

kinetik solutions



Lean London Forum



Lean Executives

executive search & selection for the lean enterprise

11 July 2012

For more information, please email help@leanlondon.org.uk or telephone 0207 824 8448



We have some broad aims of the forum

- **Create the environment where Lean Solutions in the NHS are shared, discussed and acted upon by practitioners in the health service**
- **Engage in a debate about strengths and weakness of lean in the current NHS climate**
 - The QIPP agenda in reducing costs across the health system
 - Clinical Commissioning Groups that will redefine ‘end to end’ health systems processes
- **To network with colleagues and friends**



Agenda

- **1800 - 1810** **Welcome and introductions**
- **1810 - 1835** **How many appointments do we need to make?**
Kate Silvester
- **1835 - 1900** **The Path-ology to Lean Thinking**
Dr Mathew Diggle – Nottingham University Hospitals
- **1900 - 1930** **Group discussion: your questions on Lean/Service Improvement**
- **1930 - 2000** **Networking: Nibbles and drinks**



Introductions



- **Your Name**
- **Your Role**
- **The one great lean service you experience as a consumer?**



Recap – What is Lean?

- Focus on Value from a **Customer (Patient) point of view** on every step of process
- **Obsession on 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**

How many appointments do we need to make?

Kate Silvester

Lean West Midlands Event

Wednesday 11th July 2012

Issue

- Patients living longer with chronic diseases
- How do we deliver
 - Right care
 - Right clinician and kit
 - On time
 - Every time
 - In full
 - Complete: one stop shop
 - At a cost the tax payer can afford
- Primary care, secondary care, community care, mental health?

We make appointments

- Healthcare manufactures packets of time
 - Packets of skill and technology
 - Clinicians
 - Kit
- Patients book these packets of time
- How many packets (appointments) do we need to make?

What is the demand?

- What is the demand for clinic appointments?

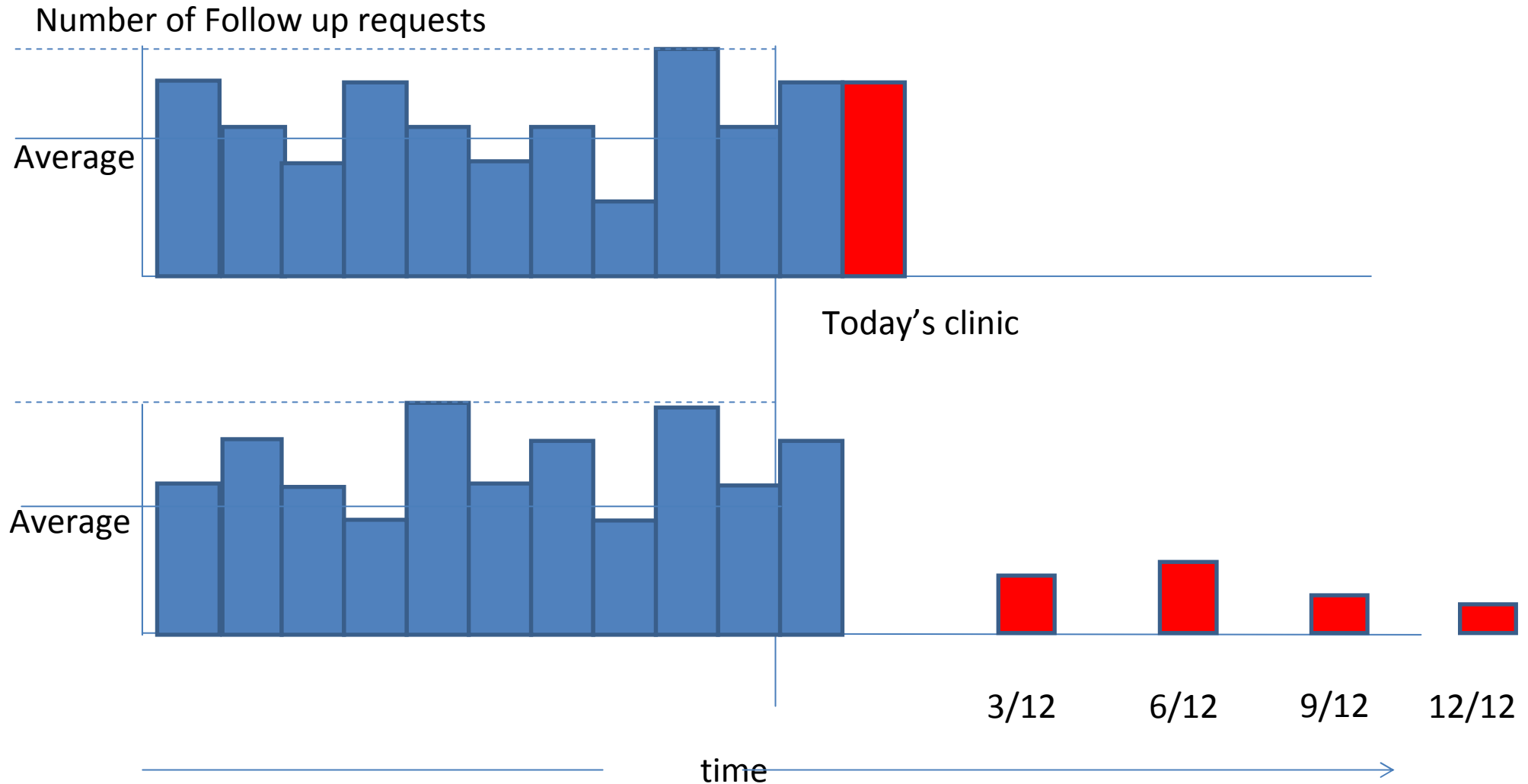
Monitoring demand

- Requests for New patients
- Requests for Follow up patients
- How do we do it?

How do we do it?

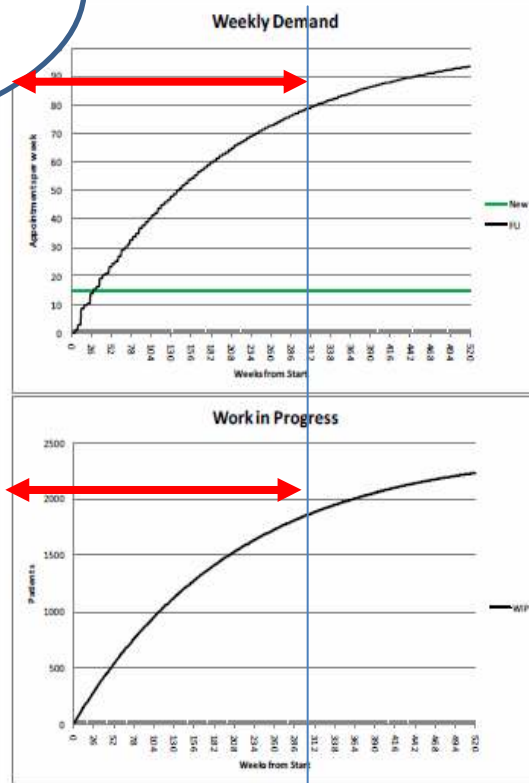
- New patients
 - Easy: count the referrals!
 - From all sources
- Requests for follow-up.
 - Easy way: count them at the end of the clinic
 - Demand created 'today'
 - More challenging: Demand created on date follow-up due
 - Modelling the future

Monitoring demand for follow-up



Stock and Flow Model

How many patients have we go in the follow-up pool (work in progress WIP)



simon.dodds@saasoft.com

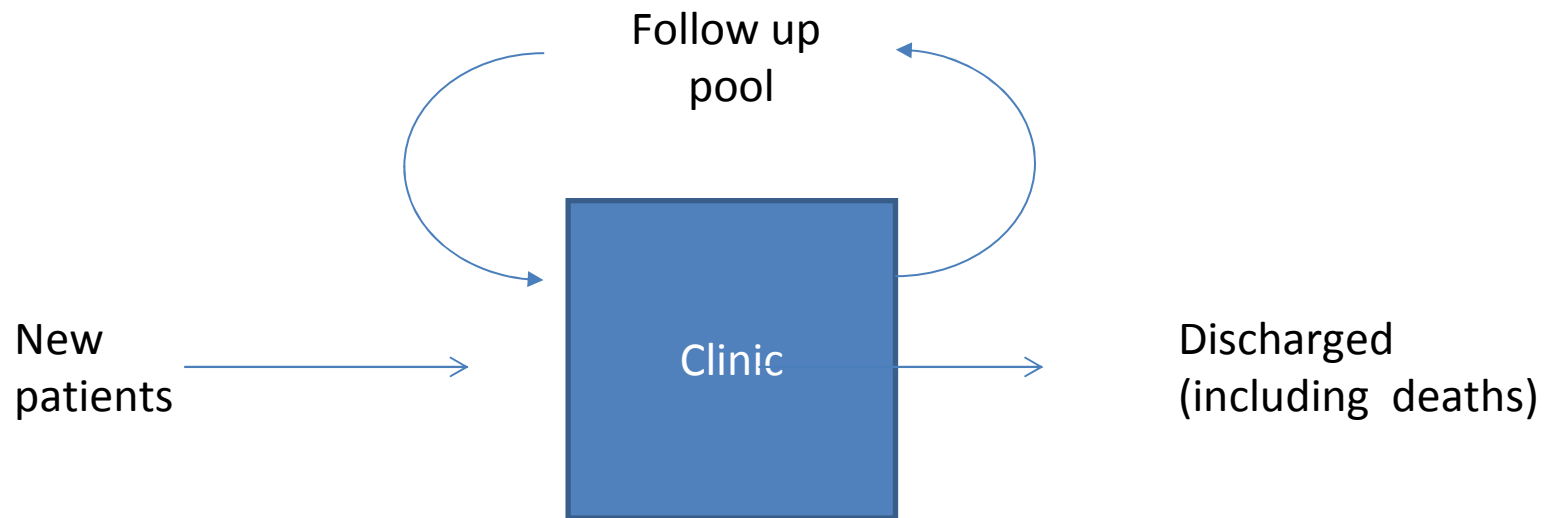
So is the system levelling off ?

Do we need more Capacity?

How can we reduce demand?

Main message

- Demand for follow up is **not** Infinite
 - When number of discharges from clinic = number of new patient demand
 - System will be in balance



NoNo

- Do not Confuse activity with demand
 - Confuse what we did with what we were asked to do
 - How many patients didn't get the appointment they/their consultant/GP requested?
- Do not Use New to Follow-up ratios.
 - Activity or demand?
 - Evidence based?
 - How much follow-up is failure demand?
 - Care not complete on the 1st appointment?

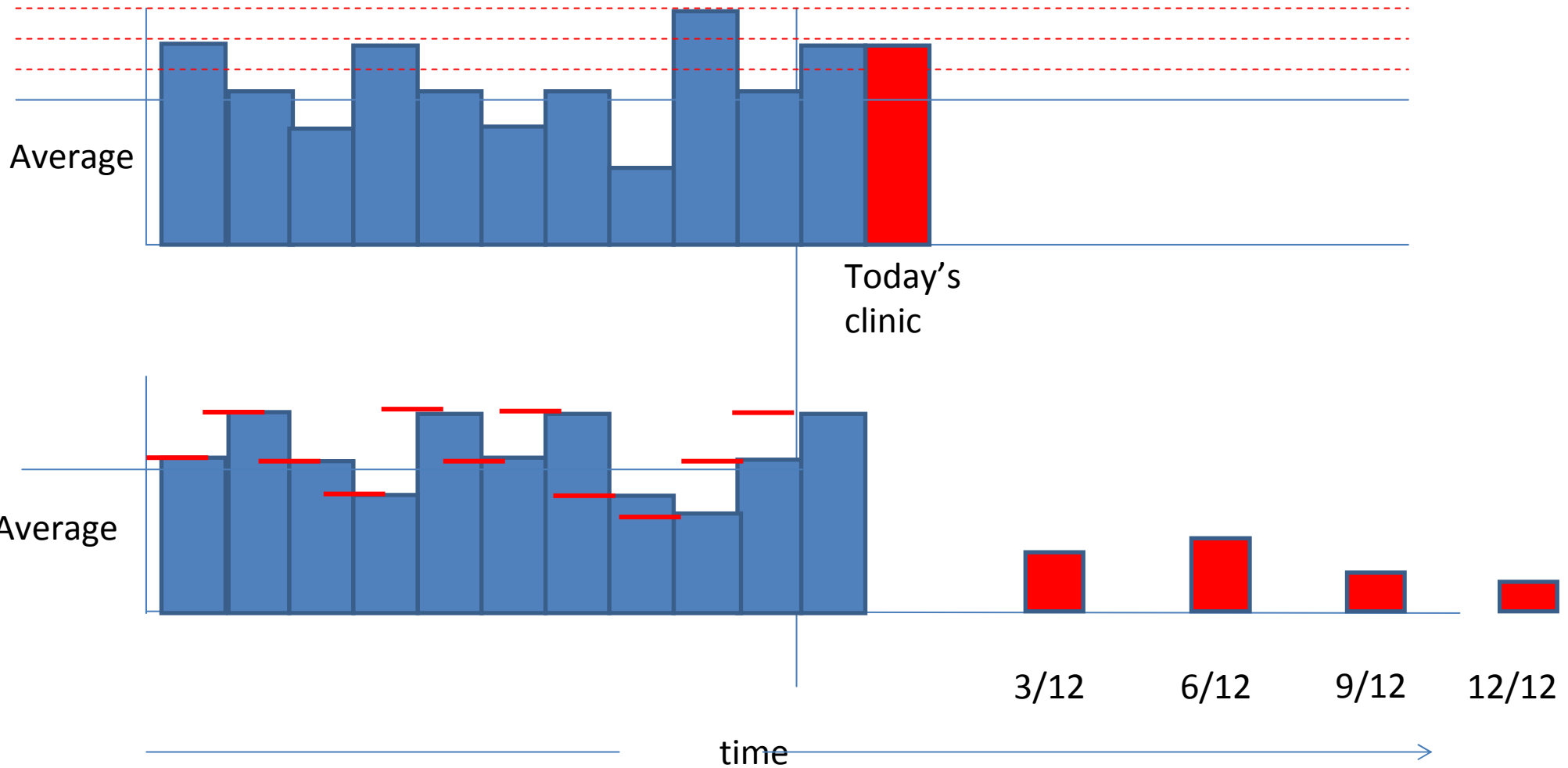
Providing capacity

- Fixed capacity
 - Fixed capacity irrespective of this week's demand
 - NHS
- Flex capacity
 - Look at this week's demand and provide the appointments required
 - Private sector

Providing capacity

Number of Follow up requests

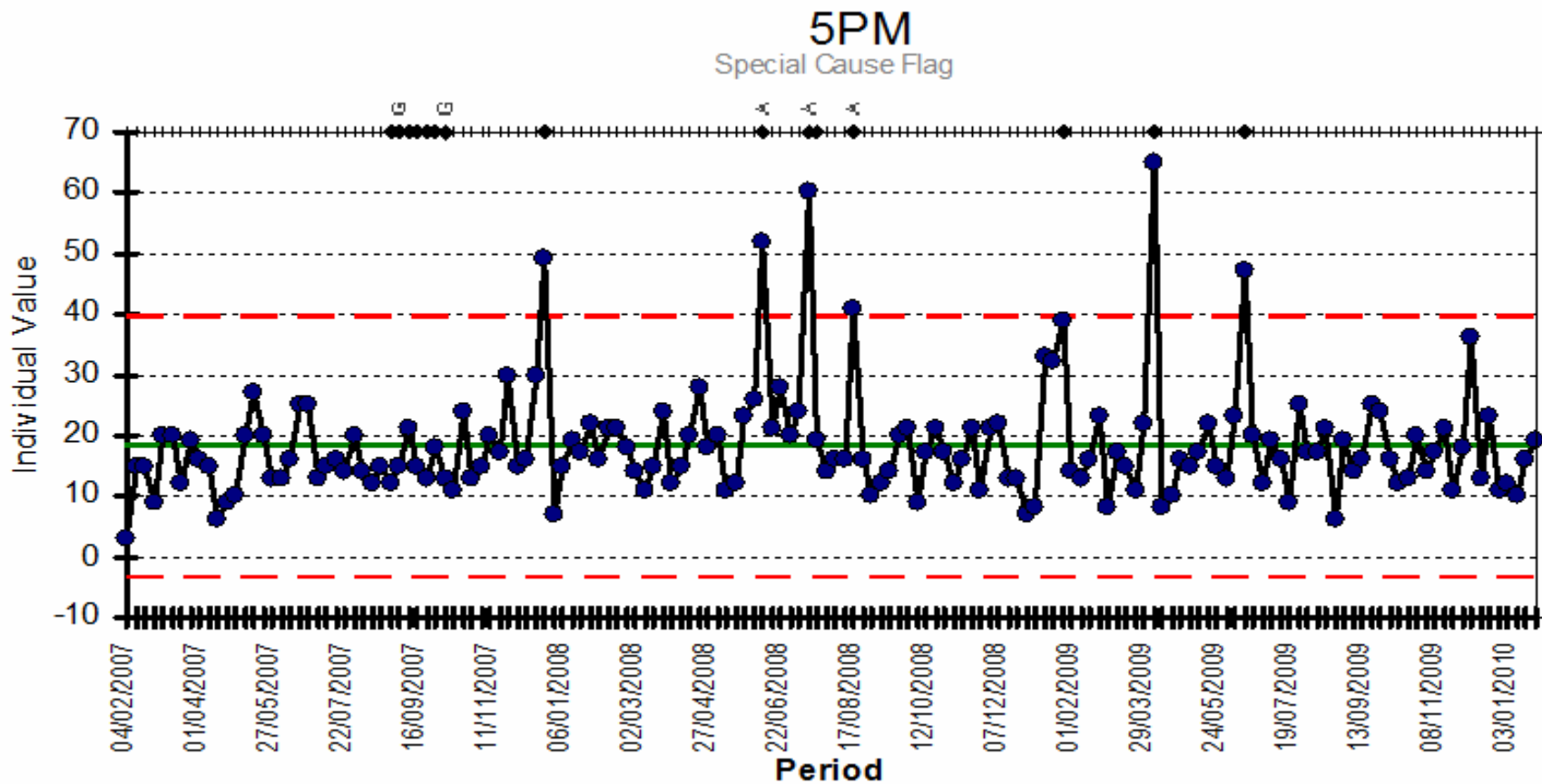
Where do we set the capacity to deliver the demand on time?



Monitoring the future

- How are we going to know if the demand has changed?
 - **Un-met appointments**
 - **Delays to New or FU appointments**
 - **Number in the follow up pool**
 - (SPC chart of the demand: new and follow up)

Demand for new referrals



Comments?

What have we learned today?

- What are we going to do differently tomorrow?

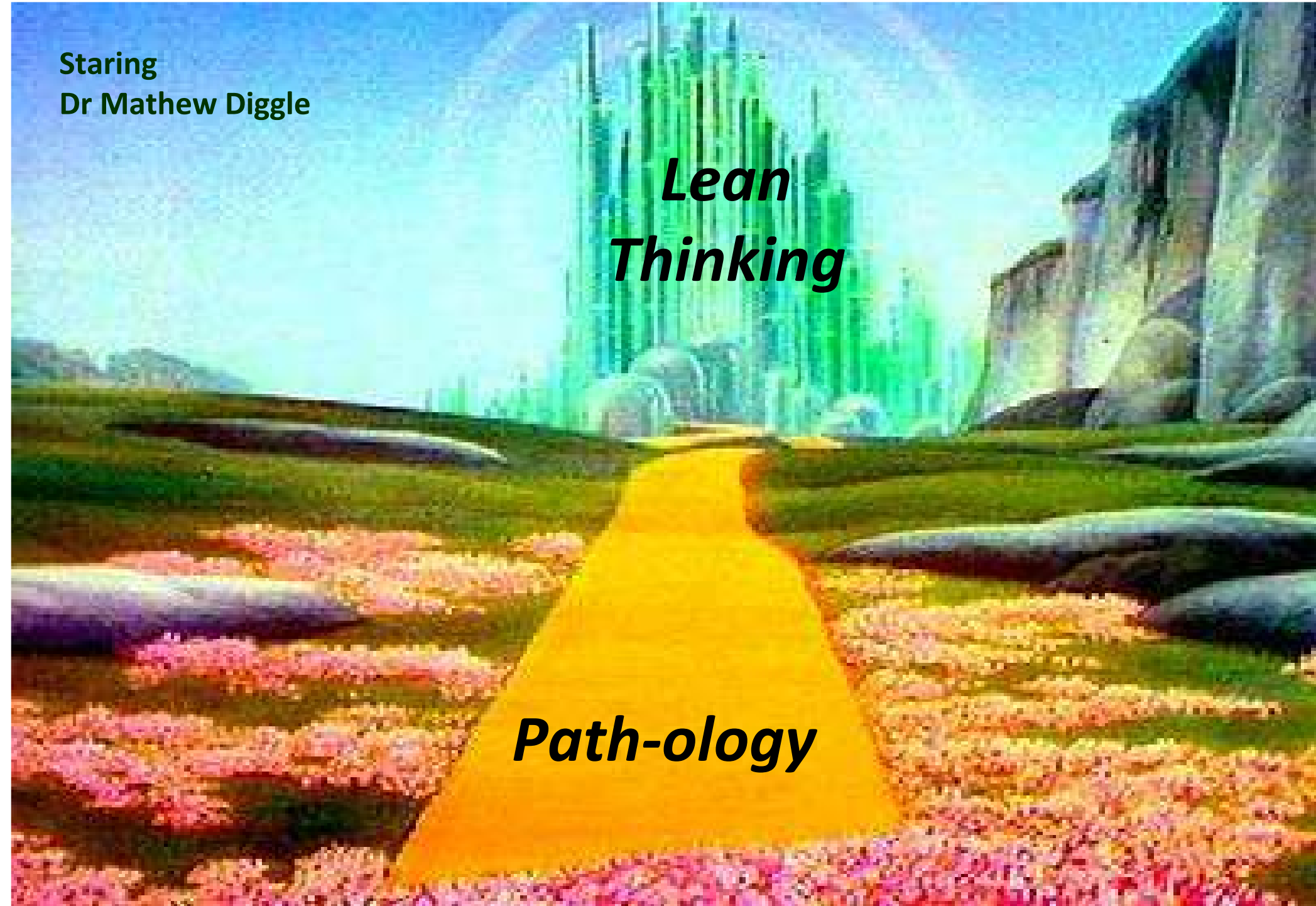
Where can I learn more?

- SAAsoft.
 - <http://saasoft.com/moodle/>
 - I have no financial interest in this company

Staring
Dr Mathew Diggle

Lean Thinking

Path-ology



Background

- Diagnostic service: 24/7, 365 days per year
- Population served: >2.5 million
- Workload: 970,000 pa
- Isolation, identification and detection of medically important bacteria, viruses and parasites.



Background

- Screening and specialist service: expertise in biological agent detection
- Clinical advice -on the diagnosis, management & treatment of infections, with regular ward rounds on intensive care etc.
- Infection control- MRSA isolation and Clostridium difficile toxin screening



"All these years we battled the bugs, and all it took was a sign?"

What is Lean?

LEAN

- Perfected by Toyota – from 1928
- ‘Lean’ coined by Jones & Womack in 1990s
- Lean is about *improving flow and eliminating waste*
 - getting the right things to the right place,
 - at the right time,
 - in the right quantities,
- while minimising waste and being flexible and open to change.
- **Customer** at heart of the process
 - Driver for Quality and Safety

LEAN?



CHANGE



DANGER!



FEAR



A close-up photograph of a brick wall. The bricks are reddish-brown and arranged in a standard running bond pattern. The mortar is a light grey color. There are some small green spots of moss or algae on the bricks. A white horizontal banner is superimposed over the center of the image, containing the word "RESISTANCE" in a large, bold, black, sans-serif font. A thin black horizontal line is positioned directly below the banner.

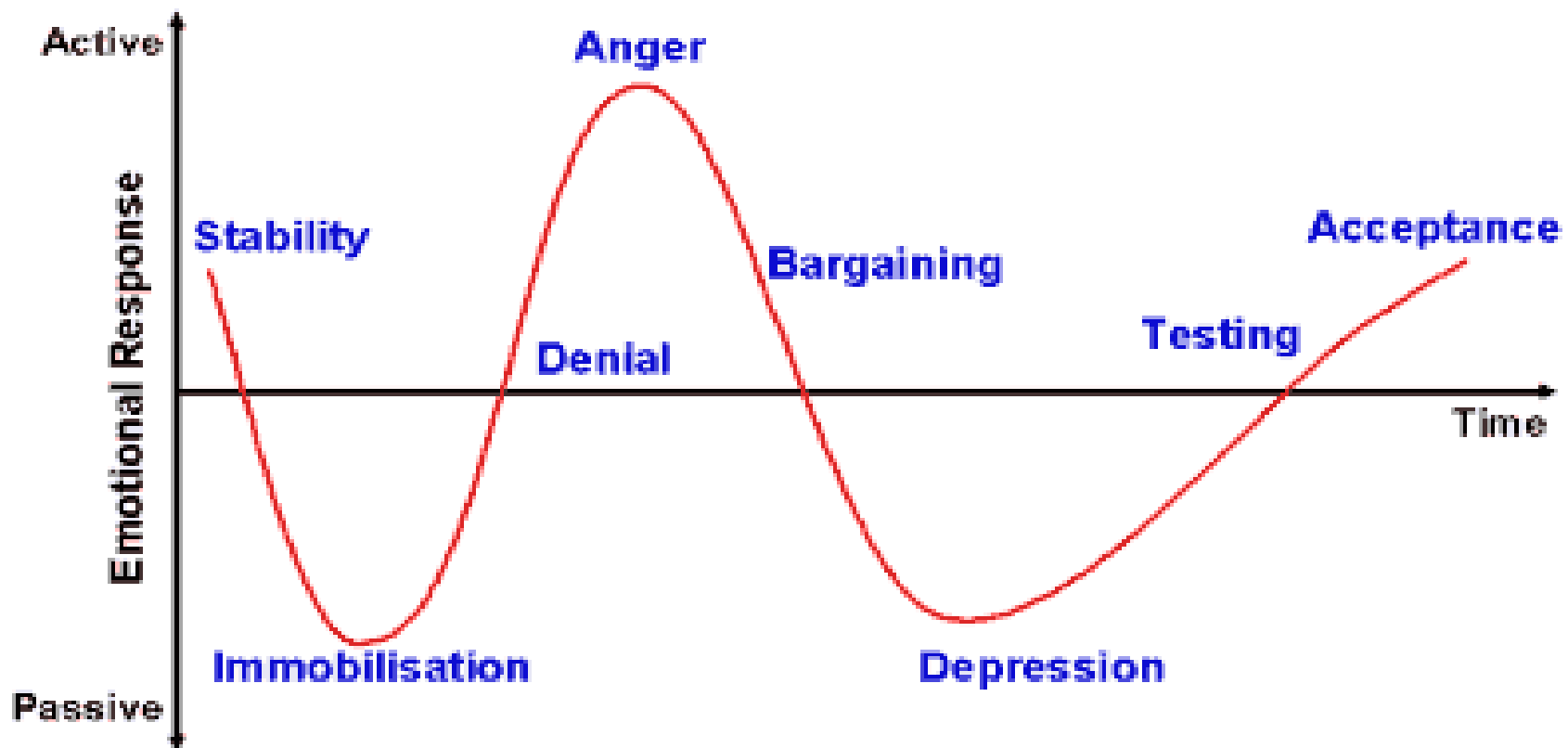
RESISTANCE



LEAN

Microbiology

The Path-ology



The Path-ology

- High Volume testing – Urines and MRSA screening
- Highly visible – Reception area
- Highly productive – What matters to me!
- Highly effective!

High Volume testing – Urines and MRSA screening

One piece flow

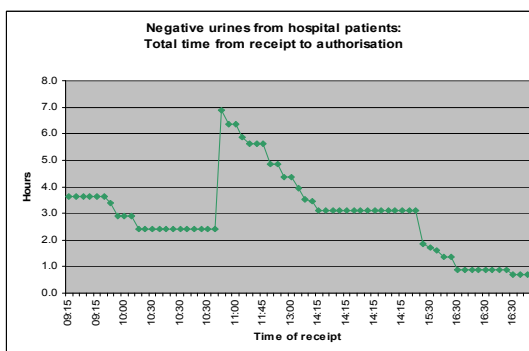
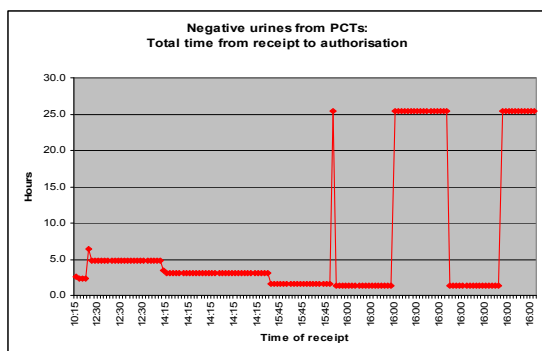


Results from Urines

% reported day of receipt			% reported within 24 hrs			% reported within 48 hrs		
Baseline Aug-11	Sept-11	Oct-11	Baseline Aug-11	Sept-11	Oct-11	Baseline Aug-11	Sept-11	Oct-11
40.9	39.8	39.2	58.7	66.1	77.4	85.9	86.9	95.7

Results from Reception

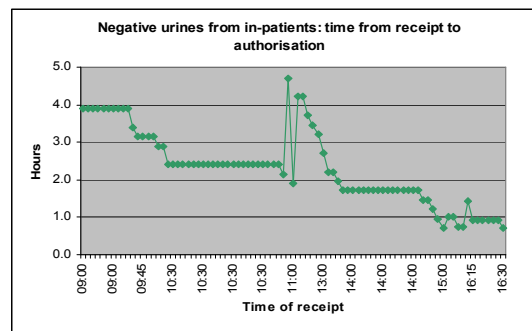
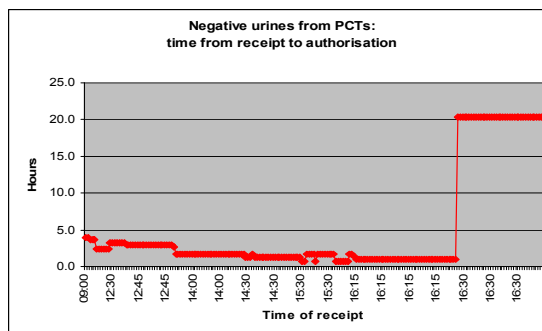
Then



Most GP specimens' turnaround time (TAT) < 5h (median=3.1h). Overnight storage results in TAT c. 25h

Most in-patient specimens' TAT <4h, but may be as high as 7h (median=3.1h).

Now



Most GP specimens' turnaround time (TAT) < 4h (median=1.7h). Overnight storage results in TAT c. 20h

i.e. **median TAT reduced by 45%**
(mean TAT reduced by 29%)

Majority of in-patient specimens' TAT <3h (median=2.4h)

i.e. **median TAT reduced by 23%**
(mean TAT reduced by 23%)

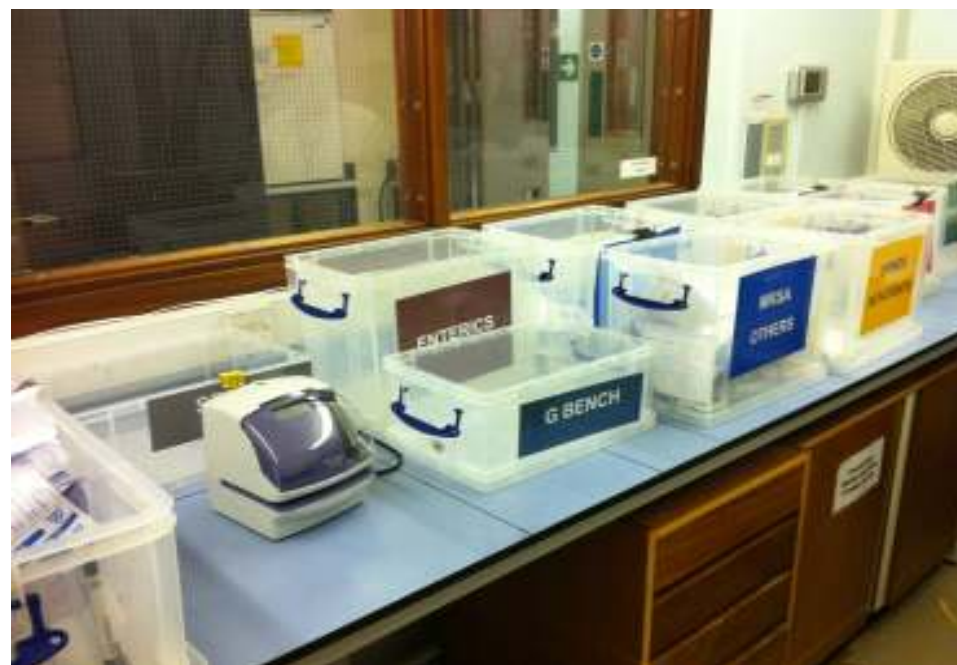
Overall, **TAT for all negative samples has been reduced by 45%** (median 3.1h to 1.7h)

Number of samples processed via UF100 **increased by 11%** on dates sampled.

Highly visible – Reception area



Highly visible – Reception area



Improved process

- Post-Lean, there is **improved prioritisation of in-patient samples**, as the time from receipt to UF100 processing has been reduced by 50% (median 0.8h to 0.4h) and time from receipt to registration has been reduced by 25% (median 0.8h to 0.6h).
- **Removal of excessive checking** (demo-checking) has reduced the processing time for negative samples by 43% (from 2.3h to 1.3h).
- Positive feedback from staff as process runs more smoothly and calmly.

The Path - Key Challenges

- Maintaining momentum / energy / time
- Communication with all stakeholders
- Support laboratory staff and stakeholders



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?

What is the impact on CCG on end to end transformation?

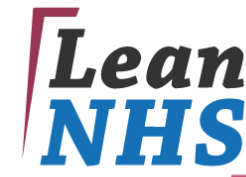


We have no budget to start Lean – what can we do?



What's Next?

- **Today's presentation and feedback survey sent out by email within 72 hours**
- **The Next Lean Midland Forum will be held in January 2013.**
 - We will send out reminders to all participants from today
 - We have a Lean London Forum on 18 September 2012 taking place at the Royal College of Surgeons
 - If you'd like to take up one our presentation slots, please do let us know. We are keen to hear from Community Trust and GP Groups
- **Find us on Linked In and Twitter - LeanNHS**





Big Thanks To Our Presenters and Supporters

Mathew Diggle

Kate Silvester

Jazz Singh

..and to you all for attending





Thanks to Our Sponsors

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