

Helping Torture Victims



From Possibility...

The Medical Foundation for the Care of Victims of Torture (MF), a registered charity established in 1985, is the only organisation in the UK dedicated solely to the treatment of torture survivors.

Since its inception, almost 50,000 people have been referred for help. In 2008, the MF received 2,025 new requests for help. Clients came from 79 countries, with significant numbers from Sri Lanka, the Democratic Republic of Congo, Sudan and Iran.

The Medical Foundation provides medical treatment, practical assistance, medico-legal documentation, counselling and psychotherapy to survivors of torture and organised violence. There are some 200 paid staff employed across five centres (London, North West, North East, West Midlands, Scotland) comprising full time and part time members, with an additional 80 interpreters.

The Medico-Legal Review process assesses potential torture victims linking with the legal professions to provide a complex and important service to torture victims. The process touches a number of different departments within the Foundation and the process can be protracted.

More stringent requirements from the UK Borders Agency as well as other pressures as increased volumes of cases and limited doctor and internal legal resources led to the Foundation funding a number of reviews of the Medico-Legal Review process

Over a period of time a number of individuals looked at the process and a number of improvements have been implemented. However a with renewed impetus from a new Chief Executive it was felt their were still opportunities for improvement.

The process hadn't been looked at from a Lean perspective and it was on this basis Ad Esse offered a small number of days pro bono work to see how Lean could unlock improvements and provide The Medical Foundation with a fresh perspective on the process.

Our Approach

Although the project was small it was still important to build an objective and independent picture of the process from end-to-end. Therefore even though there had been a number of process reviews before we ensured time was spent with all the significant individuals in the process and an end-to-end process mapped.

During this exercise it became apparent there were many issues with the process. Although this took a large proportion of the available time it was important to understand where



the key process pinch points were rather than jumping to conclusions based upon opinion and hearsay.

Once this diagnostic work had been completed we compared the current ways of working with Lean methodologies to identify opportunities for improvement. As the process hadn't been reviewed from a Lean perspective these opportunities hadn't been identified in the other process reviews.

The next stage was to suggest running a one-day cross departmental workshop to start tackling the issues. This hadn't been done in the Medical Foundation before and the new Chief Executive was interested to see the outcome.



To Actuality...

Making it Real

We found the organisation was pulling in a number of different directions and although the organisation was ultimately trying to achieve the same objectives the pressures teams were under was leading to break downs in communication and working in silos.

This lack of teamworking was exacerbated by a lack of overall direction. Essentially there hadn't been one person that individual departments could refer to, to gain any sort of consensus and joined-up decision making. The new Chief Executive had already identified this as an issue and recruitment of a manager is in progress.

As well as there being capacity issues around doctors appointments and legal reviews a whole raft of individual small process issues led to a fire-fighting environment where often it was necessary to fight ones own corner in justifying your performance. The Lean diagnosis did uncover some other key improvement opportunities:

Standardisation

There is a lack of standardisation around the production of Doctors reports leading to multiple reworkings of the reports

Visual Management

There is a lack of timely performance measurement and/ or management of the process. Key metrics have to be agreed and regularly monitored.

5S (Workplace Organisation)

Although there are two processes in place to track files (a computer based tracking system and designated pigeon holes for files at different stages) neither works effectively enough to make it easy to track files. Consequently a lot of time is spent physically looking for files

Daily Performance Reviews

No formal performance review takes place either individually as teams or collectively as a team. As a result it is difficult to focus on improvement and understand the implications of process flaws throughout the value stream.

Following this initial diagnostic activity the carefully facilitated multi- functional workshop (Fig 1) enabled a consensus to be reached to move forward on a number of key issues.

After healthy debate and discussion a comprehensive and collective exercise unearthed a lot of process problems and issues. This was turned round and improvements idea brainstormed. The team then impact rated and discussed each idea to construct an action plan.

In the workshop we were also able to concentrate and give some training on the basic foundation tools of 5S, Visual Management (Information Centres) and Standardised work.

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Fig 1. Workshop Affinity Diagram Exercise

The Benefits

Although only a small project some key issues and opportunities for improvement have been identified.

On Ad Esse's recommendation, the one-day workshop was the first time the MLR team, including admin, legal and medical representation had been in a meeting together. Participants at the workshop commented on the positive step forward the workshop had been.

This by no means is the end of the improvement activity, in fact it's only the start but it shows that looking at a process through Lean eyes can give not only a different perspective but common sense simple tools that are relatively easy to implement.

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