

kinetik solutions



Lean London Forum

30 September 2009

Royal College of Surgeons - Holborn



We have several broad aims

- **To create the environment where Lean Solutions in the NHS are shared, discussed and acted upon by practitioners in the Health service**
- **To engage in a debate about strengths and weakness of lean in the current NHS climate**
- **To network and with new colleagues and friends**



Agenda

- **1800 -1805** **Introductions to Speakers, Agenda and Ground Rules**
Ketan Varia, kinetik solutions
- **1805 - 1830** **Radiology Lean Review – the journey has begun**
Carole Darnell, Bedford Hospital Trust
- **1830 - 1840** **Recruiting for the Lean & Service Transformation**
Daniel McDonald, Lean Executives
- **1840 - 1850** **Lean and Systems Thinking**
Rob Worth, kinetik solutions
- **1850 - 1900** **Don't water your weeds - starting afresh with Lean**
Ian Greggor, Cyril Sweett
- **1900 - 1925** **Questions and Answers from practioners**
Facilitator - Rob Worth
- **1930 - 2000** **Networking and Drinks**



Ground Rules

- **Suspend assumptions**
- **Act as colleagues**
- **Spirit of enquiry**



Quick Introduction

- **Name**
- **Organisation**
- **One thing you like about Lean**



What is Lean

- Focus on Value from a **Customer (Patient) point of view** on every step of process
- **Passion for removing waste** within the ‘whole system’
- Bottom up approach in identifying value and waste – assumption that **much of waste and value is hidden**
- A true lean system would “flow” and need **little command and control**

Leads to sustainable change ingrained in the ‘DNA’ of an organisation



“Lean’s focus on delivering care is a refreshing antidote to benchmarks, targets and the traditional approach to performance management. The emphasis it puts on looking at the whole system is valuable.”

Nigel Edwards, Policy Director, NHS Confederation



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Radiology Lean review

The journey has begun

Carole Darnell
September 2009



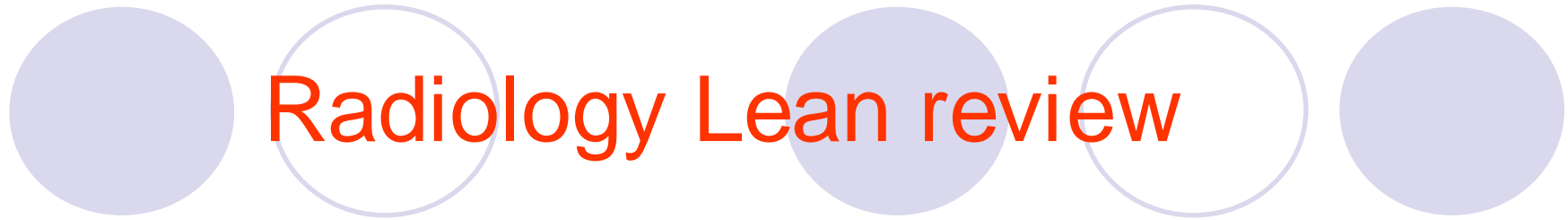


400 approx beds
Serving 270,000 population
2,000 staff



Radiology plc

- 80 staff
- All diagnostic modalities (except PET)
- 130,500 examinations per annum
- £3 million budget
- 8.5% increase in activity 08/09 when cmp with 07/08



Radiology Lean review

A threat???

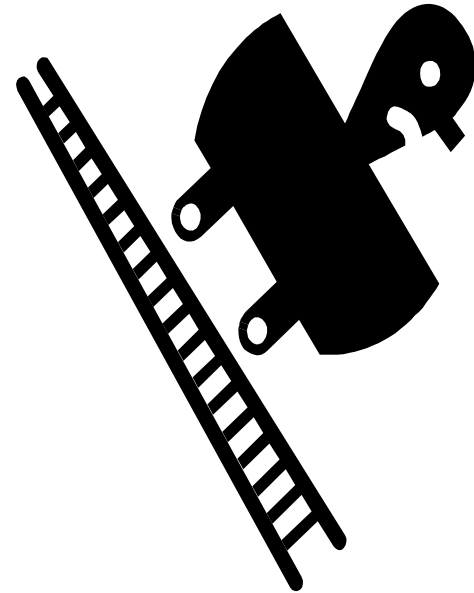
- We know what's wrong
- We know how to run our department

An opportunity!!!!

- Radiology is important to the Trust
- Radiology is worth investment in (time & money)
- Radiology is core to the majority of patient experiences

Which way were we heading

- 2005 – promised new department
- 2006/07-Turn around/CIP
- 2007- New RIS/PACS
- 2007 –PACS redundancies
- 2007 -New manager/deputy manager
- 2008 – 6 week targets
- 2008-New Clinical lead



Steps on the journey

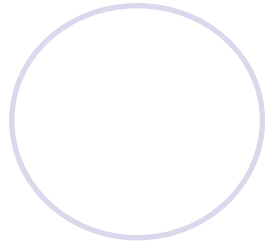
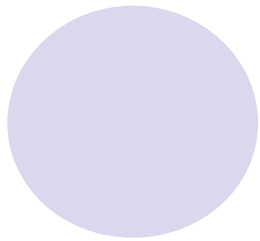
- Scoping & initial data collection
- Process mapping
- Project identification
- Data collection, KPIs defined
- 5S exercises
- Project implementation



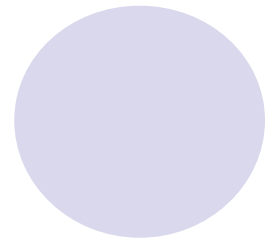
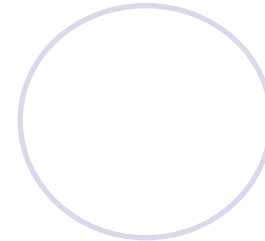


A just do it!
Zero wait plain X-rays

Pt arrives with request	Request pended	Card taken to Dr	Dr vets request	Card returned to receipt	Appt made	Appt sent to pt	Pt arrives In dept	Request Attended	Patient X-rayed
Start	2 mins	0.5 day	1 day	1.5 days	2 days	2 days	2 weeks 2 days		



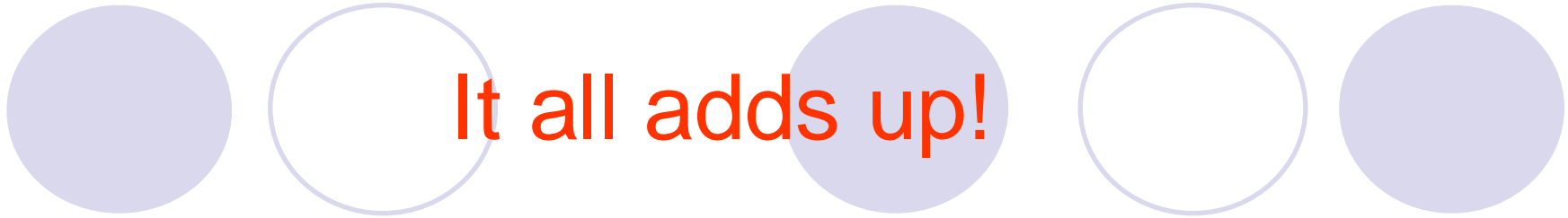
Leaned!!!



Pt arrives with request	Request attended	Radiographer vets request & x-rays pt
Start	2 mins	12mins

10 steps → 3 steps 28 mins → 12 mins





Savings for reinvestment

- 16mins x 10 appts = 2.6hrs per day
- 2.6 hrs x 5 = 13.3 hrs per week
- 13.3 hrs x 48 = 639.9 hrs per year

Where do we re-invest?



Project 4 – Centralised appointments/admin

- Dedicated appointments centre in X-ray back office
- All appt queries dealt with centrally
- All Admin/appts work done outside clinical areas → **releases clinical capacity**
- Choose & book, reduces cancellations, reduces DNA's

Oh dear – our waiting room/reception



What do we have here? a 5S opportunity



That looks better!!!





Good about lean

- They are our ideas
- It puts you in the patient's shoes
- Staff morale
- Pride in the department
- Belief that the department has a future



Bad about lean

- Time (too busy being lean to do lean)
- The rest of the Trust a'int leaned yet
- Other parts of the Trust think we are sorted
- You can't do it all at once (things have a natural order)

Would we do it again? Would we
recommended it?





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Lean Solutions in the NHS: London Forum

Recruiting for the Lean & Service Transformation

Daniel McDonald

Lean Executives

Executive Search & Selection

'Managing the talent pipeline for Lean Enterprise'



Applying Lean Methodology into Search & Selection

Lean Defined

- A strategy for maximising value to customers both internal and external
- Relentless pursuit of the perfect process through Waste Elimination

Context

- High Process Variation / Long Lead Times / Significant Re-work / Increasing Administration Burden / Specialised and demanding arena with sought after skills

Scope

- Change Leaders to Service Transformation Directors
- Job Specification to Employee Starting Successfully

Objectives

- Absolute Process Transparency
- Greater Client Engagement
- Reduced Lead-Time
- Reduce Total and Average Cost Per Hire



The Journey – Lean Applied

- **Mindset**
- **Behaviours**
- **Ownership**



- Start with a thorough VSM exercise looking at entire recruiting, assessment and post-hiring process
- Bespoke ‘Standardised Worksheets’ created detailing the specific timings, search and assessment process to assess key technical and behavioural competencies
- Detailed Assignment Brief constructed
- Joint Research / Advertising campaign

Real Impact

- Developed a robust recruitment solution to deliver maximum effectiveness whilst minimising waste, adding value and reducing clients spend.
- The Assessment Centre (Hiring Cell) yielded an average of 2 hires per 5 candidates.
- Total recruiting cycle time reduced significantly from 93 days to 58 days that included candidates notice period. Our search process reduced on average from 45 days to just 19 days.
- Cost per hire reduced by 20%
- Real-time management information.

Key Learnings

- **Transformation achieved through Accountability, Trust and creating a Forum for Input**
- **Think Customer Back! Focus on the fundamentals and Imagine a Better Way!**





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Lean vs. Systems Thinking

Rob Worth

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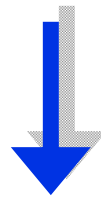
Lean vs. Systems Thinking

	Lean	Systems Thinking
History	Interpretation of Toyota Production System by Womack and Jones	W. Edwards Deming Russell Ackoff
Outline	<ul style="list-style-type: none"> •Customer •Value •Value Stream •Flow •Pull •Perfection 	<ul style="list-style-type: none"> •Whole systems •Interactions between parts •Outside-in •Purpose
Qualitative Differences	Set of tools, e.g. 5S, VSM, Kaizen	<ul style="list-style-type: none"> •Less defined •Whole system

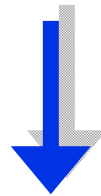


Lean vs. Systems Thinking

Systems Thinking



Toyota Production System



Lean



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Lean Solutions in the NHS: London Forum

healthcare



Starting afresh with LEAN

September 2009

The scenario

- 550 bed DGH
- Estates-led project
- Replacing critical infrastructure
- All wards and departments

Limitations

- Decant for at least 30 months
- Major disruption to fabric and services
- Large, but fixed budget (£50m)
- Should have been complete in 2004
- Some failures occurring
- Organisation in midst of reconfiguration

Why use LEAN?

- Disruption to current processes
- Disruption to critical services
- 'One-shot' commissioning
- Short timetable
- No loss of operational efficiency

Key processes

- Developing the principles
 - *What are the critical priorities?*
- Process map
 - *How will we do this?*
- Value stream mapping
 - *Is there anything we don't need to do?*
- Next step : Engage operational staff

Benefits.....on paper

- Direct revenue cost reduced by 15 - 20%,
 - *freeing resource to....*
- Reduce the decant phase by 20%
 - *And to.....*
- Save 25% of capital
 - *Which has allowed us to look at.....*
- **NEW OPPORTUNITIES**
 - *Ward improvement & consumerism*



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Your Questions on Lean

We have low morale and no one is willing to change, what can I do?

Can Lean fail?, and for what reason?

What the one thing that makes the biggest difference?

Why don't we succeed in our department?



We have no budget to start Lean – what can we do?

Network LEAN

Sue Whittaker
September 2009

every patient matters **every patient matters** *every patient matters*

...just another Network? – NO!

- Forum for like minded organisations and individuals to meet
- Opportunity to share and address the challenges of service transformation in the NHS
- Reduce the barriers of scale/size and complexity within the NHS
- Finding time for learning, support and to stimulate business creativity and innovation

Network LEAN provides... opportunity

- To listen to key note speakers and presentations
- To practise creativity techniques,
- For creative swiping and to share best practice, and
- To stimulate creativity and innovation

£££££s – 0!

- Time
 - up to 6 network meetings a year
 - 2 - 3 hours duration
- Cost
 - Nominal e.g. travel, refreshments etc



Thank you

Contact:

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Service Improvement

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WHATS NEXT?

- **Today's presentation and feedback survey sent out by email**
- **The Next Lean London Form will be on 27 January 2010**
 - We will send out reminders to all participants from today
 - If you'd like to take up one our presentation slots, please do let us know
- **Kinetik solutions is running a one day 'introduction to lean course' on the 26 of November – for further details please contact kvaria@kinetik.uk.com**
- **We have set up a twitter account – this will be used to send short interesting messages that can be of use to lean practitioners. To join please go to <http://twitter.com/leanlondon>**



BIG THANKS TO OUR PRESENTERS

Carole Darnell

Daniel McDonald

Ian Greggor

Susan Whittaker

Rob Worth





FINAL THANKS TO OUR SPONSORS

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**Assisting with Lean Transformations
in the health sector and beyond**

Bedford Hospital 
NHS Trust

network lean

 **Lean Executives**

**Managing the talent pipeline for
Lean Enterprise and Service
Transformation**

 **cyril sweett**
global knowhow