS training, staff are encouraged to identify ‘waste’ in their areas – which may include things like unnecessary duplication of paperwork, skilled staff spending too much time doing menial tasks or wasted time waiting for results/transfers or equipment to be delivered etc. and addressing these as opportunities for improvement.

Staff receive specialist training on tools and techniques that will help them to eliminate this waste from everyday processes and continually improve.

These tools include:

* Status sheet discussions- a short discussion structured around a series of questions to support planning for the day.
* A3 thinking and problem-solving – using an A3 sized template to look at issues with the team and really understand the root cause before solving. Thinking through problems is valued in the Patient First approach – we are not looking for ‘band-aid’ fixes - we are working to achieve sustainable change.
* Establishing unit leadership teams – a ‘board of directors’ for the department
* Improvement huddles – small, regular stand-up meetings, usually centred around a ‘huddle board’ where staff come together to display and solve issues and celebrate successes. Huddles are inclusive; everyone in the unit is invited to participate.
* Visual management – displaying unit data and performance against key metrics and having a dialogue around them to make everyone more aware of how the unit is performing and how their actions have an impact.

PFIS has already been rolled out to more than 40 units at Western Sussex Hospitals over the last two years and delivered good results there by releasing time for frontline staff by making improvements to processes. This is time that staff can now spend giving even better care to their patients.

“We know it works,” says Chief Executive, Marianne Griffiths. “And there’s no reason why it can’t work here.

“We have motivated, passionate and capable staff at BSUH and myself and the executive team are committed to supporting and developing our people – and being visible throughout.”

Our PFIS Wave 1 wards; AAU, ED, ITU, Bristol ward, Jowers ward and Donald Hall and Solomon wards from the County hospital site are more than halfway through the modules and are already applying their learning back at base.

Feedback from the trainees is that they are starting to use A3 thinking and their huddles to make improvements and that Patient First is ‘opening doors’ for them with other teams.

PFIS Wave 2 has started at PRH. Staff from the ED, ICU, Pyecombe, Twineham, Newick, Horsted Keynes and Newick wards had their introductory module last week and will begin PFIS in earnest in April.