

Gwent Lean Journey

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Background

- Involved with Lean in Gwent since 2002.
- Designed and used the Rapid Improvement Approach initially used in Gwent – Phase 1
- Adopted the Scientific Approach currently being used – Phase 2
- ‘Parachuted’ back into current state management for the last few months – Phase 3
- Have accessed, personally, primary care and Emergency services in England, Wales, and France – successfully avoiding admission on at least 2 occasions this year.

Phase 1 - Lessons learnt

- Rapid Improvement Events did not bring about sustainable improvement.
 - Best ones produced ‘one off’ temporary fixes and were great fun (respite care for the current state)
 - Success dependent on enthusiasm / stubbornness of the champion
 - Great to raise awareness
 - When people move on decay sets in
 - Time for improvement activity is a luxury
 - Not busy enough

Phase 2 - Lessons learnt

- Scientific approach .
 - Great methodology for understanding patient value streams
 - Accepted by clinicians and managers
 - Can't argue – it's scientific. Clinicians are keen. Managers less so.
 - 'Learning to See', Future State Mapping and transition plans all enthusiastically embraced.
 - But when it comes to next step
 - Can't get the time/resource to do it.

Phase 3 Authority - Could you make more progress if you had the authority of being the Operational Manager for an area ?



High Hopes – short lived.

Frustration.

Don't really have authority – shared - anyone can chip in.

You don't have agreement even when you think you have.

Lots of work done on the wrong things – changes week on week.

Difficult to fend off current state – impossible for some as their careers progress on the basis of good firefighting.

Empathy with management colleagues.

Managers are responsible for things they can't control and at best can only influence.

Environment is unstable, too many initiatives, work streams, projects calling on the same resource.

Best you can achieve is to protect your patch.

Personal observation

- Usually it's the process that lets patient down, not the people.
- You only feel safe when you get to the person who can solve your problem.

What can we try next?

- Improvements must be End to End
 - Sub-optimal improvements are not sustainable.
 - Will cause conflict
 - Could be argued that the experiment with me will ultimately make things worse.
- Must involve the Decision Makers
 - These are the people who face the patient and decide whether they will move to the next step in the process, leave the process or stay where they are in the process

What can we try next?

- Identify and agree exactly what the problem is that we are trying to solve
- Authorise the Decision Makers in the Value Stream to get together to solve the problem
- Train managers in the scientific method to support the Decision Makers - PDCA.