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Lean Midland Forum

Lean Executives
executive search & selection for the lean enterprise

16 January 2013
Birmingham Treatment Centre

For more information, please email help@leanlondon.org.uk or telephone 0787 096 6767

We have some broad aims of the forum

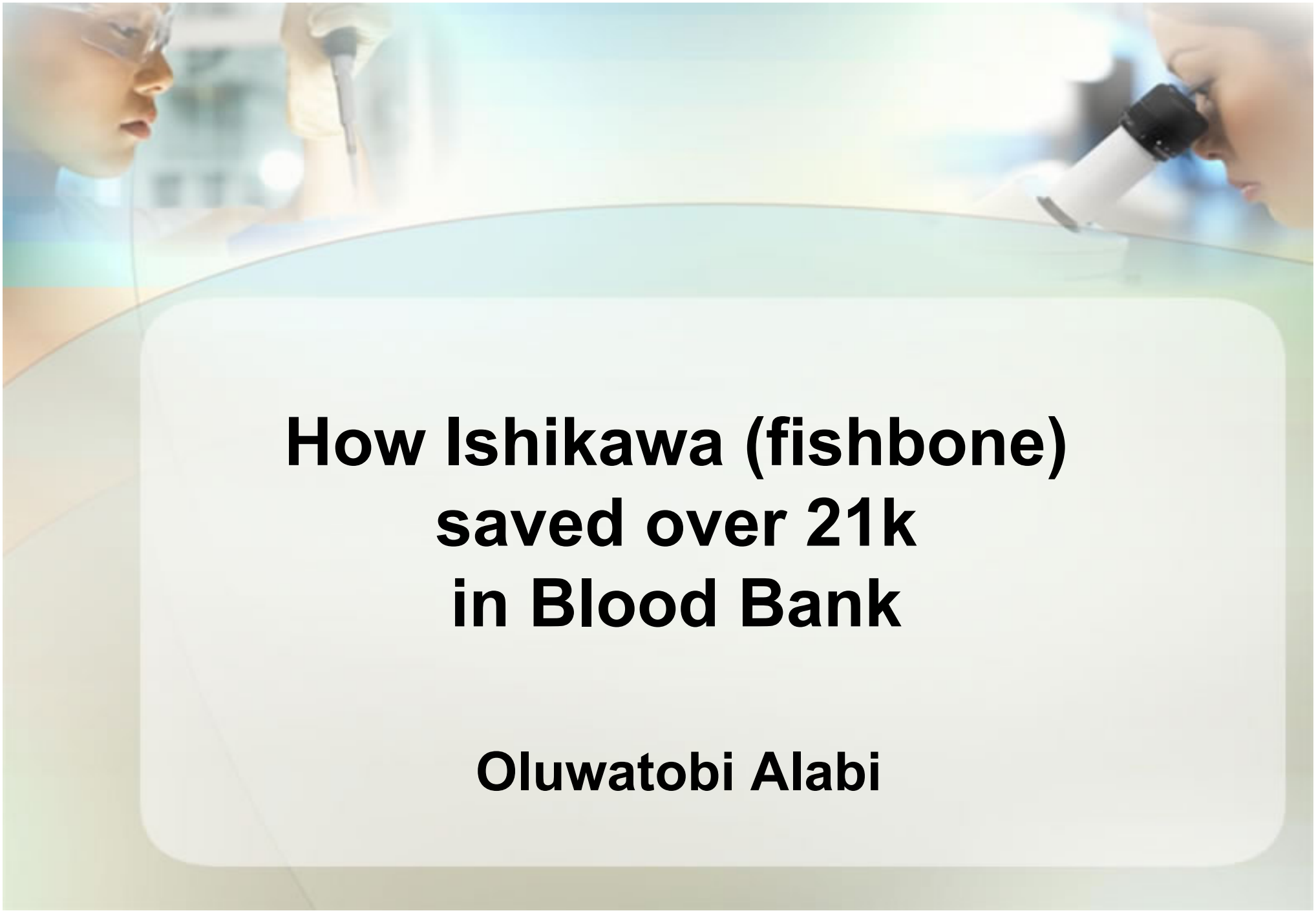
- **Create the environment where Lean Solutions in the NHS are shared, discussed and acted upon by practitioners in the health service**
- **Engage in a debate about strengths and weakness of lean/service improvement methods in the current NHS climate**
  - The QIPP agenda in reducing costs across the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

Agenda

- 1730 - 1800 Reception and Refreshments
- 1800 - 1810 Welcome and Instructions
- 1810 - 1835 ‘How Ishikawa (fishbone) saved over 21k in Blood Bank’
  Alabi Oluwatobi (Snr. Biomedical Scientist @ Sandwell and West Birmingham Hospital NHS Trust)
- 1835 - 1900 ‘Defining Value in Lean Interventions’
  Ketan Varia (Director @ Kinetik Solutions)
- 1900 - 1930 Hotseat session
- 1930 - 2000 Networking and drinks

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 Ishikawa (fishbone) saved over 21k in Blood Bank

Oluwatobi Alabi

NHS Blood and Transplant

- Collects
- Tests
- Processes
- Stores
- Delivers blood, plasma and tissue to every NHS Trust in England and North Wales.

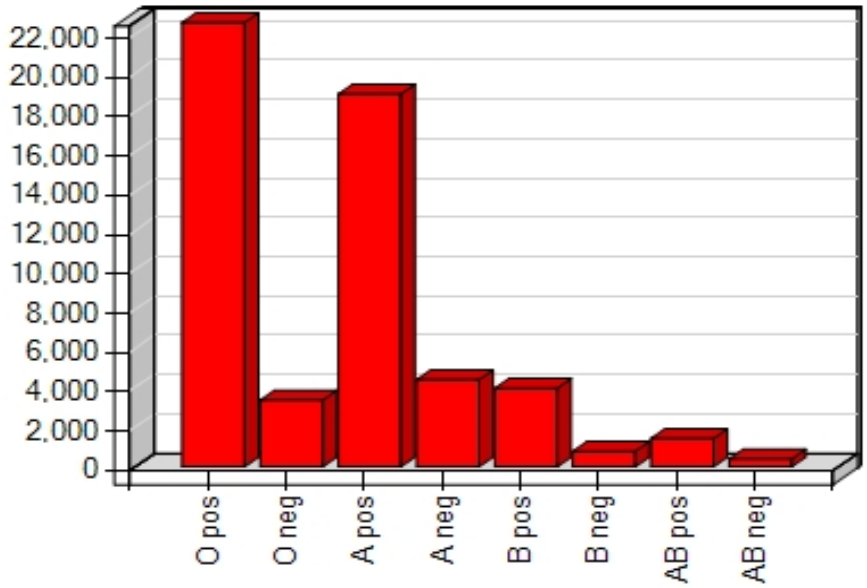
NHS Blood and Transplant

Current blood **stocks**

Here's where you can find out exactly how much blood we've got in our blood banks at the moment.

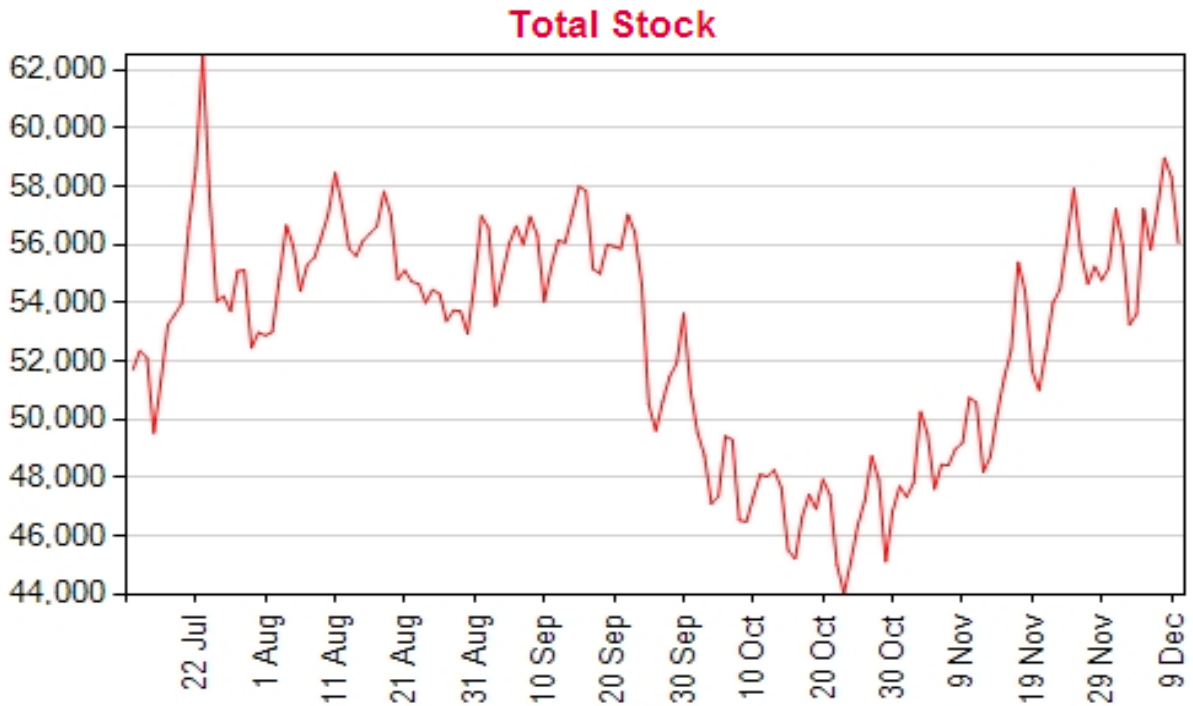
Please note, these figures don't include what's being held in hospital blood banks up and down the country.

Stock Level on 10 Dec 2012



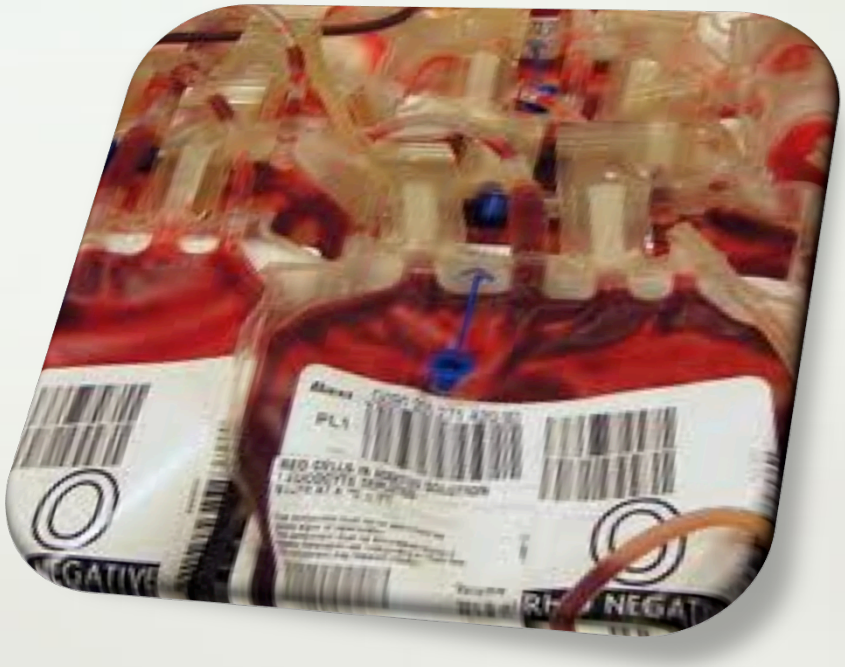
Group	Stock Level
O pos	22,607
O neg	3,400
A pos	18,965
A neg	4,435
B pos	4,002
B neg	796
AB pos	1,449
AB neg	404
Total	56,058

NHS Blood and Transplant



Blood Processes

- **Donation**
  - Direct Marketing
  - Collection Planning
- **Processing**
  - Donor Records
  - Testing
- **Issues**
  - Validation
  - Quality,H&I,RCI
- **Hospital**
  - Transportation
  - Cross Matching
- **Patient**
  - Transfusion



MHRA Expectations

- Storage/Transportation (Cold Chain)/ Distribution
- Traceability/Component Recall
- Good Manufacturing Practice (GMP)

Blood Wastage Fig.

Ranking	Hospital	Total No of RBC issues	Waste as % Issue	No. Units wasted
1	A	5962	0.80%	48 units
2	B	4753	Undisclosed	Undisclosed
3	C	4150	1.90%	79 units
4	D	4043	0.30%	12 units
5	E	3157	2.80%	88 units

Blood Wastage Fig.

Monthly Avg. April-November

Avg. Total waste	Avg. Expired	Avg. Misc	Avg. %Expired	Avg. expired blood cost (£)	Avg. Misc cost(£)	Total Cost(£)
34.5	21.5	12.75	62%	£2,863.59	£1,698.17	£4,561.76
			Total Cost	£22,908.72	£13,585.36	£36,494.08

Projected waste for the follow year

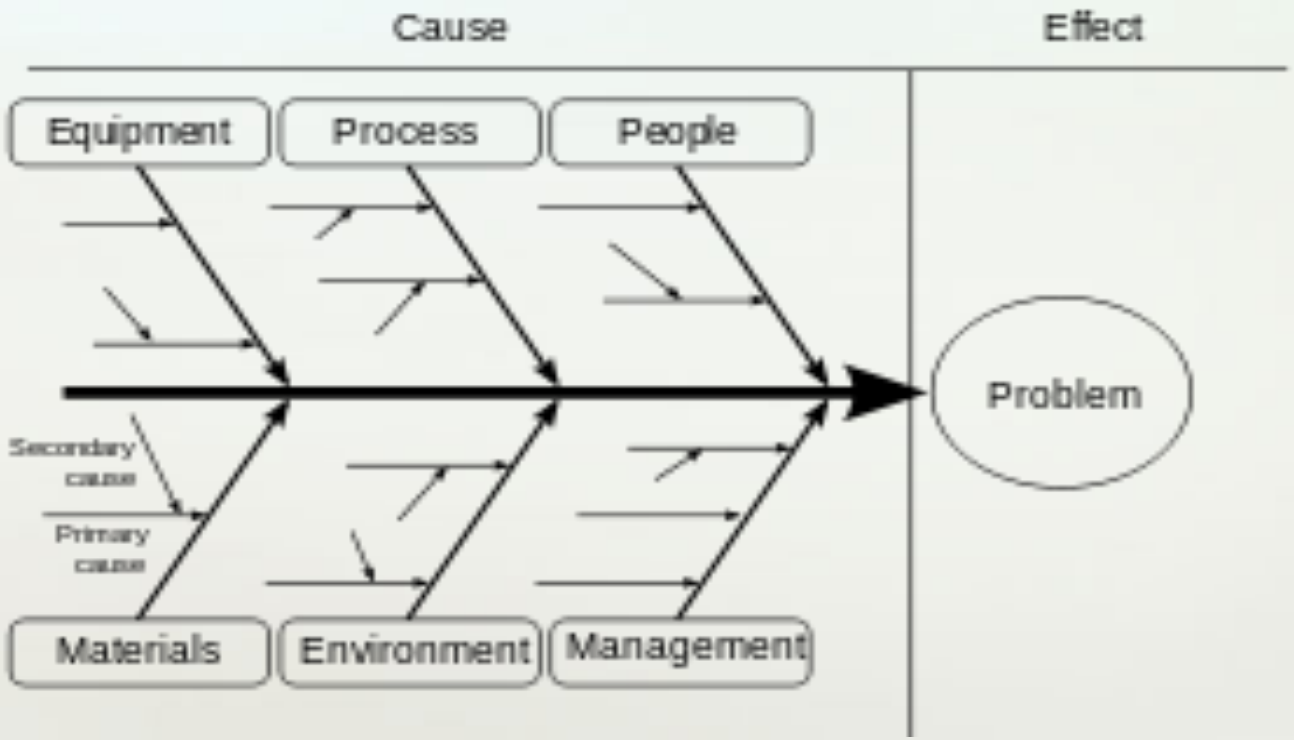
- Expired blood =£34,363.02
- Misc waste= £20,378.04
- Total =£54,741.06
- 414 individual donations!!!

Ishikawa

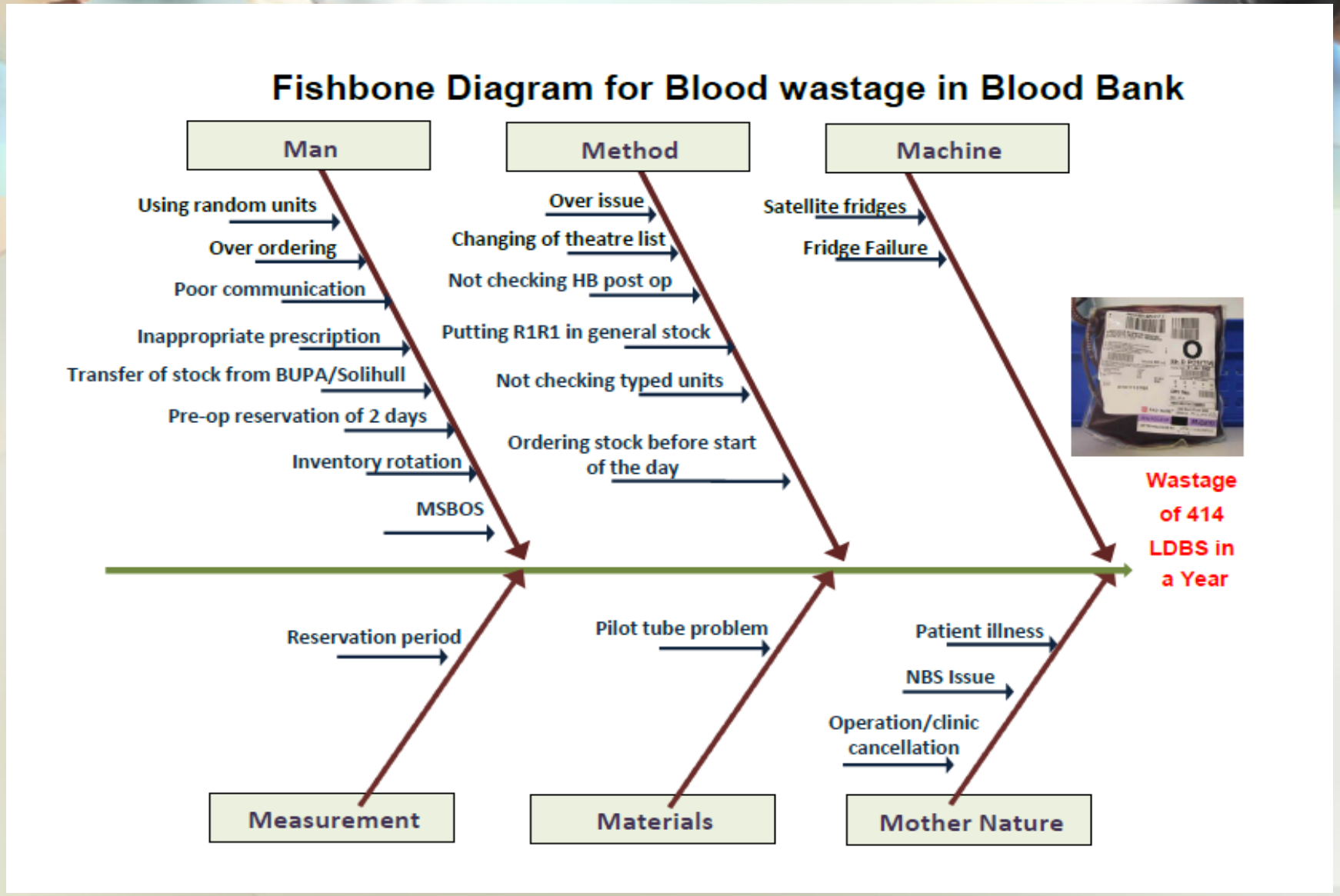
In 1982, Kaoru Ishikawa created the cause and effect diagram also known as the Fishbone diagram.

Kaoru Ishikawa
(1915 – 1989)

Ishikawa diagram

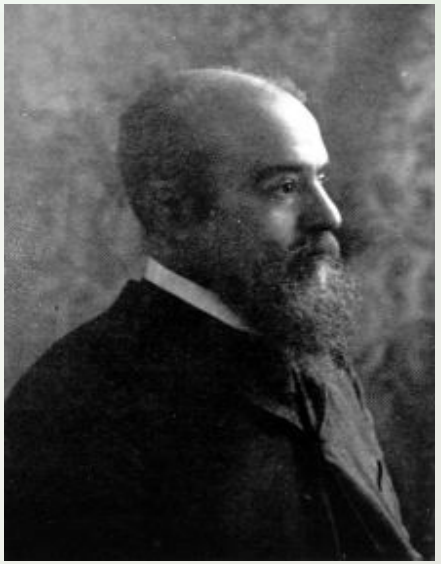


Ishikawa diagram



Other Principles

- **The Pareto principle (also known as the 80–20 rule)**
- **Visual Management principle**



Vilfredo Pareto
(1848 -1923)

Blood Wastage (After)

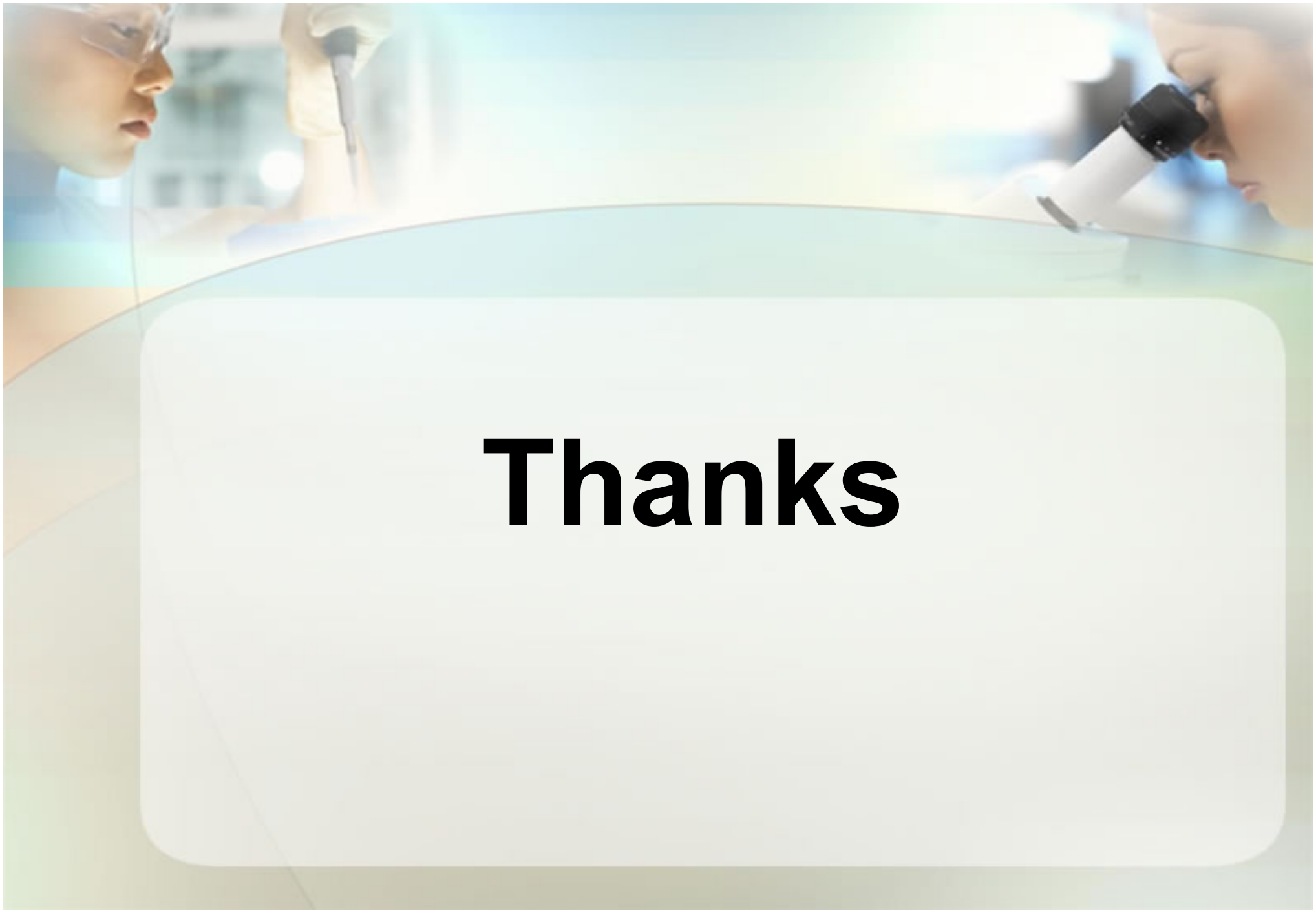
Month	No Expired unit	No. Misc units (e.g ward waste ect)	Total
Jan	7	6	13
Feb	2	8	10
Mar	1	6	7
Apr	1	6	7
May	6	6 + 48(Fridge failure)	60
Jun	5	1	6
Jul	3	4	7
Aug	2	7	9
Sep	3	3	6
Oct	5	2	7
Nov	9	5	14
Dec	4	13	17
Avg	4	10	14
Avg.Cost(£)	532	1330	1862

Blood Wastage (Outcome)

	Cost Expired unit (£)	No. Misc units (£)	Total (£)
Before	2863.59	1698.17	4561.76
After	528.8	1322	1850.8
			2710.96
		Savings in 8 months	21687.68

Blood Wastage (After)

Ranking	Hospital	Total No of RBC issues	Waste as % Issue	No. Units wasted
1	D	3521	0.10%	2
2	E	2968	0.70%	20
3	A	6840	1.00%	66
4	C	3949	2.60%	101
5	B	4933	Undisclosed	Undisclosed


Thanks

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Lean Principles and Processes - Understanding ‘Value’ to drive change

Ketan Varia – kinetik solutions

In implementing Lean we sometimes focus on ‘waste’ without proper consideration of the ‘value’

- The cost of poor patient experience has a huge effect on both individual trust and society at large
  - 100,000 complaints per annum
  - Loss to society (worry, frustration, bad feelings, health outcomes)
  - Resources (worried well, inappropriate service usage (A&E))

- We sometimes make assumptions about ‘what value’ is and then put our efforts to ‘value stream map’ and better ‘pathways’

- Recording of patient experience helps, but the quality of question design and analysis is critical to understand true needs

Current patient satisfaction measures are inadequate at improving experience

- The returns are low and statistical significance is questionable
  - People likely to fill in questionnaire are likely to be biased against the overall cohort of service users
  - The questions have set gradations wholly based on patient expectation (e.g. very good to poor) which in itself offers little insight
- On a conscious level patients find it difficult to articulate their true priorities, they are often unable to articulate exactly what is driving their expectations
- It assumes that there is infinite resource (good is defined as having the highest mark on all 76 questions)
- The feedback mechanism for change and improvement of services is slow, lacking enough details and frequency to create any impetus in service change

Current methods of patient experience analysis are poor and reveal little

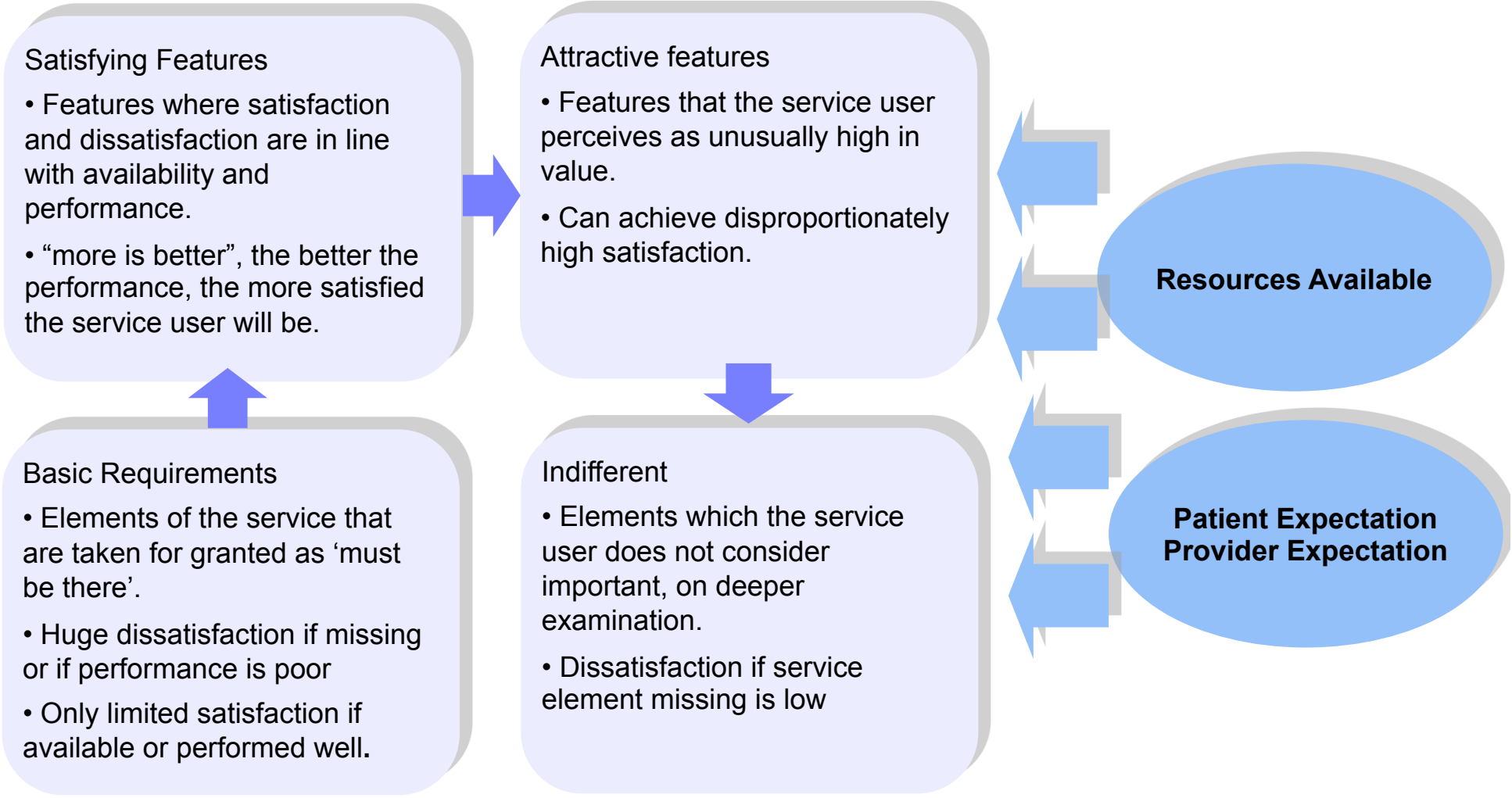
"We need a tool that provides rapid, simple feedback from patients to staff in order to improve their performance. *The current method is not helpful to those of us who wish to improve the patient experience"*

Dr John Coakley – feature writer HSJ journal July 2008

"Patient experience - Quality of care includes quality of *caring*. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by **analysing and understanding patient satisfaction** with their **own experiences"**

Lord Darzi- NHS Next Stage Review June 2008

Patient/Stakeholder value is based around four attributes and managing expectations

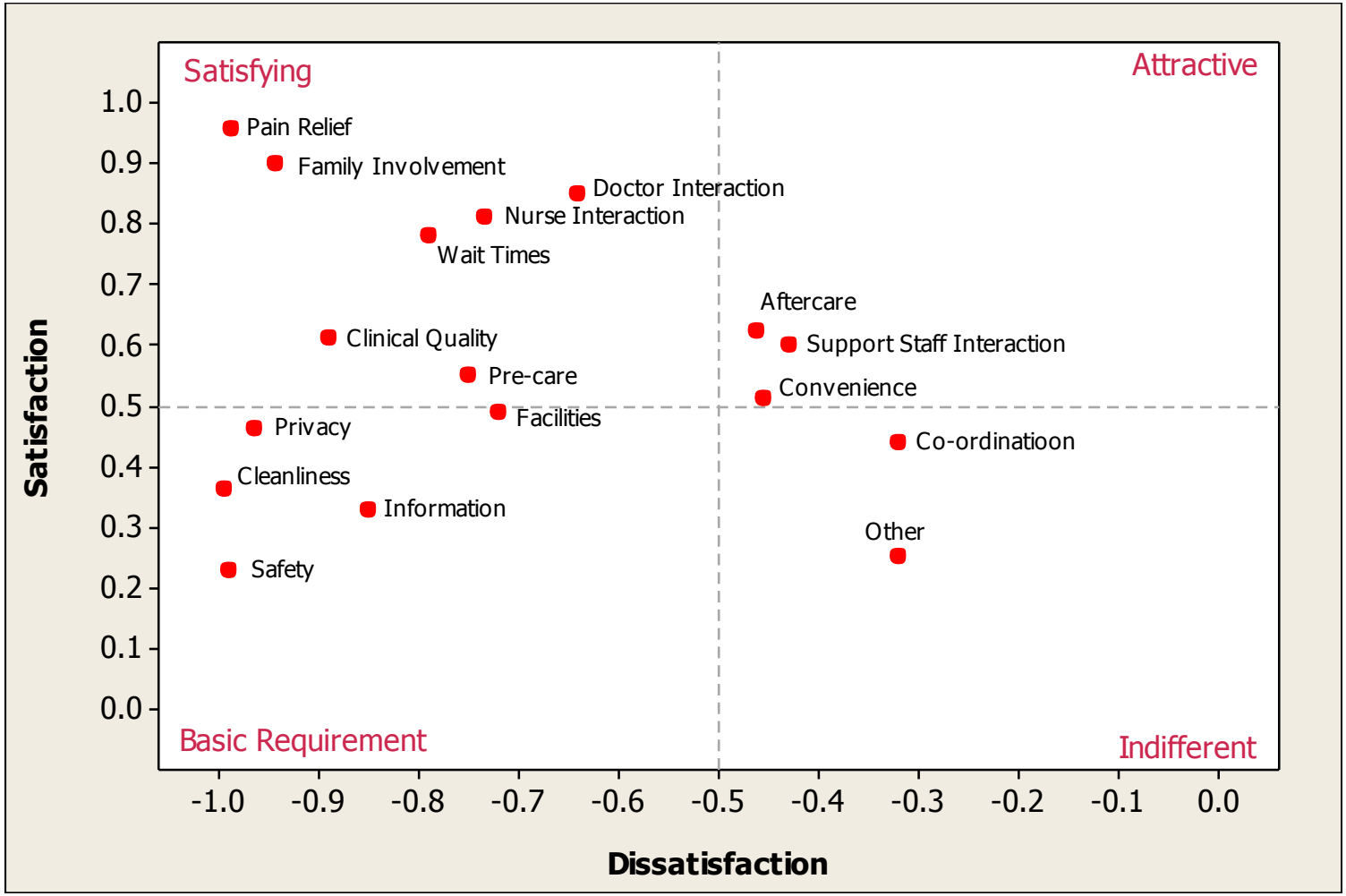


Basic Feature of Value – Do Patients no-harm

“It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm”

Florence Nightingale 1863

Elements of the patient experience should be categorized around a matrix of satisfaction/dissatisfaction



Source: Monitor

Managing expectations need to be aligned around all elements of service

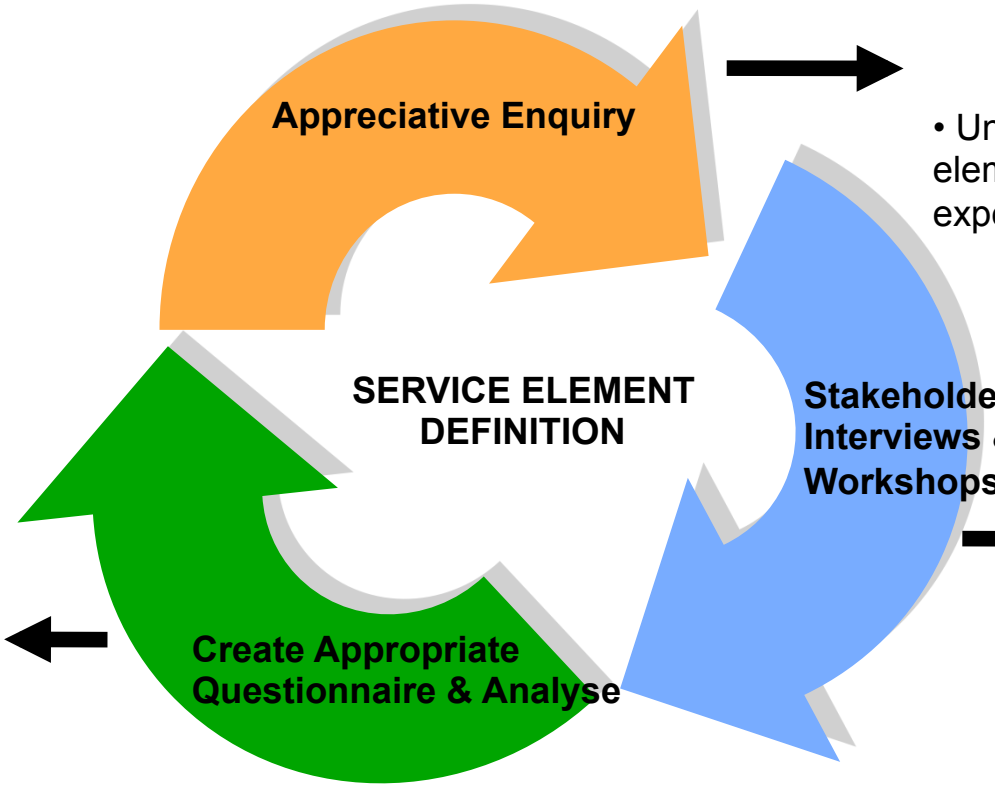
Mismatch in Expectations is a critical element of measurement
Example – Diagnostic Area

Patient/Stakeholder Expectations	Trust Expectation
Basic • Need to know in advance how much money to put in car park • How long will I wait? • Where are the nearest toilets? • Professional service	Basic • People arrive dressed appropriately • Professional clinical service
Satisfying • Easy to change in cubicle • Quicker the journey the better • Speedier the results the better • Adapted X-Ray for certain patients*	Satisfying • Quicker the journey the better • Speedier the results the better • Little re-work for diagnostic test (right first time)
Attractive • Prefer appointment date/time of their choice	Attractive • Absence of DNA

Gathering patient experience information needs to be done in a 3 leg approach

• Understand latent and functional elements with a dialogue on the experiences of a sample of patients.

• Focus on giving choice in the fields of basic, satisfying, attractive.



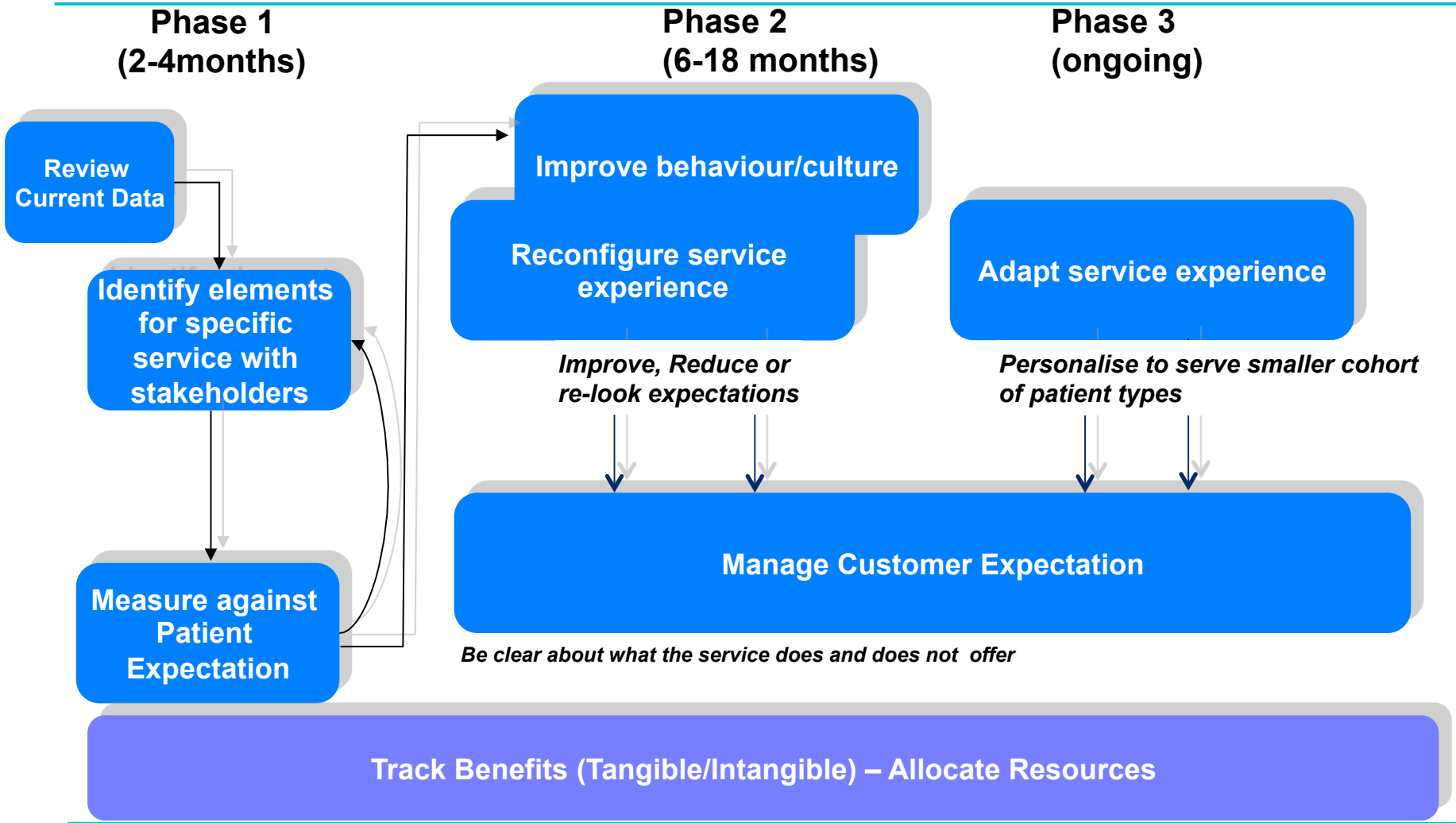
•Articulate a list of features and functionality with a wide range of stakeholders (including clinicians, GPs, administration)

Our approach for defining service elements is in depth and ensures our Kano Survey is enabled for success

A proper analysis of value, helps us ask the following questions, before dwelling into service redesign

- The aim is to improve the service, where should resources be focused?
- What investment will give the best returns in terms of perceived quality of service and satisfaction?
- Where do we need to manage patient expectation?
- Which elements of services do we need to ‘downgrade’?
- What elements can we adapt, based on the individual or a smaller cohorts of patients?
- Where do we focus staff training and behaviours?

Our approach is over 3 phases for Acute Trusts



The ‘value’ part of Lean needs more exploration in an NHS service environment

- Current methods of the ‘value’ a service provides needs exploration in four dimensions
- Exploring ‘value’ mismatches from stakeholders is what the start point of sustainable service improvement
- Value can be delivered before doing detail process mapping/Value stream mapping

Thank You

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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 October 2013.**
  - Register at www.leanmidland.org.uk
  - We will send out reminders to all participants from today
  - We have a Lean London Forum on 20 June 2013 taking place in London. Register at www.leanlondon.org.uk
  - If you'd like to take up one of 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 Presenter and supporters

Alabi Oluwatobi

Jazz Singh

..and to you all for attending

Thanks to Our Sponsors

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