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UK/US SHINGO SUMMIT

2009

HECH MANCHESTER 8-9TH JUNE

# “Let’s Lean It” Tools or Transformation?

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# Southport & Ormskirk NHS Trust



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# Southport & Ormskirk NHS Trust

- Split sites – Southport and Ormskirk
- Coastal/semi-rural area
- Provides a service to a population of 240,000.
- High population of elderly – retirement location
- 600 beds (daycase and overnight)

## Southport

- Inpatient activity for complex procedures – 5 theatres
- Adult A&E
- Critical Care Unit
- Regional Spinal Unit

## Ormskirk

- Daycase activity – 7 theatres
- Children's A&E
- Obstetrics & Gynaecology services



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# Activity 08/09

● Referrals	63,332
– A&E	5026
– GP	40,049
● Outpatient Attendances	282,374
– New Patients	64,665
– Follow-up Patients	217,709
● Inpatient Attendances	58,308
– Inpatient Daycase	23,583
– Inpatient (overnight stays)	34,725



# NHS Governance

- 69 regulators, auditors, inspectors and accrediting bodies to satisfy
- Vast array of performance targets to achieve
- Majority asking the same questions! (77 elements/47 about the same issues) <sup>1</sup>
- Standards for Better Health: 24 core standards and 13 developmental standards
- Creation of Care Quality Commission: co-ordinator role to develop new systems for inspection.

1. Health Service Journal , 23/4/09

# Challenges for the NHS

- Every patient is different
- Every member of staff is different
- Each transaction/experience is different
- Needs and expectations are different
- We need to meet them all...
- Practices and Processes are standard



# Getting it Right or Wrong?

Southport Visitor • Friday, July 25, 2008 [www.southpo](http://www.southpo)



● The infection control team at the Trust

## Our hospital is MRSA free

Staff praised for clean bill of health

**SOUTHPORT Hospital has been MRSA free since last year, according to figures released this week.**

And bosses at Southport and Ormskirk NHS Trust have double cause for celebration after Ormskirk Hospital received a similar clean bill of health.

The Trust was one of seven non-specialist trusts in Eng-

land to record no cases between December 2007 and March 2008.

The Trust hailed the latest figures as "fantastic news".

She said: "The enhanced screening and additional isol-

ation facilities have helped us maintain our position in the fight against hospital acquired infections.

"It is now 263 days since the last hospital acquired case of MRSA and this is down to the hard work of all staff and the co-operation of our visitors in washing their hands when they enter and leave the wards."

problems with silverfish.

July 2008

Southport Visitor • Friday, August 8, 2008 [www.southportvisitor.co.uk](http://www.southportvisitor.co.uk)

# Hospitals suffered pest infestations

Shock over new survey

By JOHN SIDDLER

PEST control teams have been called to Southport and Ormskirk hospitals more than six times a month for more than two years to tackle infestations of rats, mice, cockroaches, bed bugs, and other insects, a new survey has revealed.

Frequent invasions of slugs, gnats, wasps, biting insects, woodlice, beetles and flies, meant that the local NHS Trust requested help 170 times between January 2006 and April 2008.

Data released under the Freedom of Information Act reveals that:

- Healthcare bosses reported an infestation of fleas in three units, including the main operating theatre and Ormskirk's postnatal unit.
- The main wards had infestations of bed bugs.
- A wasps' nest was found in the mallofacial unit.
- The diabetes clinic had problems with silverfish.

uncovered in the rehabilitation unit.

● Problems with blue-bottles and their pupae invaded the hospital mortuary had previously suffered an infestation of maggots.

The shocking findings, announced by the Conservative Party, have been fiercely disputed by Southport and Ormskirk NHS Trust (see below).

Southport Hospital has won several awards this year for cleanliness, and has the lowest rates of superbugs MRSA and C Diff in the North West.

But the report identifies the Trust as one of just 19 of 127 trusts nationwide to have found pests in clinical areas.

Co-chair of hospital campaign group CARES, Cath Rigan, called the report "alarming and disgraceful".

She said: "Maggots, fleas and flies are absolutely unacceptable in a 21st century hospital setting. I demand an immediate inquiry into every local pest case reported.

We need urgent answers from the NHS chiefs now. The standard of health



● Southport and Ormskirk NHS Trust called out pest controllers 170 times from January 2006 to April 2008

skirk hospitals is frequently alleged to be of a first rate level. However, this vermin report displays the unseen side of our health services."

Nationally the disgusting catalogue of nearly 30,000 discoveries included rats in a maternity unit, wards "overrun" with ants, mice and roaches in a urology unit, and a store for sterile mater-

Critics, such as Southport MP John Pugh, have accused the Conservatives of political point-scoring.

The Liberal Democrat said: "The hospitals are in a sharpish whenever needed or they can worry about the potential bad publicity and ignore the problems."

Health chiefs denied that

Photo by Gareth Jones Cook (0161)601080

What do you think of the findings? Have your say on our news forums at



August 2008

# Stop to make a difference

- What was the drive behind starting our lean journey?
  - Financial viability – operating within budget
  - Targets/Standards - sustainability
  - Patient satisfaction – golden thread “SCF”
  - Skilled staff – utilising the workforce



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# Our “Lean” Journey

- Commenced in Summer of 2008
- Contracted Manufacturing Institute as partners
- Appointed Service Improvement & Development Manager
- Lean Leadership Training – all Execs
- Development of Lean Champions



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# Where to start?

- Focus was to improve clinical specialities that were falling short of 18-week referral to treatment performance target
- Bottlenecks and inefficiencies identified in General Surgery speciality
- Undertook CSM & FSM
- Developed RIEs in Theatre and Outpatient Access Team
- Recommendations.....



# Recommendations/Benefits

- Action plans developed for teams to implement
- Maintained regular communication
- Established “lean champions”
- Identified over £600k of efficiencies within theatre
- Developed business case to expand use of theatre I.T system for improved scheduling
- Identified improvements in patient flow between wards and theatre – early signs of developing pull systems

What happened next.....

**“Not a lot!”**



# “ Let’s Lean It!”

- “Improvement/Modernisation” was seen as something that was “done to you”
- By “someone” (or Service Improvement Manager!)
- It would be a quick fix – ticking the boxes
- Management re-structure

A new approach was needed.....

# Time for Change

- Stop using the tools
- Develop culture awareness
- Develop production line thinking “stop the line”
- Support infrastructure – learning & development
- Include patients in our change
- Create an identity – move from modernisation
- Develop leadership at all levels



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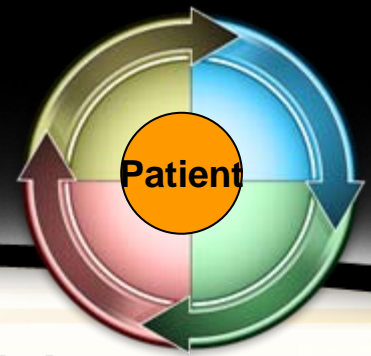
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# EQIP – Enabled Quality Innovation Partnerships



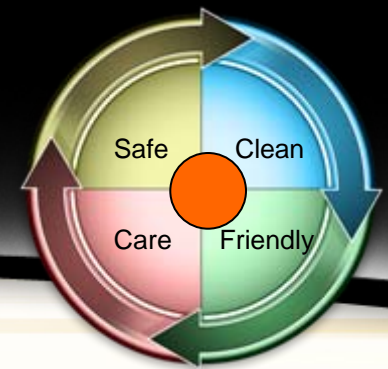
# EQIP Core Belief



- Patient centred care – what does this mean?
  - Use the patient experience to gain insight to identify opportunities for improvement <sup>1</sup>
  - Meeting expectations
  - Treating patient's as individuals
  - Work as a partner in their care
  - Involving patient's in innovation and change

1. Experienced Based Design, 2009, NHS Institute Innovation and Improvement

# Philosophy & Vision



“ To nurture a climate of continual improvement throughout the hospital to ensure excellence in everything we do and, in particular, to support our purpose of providing safe, clean and friendly care”.

- Safe – Zero serious incidents and reduce near misses
- Clean – Zero MRSA & C.Dif incidents
- Friendly – Treat everyone as equal, have an open approach
- Care – Meet expectations whatever the patient experience

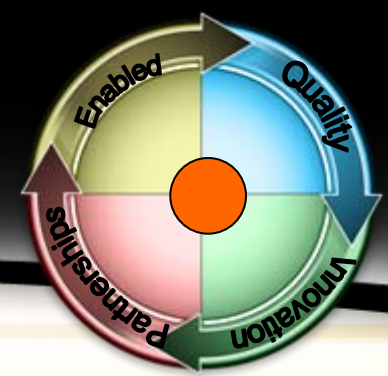


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# EQIP Values



- Enabled – letting the users make the changes necessary to improve services/experiences
- Quality – setting and achieve high standards and provide quality experiences
- Innovation – break away from the “norm”; let staff and patient’s generate the ideas to change
- Partnerships – “All in this together – everyone is equal”



# 4 + 2 Model for Success<sup>1</sup>

- Development of 4 primary management practices
  - Strategy
  - Execution
  - Culture
  - Structure
- Development of secondary management practices
  - Talent
  - Leadership

1. "What really Works", Nohria, Joyce, Roberson, July 03, Harvard Business Review

# Strategy

- Deliver services that meet user expectations
- Aim never to disappoint our users
- Eliminate waste and develop systems fit for purpose
- Develop an enabled “lean thinking” workforce to make the necessary changes required to continually improve

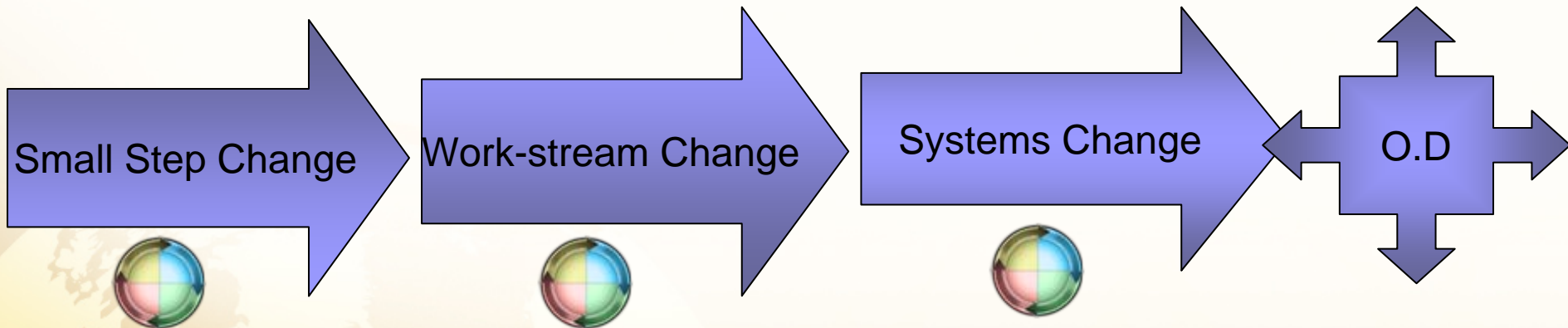


# EQIP Strategy

## Small Steps – Big Impact



“If you think you’re too small to be effective, you have never been in bed with a mosquito” (Betty Reese)



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# Execution



- Develop skills and knowledge of EQIP Facilitators through delivery of workshops, waste walks and external visits
- Provide Lean Leadership training and development for front line service managers/supervisors
- Develop workshop session for mandatory staff induction
- All areas and department to have EQIP notice boards to post up monthly “3 changes”
- One monthly change must be from patient feedback
- Implement Patient Focus events – learn from patient experience



# Culture

- Everyone matters
- All ideas welcome
- Take time to listen
- See with fresh eyes / different perspectives
- Leadership at all levels
- Walk the shop floor
- Feel the benefit

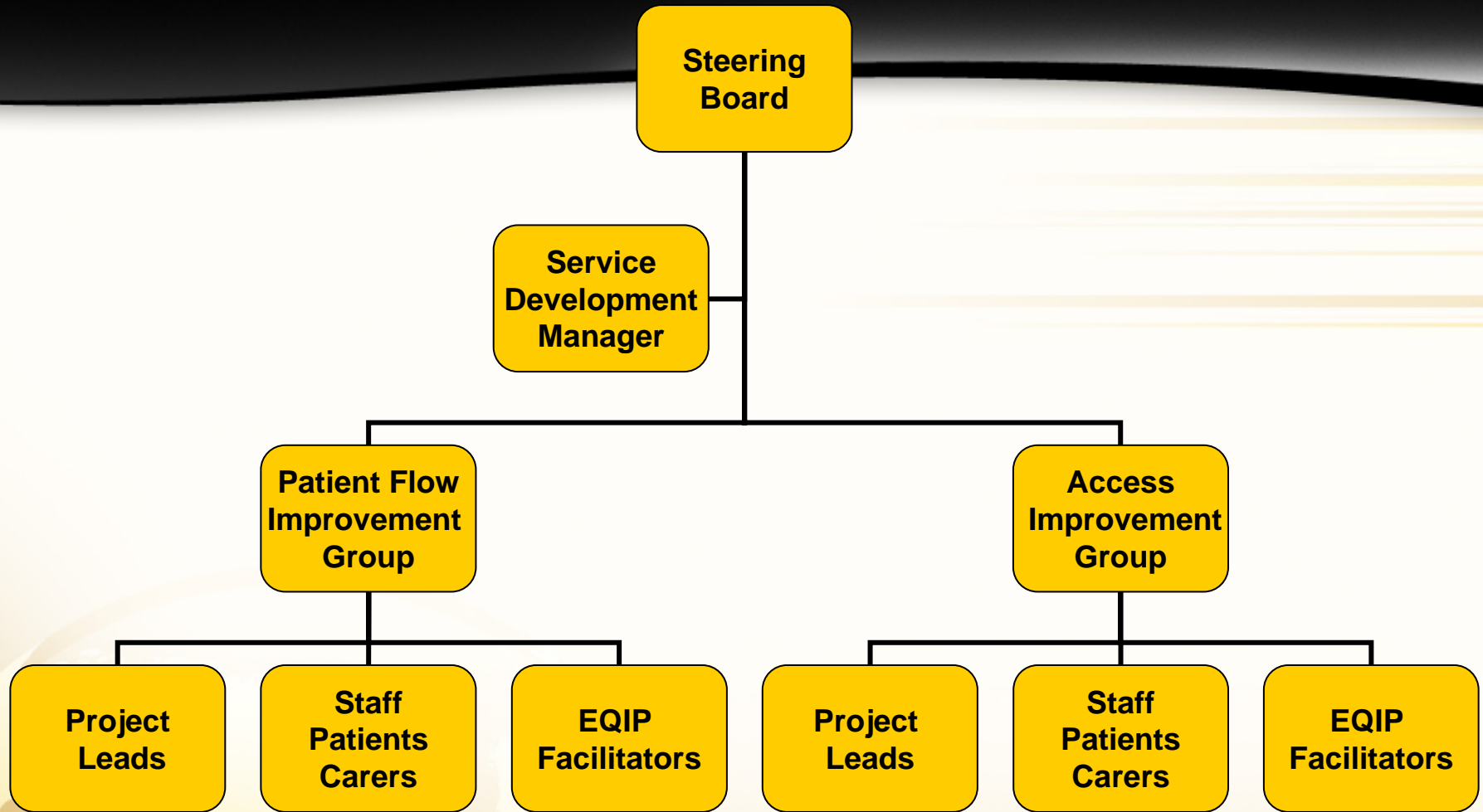


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# Structure



# Leadership

- Leadership will come from all levels within the organisation
  - Board and Executive Team – development of getting “Back to the Floor”
  - Senior Managers – answer questions and provide feedback to front line teams
  - Service Line Staff – Make decisions on the best way forward with front line staff
  - Front line staff – develop the suggestions and ideas for the best way forward



# Talent

- Design jobs to include responsibilities for improvement
- Provide Lean training and development opportunities for all – “grow our own”
- Provide EQIP Facilitators with a role outline/expectations
- Provide EQIP Facilitators with a support network and opportunities to undertake external visits
- Development of lean e-learning
- Give staff the opportunity to step outside of their normal roles – development of “trading places scheme”



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# What will success look like?



- EQIP identity will be known and understood
- Staff at the front line will be making the changes
- Patient will be involved in developing services
- Aligned objectives – strategic, divisional, teams, individuals
- Measurement/Performance – dashboards
- EQIP Award at annual Pride Awards
- Patient and staff expectations will be met



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