

# Lean in the NHS

*“Remember: both successful and unsuccessful Lean implementations use the Lean toolkit”.*

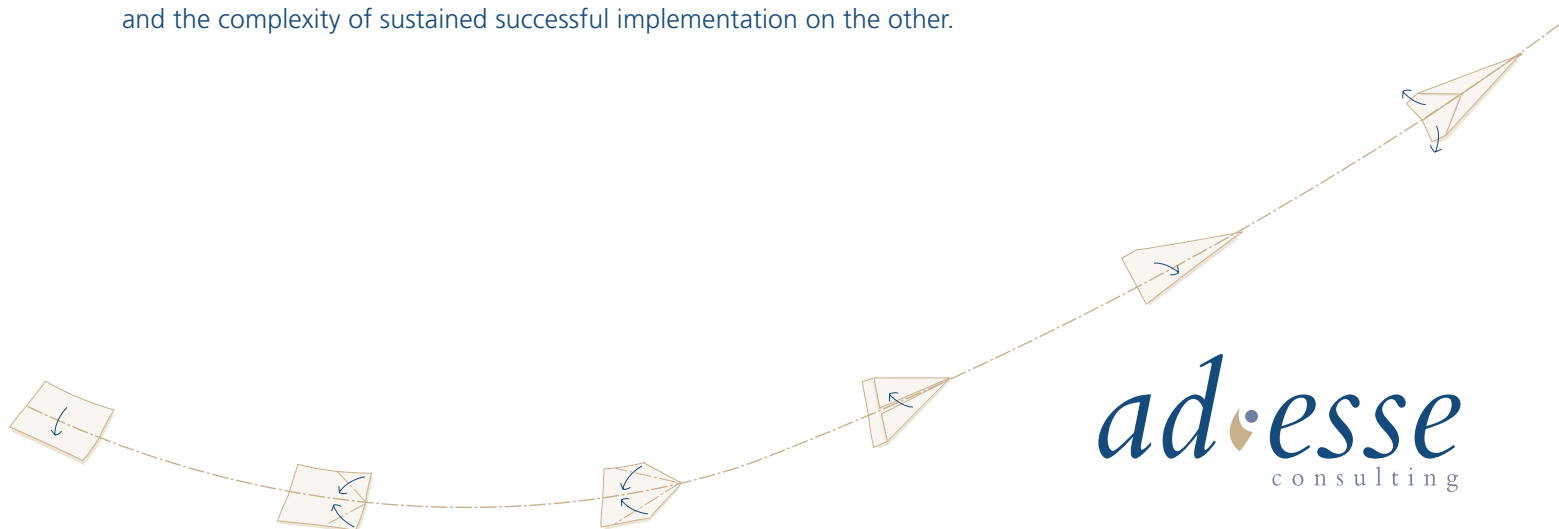
One of our Consultants was recently invited to be a guest at the conference, ‘Lean Healthcare: Driving Service Transformation with Lean Thinking’. The opening speaker was Paul Walley from Warwick Business School who challenged those attending with the above comment. Ad Esse have always presented Lean as both a philosophy and a set of tools, but it was good to be reminded of this by someone who has studied the subject in depth from an academic angle.

A number of speakers then gave examples of the implementation of Lean in their organisations, mostly NHS but also with an American experience. A number of key themes were developed:

## INTRODUCTION TO LEAN

The NHS is clearly a curate’s egg in its knowledge and adoption of Lean. While Lean thinking and Lean toolkits have received considerable publicity - through Natpact, the NHS Institute for Innovation and Improvement, the Osprey programme and conferences such as this one – it is also clear that dialogue with both clinicians and managers cannot assume a knowledge of Lean. Most speakers therefore used introductory slides explaining key concepts around: the importance of the voice of the customer (patient); the importance of continuous improvement in a clinical or managerial setting; and some core points about waste, making decisions at the lowest level, utilising the skills of your people etc. Conversations in the breaks revealed a range of knowledge and skills, from the novice to the highly competent practitioner, in those attending.

As an overview, it would seem that the reality of Lean change to date extends to some core organisations, programmes and projects which have demonstrated the enormous potential of Lean to transform the way the NHS works, but which have yet to become ‘business as usual’ across the NHS as a whole. What was also clear was that most of those attending would be keen to look further at Lean implementation as they grew in their understanding of how this might happen. ‘Simple but not easy’ is one of the phrases Ad Esse uses to explain the balance between the ease with which most of our clients grasp the concepts and tools of Lean on the one hand and the complexity of sustained successful implementation on the other.



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## LEADERSHIP SUPPORT

A second key theme was the importance of having senior people in NHS organisations as Lean Leaders. It was striking that those who presented referred to 'leaders', 'champions', 'zealots' or having a 'committed team'. Lean in the NHS mirrors our experience of implementation in other sectors in that those who have come to understand the key principles are eager to spend time in moving from the theory to practical implementation. At the Conference, perhaps the most dramatic example of the keenness to invest in senior staff was the Chief Nursing Officer and vice-President of an American Medical Center. The senior management team and Board members had been taken to Japan, initially *en masse* in 2002 but also subsequently in smaller numbers, to see the Toyota Production System in action. I did not pick up on any NHS organisations having done the same thing, probably because Japan seems further away from the NHS than the USA? However, there was a widespread recognition of the need to set the right environment for staff to implement Lean. Valuing and empowering employees is also about managers recognising that they need to learn coaching, supporting and enabling skills instead of hierarchical ones.

## CROSS-ORGANISATIONAL INVOLVEMENT

A third key theme was the importance of having a cross-organisational team to create the value stream map and then develop new, leaner, ways of working - porters, administrative staff, estates staff as well as anaesthetists, nurses and doctors. (The pictures and descriptions of multi-coloured value stream maps not only demonstrate the need to buy plenty of post-its, but also show how clearly the VSM's were a creation of a team debating and discussing how work is really carried out; and therefore how it might be done better). Airedale NHS Trust demonstrated how it was investing in people by showing examples of training materials from the Lean Healthcare Academy available to its staff. They also recognised different roles established by the Academy - Lean Aware, Lean Trained, Lean Adopter, Lean Champion and Lean Facilitator - and the routes to their accreditation. A number of organisations Ad Esse have worked with have taken up this route of incentivising staff to become more skilled in Lean through formal accreditation and it was good to see the NHS supporting this approach across the clinical and managerial boundaries.

## LONG TERM IMPACT/SHORT TERM IMPROVEMENT

Ad Esse consultants have been involved both in long-term Lean implementation and more immediately focused Kaizen Blitz/Rapid Improvement Events. A number of speakers picked up on the different value of these types of Lean implementation – the one day/one week impact of staff taking control of their working environment and changing it to better suit their working practices in comparison with the longer term sustained impact of Lean implementation over a period of several months. It was felt that there was a crossover point where the impact of sustained strategic lean implementation overtook the impact of numerous rapid improvement events – though it was unclear precisely where this crossover occurred. This mirrors the experience of our consultants in trying to carry out Lean implementation. A key area for Ad Esse is to consider how far clients want us to implement specific change and how far we should be aiming at more general long term skills transfer to enable the creation and development of in-house Lean expertise. Both have their place and their value.

## THE IMPORTANCE OF NUMBERS.

A further theme of the Conference was in the importance of measurement – and using measurement to both demonstrate improvement and to challenge traditional targets and expectations of improvement. My favourite number from the day was 62. There is a national 62 day target for treatment of Cancer patients. Yet when the value stream had been mapped, it was suggested that the value-added treatment time in this process was 4.5 hours. As the speaker pointed out, staff do not tell patients in Accident and Emergency that they will have to wait 62 days for treatment; more entertainingly, they do not tell a woman who is over eight and a half months pregnant that she will have to wait 62 days when she comes in to hospital. As an organisation, if the hospital could achieve the speed and levels of treatment in A&E and Maternity, why could they not learnt these lessons and implement them elsewhere?

## QUANTIFYING IMPROVEMENT

Other speakers spoke about the improvements they had achieved and the measurement of improvement. A fairly consistent theme developed around an improvement rate of roughly a third following on from Lean implementations. This is broadly comparable to the experience of Ad Esse consultants in working with clients to eliminate waste from organisations and focusing on value adding activities.

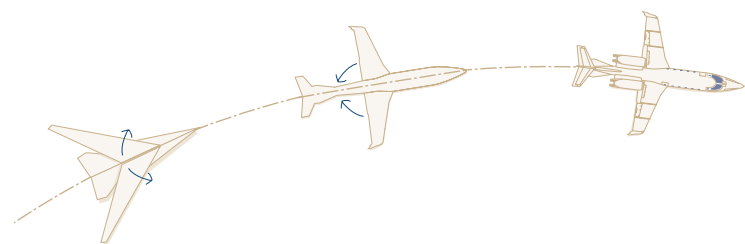
## THE IMPACT OF LEAN IMPLEMENTATION

Lean implementation was seen as creating a number of benefits – most obviously around improving performance and efficiencies, eliminating bottlenecks, doing more with less. But there was an equally strong theme around the less tangible benefits – getting teams to work together, releasing creativity, greater focus on the needs of the customer/patient, better staff satisfaction from releasing time to care for patients. Lean implementation in reality in the NHS is, therefore, about much more than improving flow, eliminating waste, improving the workplace through 5S and visual management etc.

## AN OVERVIEW

If you recall the quotation at the start of this article ‘both successful and unsuccessful Lean implementations use the Lean toolkit’, this to me seems to be the difference between the two – successful Lean implementations are successful not only because they use Lean tools (Value Stream Maps, visual management, good analysis and the rest) but also because they release the skills of their staff, both through Lean leadership and the empowerment of staff. The conference showed the NHS at a point where Lean philosophy and tools are known and understood amongst a core group of committed and skilled staff, ready for wider implementation to transform the way healthcare is delivered.

One speaker finished by quoting Rabindranath Tagore, “You Can’t Cross the Sea Merely by Staring at the Water”. Perhaps above all, Lean is something that you learn by doing. Gemba, the ‘real place’ or ‘the place where truth can be found’ is a key concept of Lean implementation. Lean practitioners should not sit in meetings or offices away from interfaces with customers (in the NHS, patients and clinicians) but should ‘go and see’, go to the workplace where problems arise and where change needs to be made.



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