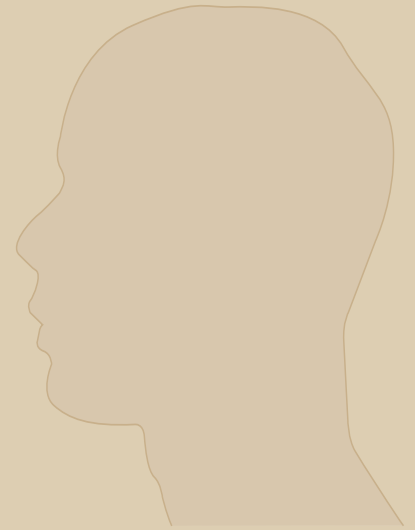


# *Lean in an Acute Mental Health setting*



## *From Possibility...*

Lean Systems Thinking is a method for developing a continuous improvement culture that has been proven to work across many different organisations across the world. The Lean principles are currently being applied with varying degrees of success across the NHS. Different approaches are being used to achieve different objectives. Some Trusts are using specific Lean tools to tackle very specific problems, whilst others are committing much more to Lean as a way of working, rather than just a simple toolkit. Another example is the 'Productive Mental Health Ward' and other toolkits being developed and promoted by the NHS Institute for Innovation and Improvement. The Productive Mental Health Ward focuses on front line delivery without challenging some of the difficult leadership and cultural issues that can block a Lean process becoming self-sustaining. All in all, there is no single, agreed Lean/continuous improvement process that is being applied consistently across the NHS.

Lancashire Care NHS Foundation Trust commissioned Ad Esse to run a pilot Lean programme. The aim was to test the feasibility of developing an organisation-wide Lean programme and also to identify what sort of benefits can be expected to accrue from a wider, more systematic Lean programme. The Trust was particularly interested in exploring how Lean could be applied to improve the quality of its services and improve the service user experience. This case study will cover the findings from one of the three pilots, focusing on what was achieved in the time available and the follow up actions needed to gain further benefits.

With more emphasis on community based care within mental health, maintaining focus on the demanding inpatient environment is vitally important in preventing repeat admission and facilitating timely discharge. As a consequence, the finite resources available to ward managers are under greater scrutiny than ever before. Effective time spent with patients and robust communication between ward and community teams are seen as key elements for successful mental health care.

As a consequence the acute care strand of the pilot looked at:

**Adult Inpatient Services:** Looking into the Inpatient environment and the interface between Inpatients and community based teams.

**Key Improvement aim:** Increase staff time with Patients by challenging and removing waste.

*ad•esse*  
consulting

## OUR APPROACH

With a broad brief for improvement the first step was to conduct our Lean diagnostic.

This is to ascertain the current position of the wards we were working, in terms of change readiness, process optimisation, voice of the customer and identify quick wins. Part of the brief for the work was to bring Lancashire Care staff with us on the project, to train them in the use of Lean to start their journey to becoming internal Lean Champions. Initial formal training was complemented with practical application of the Lean philosophy and tools.

The brief diagnostic process highlighted a number of areas that warranted improvement activity. Both ward locations had issues around timely discharge and communication between ward staff and other teams, e.g. Community Mental Health Team (CMHT), Crisis team, etc were seen not to be as effective as they could be. Although visual management was in use, it was not being utilised as fully as it could be.

Over a period of several weeks we engaged with 25 ward staff at one unit which was spread across 3 wards and a Mental Health Unit. The site has approximately 60 staff, so our progress was updated on a prominent visual board that staff would pass every day. To enable staff-led improvement, we ran a series of workshops with staff from all levels and professions. The workshops covered a number of areas;

- Introduce Lean thinking;
- Apply Voice of the Customer principles;
- Explore the 7 Wastes;
- Identify the benefits and practical application of Visual management;
- Understand how to enhance Communication; and
- The application of 5S principles.

As a result of the workshops, a number of themes emerged and wastes were identified with ideas on how to eradicate them. This resulted in the following changes being made:

- Format and structure of the morning meeting

Identified as a key element of the Inpatient day, we worked with a multidisciplinary team to make the meeting more focused on the care pathway, to enable timely discharge.

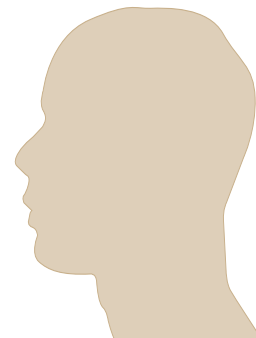
- 5S – Organisation of ward environment

Introduced the concept and helped ward managers and ward clerks to create a more orderly and de-cluttered working area.

- Information Centre and visual management

The sessions with staff suggested that communication could be improved. We identified actions that would improve the current use of white boards to create “patient status at a glance”. Use of Information Centres to communicate between ward staff and outline changes in the patient and tasks to complete.

The participative approach was key to making the changes, as the staff had an opportunity to make a difference to their working areas and practices, creating a greater ownership of the improvements.



## To Actuality...

A new template for the morning meetings has been produced, which is set out in 3 sections of patient care as noted below:

1. Admission;
2. Treatment; and
3. Discharge.

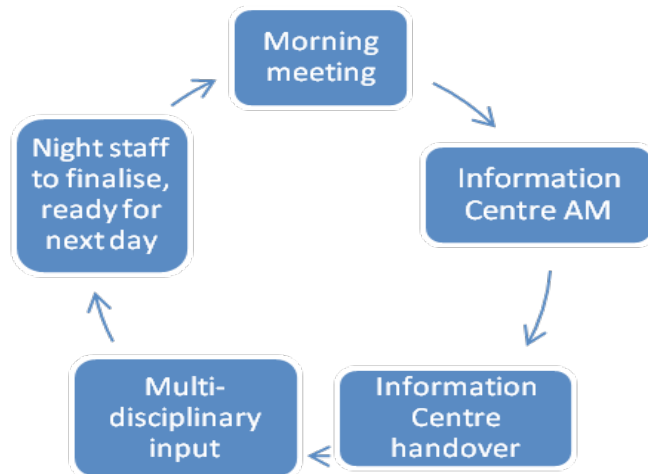
It focuses on actions and outcomes, capturing vital steps to ensure timely discharge and co-ordinated care planning. The dynamic spreadsheet uses visual prompts to Red-Amber-Green (RAG) rate impending deadlines and highlight missing information. It is standardised and formatted to prevent data entry errors and duplication of data.

The new template is a recent addition to the meetings, with one ward piloting its use and applying continuous improvement before a wider roll-out. During its piloting, we steered the attendees to use Lean principles to drive the meeting:

- Manage by exception – only covering elements that need to be discussed;
- Problem solving to take place outside the meeting;
- Full attendance on time;
- One conversation at a time; and
- The Template to be updated prior to the meeting with set responsibilities for relevant teams to update their information. (CMHT and Crisis for basic admission details, Restart Recovery for their treatment plans, etc.)

Guidance on how to facilitate the meeting and an agenda to enable it to run to time is being developed and piloted.

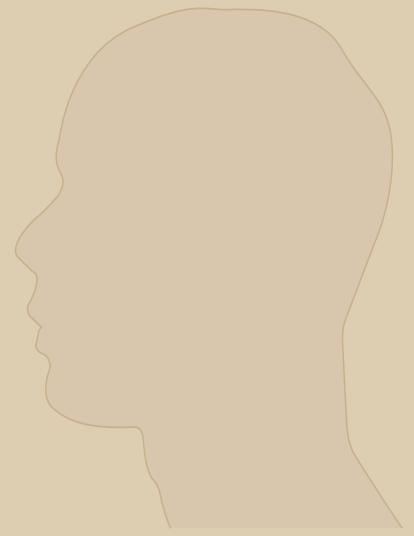
Once the morning meeting has been refined, daily 10 minute meetings will be introduced for all ward staff to communicate actions arising from the morning meeting, any impending issues and cascade any policy changes. These will use the direct outputs and the "patient status at a glance" boards. A meeting will also be run at Handover to induct the new shift. This creates a continuous daily cycle:



Continuous Daily Communication Cycle

Staff from several sites have been involved in the design of the communication process and will be piloting it shortly.

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## BENEFITS

As the improvements were rolled out towards the end of the pilot, tangible improvements will need to be evaluated over a longer period of time. If the outcomes continue as planned we would expect the following improvements:

- Meeting length to be halved to 30 minutes  
The new meeting template and guidance will allow greater focus and detail to be communicated in a systematic manner. This frees up staff to engage with patients and creates an extra 2.5hrs per person per week for the attendees.
- Staggered meeting start time  
The multi-disciplinary teams from outside Inpatient can now attend both ward meetings, without requiring 2 staff to attend.
- Shared ownership  
The meeting structure is such that any member can facilitate the meeting in a standard way. There is also ownership of the information, as it is being updated by multiple teams.
- Structured information cascade  
This gives a structure and expectation to enable the dissemination of timely information to be accessible for all grades. Information can accurately be passed from shift to shift and allow easy updates for those staff that have been on leave.
- 5S  
Areas have been de-cluttered and organised in structured way.
- Already a pull from other areas  
CMHT is very keen for the Lean team to work with it on developing the 3 stage template for their meetings and Older Adults are also interested.

Developing the Administrative function to have greater influence on the meeting, and combining the role of the Practice Development Nurse with Lean Champion were also discussed by the team as possible next steps.

There are undoubted challenges in applying Lean in a busy ward setting. The enthusiasm of the staff to make improvements for the good of the patients was key in achieving change in the short timeframe. Being able to see the value in stepping back from the daily routine to cast a Lean eye over ones working environment and critically analysing how separate teams communicate is not always immediately apparent for operational staff. Using internal Lean practitioners who are able to take the time to absorb the principles of Lean and then communicate to front line staff how and where its use would be effective is very useful in achieving and sustaining change.

## FURTHER INFORMATION

To receive regular case studies and articles like this one, you can subscribe to our newsletter 'Actualty'. Contact us at Ad Esse Consulting Ltd.

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