

## How can a NHS Hospital become a 'Lean' Hospital?

### **Executive Summary:**

'Lean' thinking is relatively easy – especially if you stay focused and do what is best for your Patients.

Unfortunately, turning a NHS hospital into a 'Lean' Hospital is not just about Process redesign – success requires you to change your organisation's Culture.

Changing the culture of a large, politically motivated organisation may, however, prove to be much more difficult. Let's face it, every project involving changes in culture is liable to failure.

So, how can a NHS hospital possibly become a 'Lean' Hospital?

The answer to this crucial question may be found in the answers to 7 other questions:

1. What is a 'Lean' Hospital?
2. How does a NHS hospital measure 'lean'?
3. Where should you start / not start?
4. What is the secret to successful 'Lean Thinking'?
5. Where should your Executives be focused?
6. Where should you spend / not spend your time and money?
7. How do we take the 5 'Lean' Steps?

### **Introduction:**

The culture of an organisation is the character and personality and the values by which it operates. Powerful and sustained motivation is needed to make big, permanent changes to these core principles. Often, this is born out of crisis – like a threat to independence or survival.

Massive reward, like working in a world-class hospital, might be a sufficiently powerful motive.

But, will people still be allowed to enjoy that reward if they have not converted to its new Culture? What are the consequences of failure, of not adopting the new ways of thinking and working?

Organisations like Toyota are often cited when people talk about introducing and adopting 'lean' principles. You must, however, bear three things in mind:

1. Toyota has been developing in this direction for decades
2. Toyota is rigorous in not recruiting people who are not likely to flourish in its strong culture (the author's wife spent nearly two years supporting the establishment of their work-force at Burnaston, Derby).
3. The variation in the psychological, physiological and social conditions of Patients means that a "Car" manufacturing analogy is limited. Toyota have the luxury of applying quality control to ensure their manufacturing processes are not prejudiced by such variation. Even processes which look amenable to proceduralising, on examination often have deeper complexity (e.g. while simple fractures are easily seen by anyone, do you have Radiologists confident to look at Abdominal soft tissue, Neurological problems, and Gynaecological problems all from MRI, CT or US? Similarly while straightforward Pathology can be proceduralised for Bloods and Urine, what about the more difficult tissue analyses?).

Successful organisations have strong, articulated cultures that are protected by finely meshed filters and well designed reward mechanisms – those who fit get on and those who don't find a more suitable place in which to work.

If the leaders of your NHS Trust are totally committed to creating a positive, thriving, patient-focused culture then the adoption of 'lean' thinking is a very sensible step.

There are, however, three very basic questions which you must answer honestly:

1. Are you willing to do what it takes?
2. Are you capable of doing what is required?
3. Are you willing to lead, support and reward your staff towards achieving the improvements?

For example, is your Medical Director the high profile sponsor of this programme?  
If not, why not?

While you ponder that esoteric question, let's turn to more pragmatic matters and our 7 key questions:

### **Q1. What is a 'Lean' Hospital?**

In short, your NHS hospital will become a 'Lean' Hospital when it does just 7 things better than the rest:

1. Quicker access to Diagnostics
2. Earlier effective Treatment
3. Greater Patient Care
4. Better value-for-money processes
5. Utilise business-winning Capacity
6. Minimise Queues & Waiting Times
7. Optimise Payment-by-Results

### **Q2. How does a NHS hospital measure 'Lean'?**

In the commercial world, Cash Flow is the ultimate test of an organisation's ability to survive and be successful. It is dangerous, however, to move this discipline into our National Health Service because it can never be an equally free market.

Instead, we must measure Patient Flow.

After all, what is a 'Lean' Hospital? Surely, it is one that prides itself on its prompt, safe, cost-effective Patient Flow.

### **Q3. Where should you Start / Not Start?**

Let's start with something that everyone understands and wants to achieve because they believe it will be in the best interests of their Patients.

For example, is your Trust totally confident that it will achieve the NHS 18-Week Target with a low-risk, cost-effective, and sustainable strategy?

Under no circumstances should you start with a project where its 'success' will be measured in lost jobs. Far too many people rhyme 'Lean' with 'Mean'.

Similarly you should not attempt a Trust wide approach to basic culture change. If you do, you will lose concentration on critical areas. Areas will succeed or fail on the basis of the "can-do" attitudes of the staff.

Hence the results will be, at best, of variable quality. 'Focused\_On Health' believe it is the responsibility of Management to provide leadership. They should do this by clearly laying out their top priorities and empowering their staff to solve problems in these areas. This obviously means that the first step is agreement and buy-in from the concerned Clinicians. By working on the highest priority areas, confidence, reputation and skills are gained, so that the next areas become progressively easier.

Culture needs to be grown rather than implanted – ask any Pathologist.

#### **Q4. What is the secret to Successful 'Lean' Thinking?**

There is no secret. You simply need to make 'lean' thinking the way every single person in your current and future organisation behaves.

Every single policy, strategy, business plan, job description, and individual task must be measured accordingly. If it is not 'lean', then don't do it.

For example, the NHS is infamous for the number of meetings its staff attend. How many of these meetings could be made redundant within just six weeks? At the very least, you must ask "What would need to happen to make this meeting redundant?"

In our experience, making meetings redundant rather than jobs would be a very productive programme of service improvement. After all, daily Bed Management meetings are necessary only because of poor bed management – it is in regular crisis and, by definition, not 'lean'.

So, "What would it take to make Bed Management meetings redundant?"

No doubt, you can think of lots of other examples – why not jot a few down right now so that we can implement some of them when we start working together?

#### **Q5. Where should your Executives be Focused?**

Do your Senior Executives understand how they must, in future, have a greater impact on and be held accountable for their contribution to greater Patient Flow?

Finance Directors are responsible for a company's healthy cash flow. In the NHS, especially in a Foundation Trust that can benefit from Payment by Results, it is the Finance Director who must be made accountable for a hospital's day-to-day Patient Flow.

Management Information needs to be prompt and reliable – captured on the 'shop-floor' and then well presented. In the NHS, the 'shop-floor' is run by Nurses. Did your Director of Nursing (not your Director of IM&T) deliver your accurate, real-time Bed Management system which is effectively a single "WhiteBoard" for your entire Trust?

Customer Satisfaction can only be delivered by well trained and well motivated staff. What is your Personnel Director doing to increase the level of Patient Satisfaction?

Many hospitals have a Director of Operations reporting to the Chief Executive. Without confusing 'Operations' with 'Surgery', the best person to be accountable in a 'Lean' Hospital for the delivery of greater patient care via efficacious and value-for-money processes ought to be the Medical Director.

#### **Q6. Where should you Spend / not spend your Time & Money?**

Our recommendation is that you spend your up-front investment in 'lean' to turn just one or maybe two difficult and important problems into bench-mark case studies.

You would gain the direct benefit of these problems becoming subject to the rigour and discipline of 'lean' thinking and create your own in-house 'Lean' Champions. You will gain the skills and enthusiasm to lead your colleagues towards your new 'Lean' Hospital.

Ideally, the problems solved would benefit as many colleagues as possible and contribute towards the greater Care of a significant number of Patients.

You should spend your money like a 'Lean' Hospital would spend its money – doing something which delivers better value-adding Activities for you Patients.

People improve their skills best by getting involved and achieving success that is recognised and rewarded. So, put a little bit of this money to one side for your own team to celebrate their future success!

Whatever you do, don't 'blow' £'000's on Training and 'learning' about 'lean'. Knowledge transfer and crisp, clear communication are essential, but you will see little tangible benefit buying lots of courses and work-shops; they tend to be just talk-shops if you are not careful.

'Lean' Money is focused on getting Results.

## **Q7. How do we take the 5 'Lean' Steps?**

Like a well managed commercial organisation, we expect you will want to deliver excellent Customer Service, offer good value-for-money, and retain a well motivated and skilled workforce.

You are not, however, quite like any commercial organisation.

Consider Healthcare – A System View:

- Highly Complex
- Multiple Inter-dependencies
- Lots of variation in Demand & Delivery
- Severe Competition for & Rationing of Resources

With this in mind, 'Focused\_On Health' has developed Five (5) 'Lean' Steps for the NHS:

1. Understand your PatientFlows – see the process Dynamics in your FlowModel
2. Use your FlowModel to identify & isolate Critical issues that constrain your PatientFlows
3. Imagine Solutions to these Critical issues & Test your ideas in your FlowModel
4. Gain consensus & implement your preferred Solution with Confidence
5. In the light of your Learned Flow Dynamics, find new ways to become even 'Leaner'

Our work can be used in a number of ways and our PatientFlow Planning system can raise your existing pathway work to new levels, even used as an aid to Nurse Training. However, a fuller use of PatientFlow Planning is concerned with the success of a *Percept Project*, which is structured into two phases.

The first phase is focused on gathering all the information necessary to understand and quantify the problem, and this is done in your *PatientFlow drawings*. You can expect to see a large part of the value of the project resulting from this phase. When properly done it refines the issues, spreads understanding, and acquires project "buy-in" from all participating staff. Indeed, a structured and rational analysis of the problem often makes the solution fairly obvious!

The second phase then applies a simulation *FlowModel* to the problem so that you may investigate a range of proposed solutions under different caseload, arrival pattern/volume and resourcing scenarios. By testing a range of "what if" scenarios you'll gain confidence that your chosen solution will be practical, affordable, and robust (i.e. 'lean').

The Percept project is then structured as below - note there are lots of non-tangible benefits which occur through many people working together towards the same goal. This enhanced teamwork can only help your Trust into the future.



This kind of approach could be used to prove how you are going to achieve (and far exceed) the NHS 18-Week Target or perhaps prove that 'Z' Beds is the right number for your Hospital to satisfy the Patient Care requirements that might prevail now and in the future.

Can you say with at least 95% Confidence that every one of your Wards will achieve and maintain their Bed Occupancy Rates below 85%?

In a 'Lean' Hospital, your clinical leads will have the ability to commission future FlowModels before making investment requests to the Trust Board and their Delivery Plans will be pre-tested and proven.

Remember, you will start to introduce 'lean' via a series of successful Projects – not by attending lots of classes!

'Lean' tools like PatientFlow & 'Percept' FlowModels can help you to:

- Distill your Thoughts – Articulate the Problem clearly
- See the Dynamics & Gain New Insights
- Document your required Process Improvements
- Collaborate & Eliminate duplication, gaps, & flaws
- Develop Strategy, Management Plans, & Actions
- Examine Strategic Choices – “See What Might Be”
- Optimise your most valuable Resources

## What Must You Do Next?

1. Choose a really big problem – fixing it will need a culture change
2. Ask your CEO for 'Lean' Money – explain how your success will pay it back
3. Get your Clinicians to help – their Patients will benefit most
4. Work with a 'lean' partner – choose one who is focused on health

---

More Information – search the internet or just look @ these 3 sites:

Visit [www.pms.ac.uk/mashnet](http://www.pms.ac.uk/mashnet) to see why NHS Trusts should be using simulation modeling

Visit [www.networks.nhs.uk/networks/page/211](http://www.networks.nhs.uk/networks/page/211) to see why 'Lean' is more than a 'tool'

Visit [www.focused-on.com](http://www.focused-on.com) to see why other Trusts have chosen to work with our organization

---

Co-Founders, Brent Wherry and Steven Burnell first met in 1989 when they worked for an international software company.



Brent brings a long and very successful career in the software industry and has proven skills in developing systems that meet customer requirements.



Steven's early career was in some of the UK's best managed factories, and he has led successful Finance, Operations, and Sales teams in the software industry.

Over 50 years of experience is Focused\_On Health.

---