



# **Managing a Lean Hospital: Only a part of the Patient Journey!!!**

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# Our Customers: 600,000 Resident Population



<b>Caerphilly</b>	<b>177,000</b>	<b>29.5%</b>
<b>Blaenau Gwent</b>	<b>76,400</b>	<b>12.7%</b>
<b>Torfaen</b>	<b>93,600</b>	<b>15.6%</b>
<b>Newport</b>	<b>140,400</b>	<b>23.4%</b>
<b>Monmouthshire</b>	<b>89,200</b>	<b>14.9%</b>
<b>Others</b>	<b>23,400</b>	<b>3.9%</b>





# We are a Large Healthcare Provider

- 3 hospitals providing acute services
- comprehensive mental health services
- 15 other hospitals
- 41 health centres and clinics

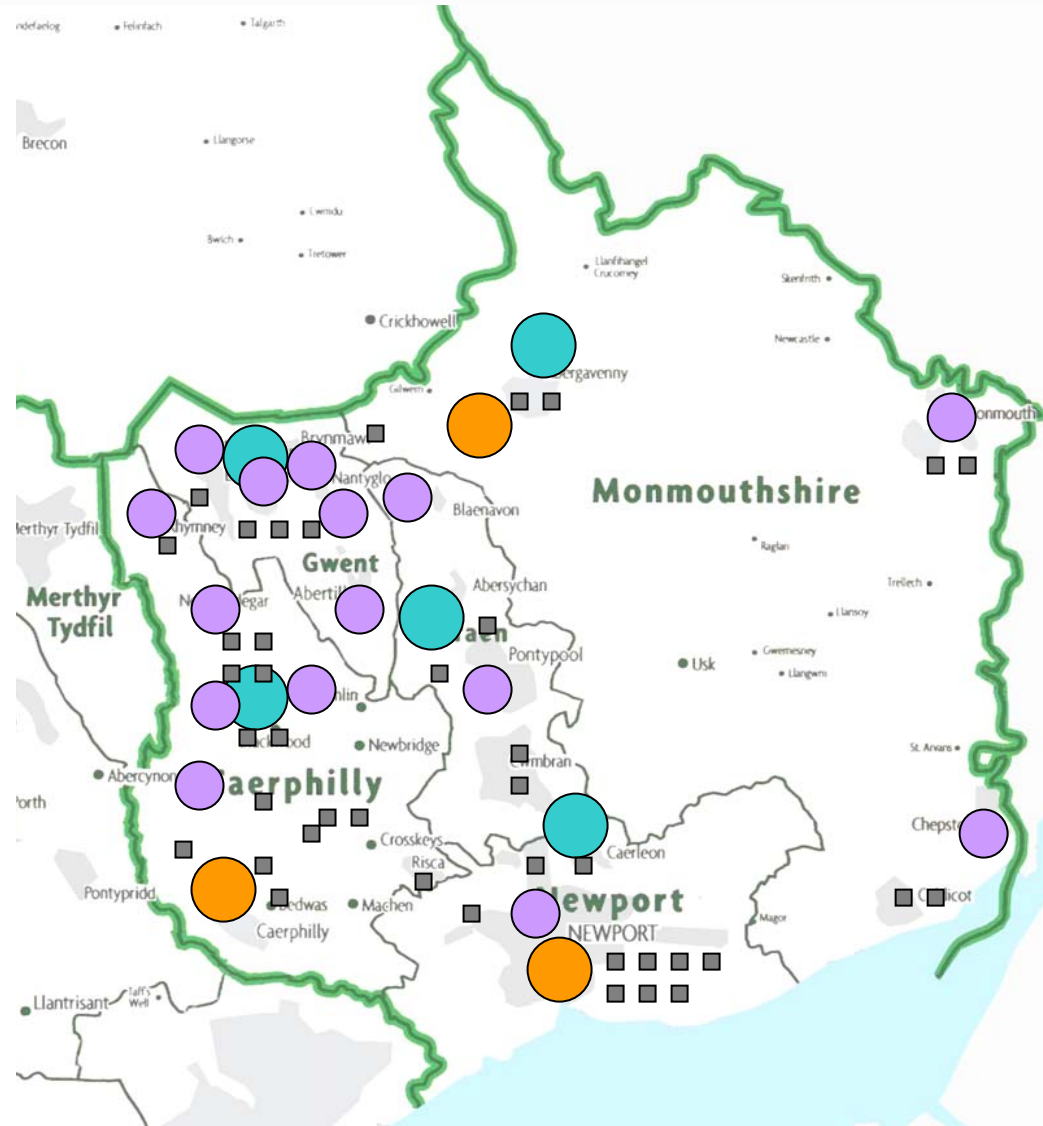
**Over 13,000 staff**

**6,000 nurses**

**1750 allied health workers**

**Over 1000 doctors**

**Including 260 Consultants**





# Demand for Services

		Average weekday
68,300	Emergency admissions	187
15,017	Non-emergency admissions	41
49,350	Day cases	134
115,000	New outpatients	316
277,113	Follow-up outpatients	759
9,200	Obstetric admissions	25
158,670	Accident & Emergency	434
692,650		1,896



# Our Challenges

- Service provision model unsustainable
  - Unsafe (21st Century)
  - 75% of our estate is > 60 years old
  - Not EWTD compliant
  - In the wrong place
- We believed we were inefficient
- Senior Doctors did not.
- Not enough money (£35MM revenue)
- Government Targets
  - Waiting Lists
  - efficiency



# So What?

- Clinical Futures Program
- Efficiency Plan (£35- 50MM revenue)
- Organisational Development
  - Lean
  - Clinical Leadership



# Our Lean Journey

- **Started 2003**
  - Used an Event approach (86)
- **Executive Review of Progress 2005**
  - Why is performance what it is?
- **Deep Cause Analysis**
  - Mental models of staff : Why we do things this way....
    - Blind spot to standardisation
    - Informal approaches
    - Part time resources
    - Changes in Priority
    - Lack of Operational management
- **New/Current Approach**
  - Select an Exemplar
  - Strategic/Process/Operational focus



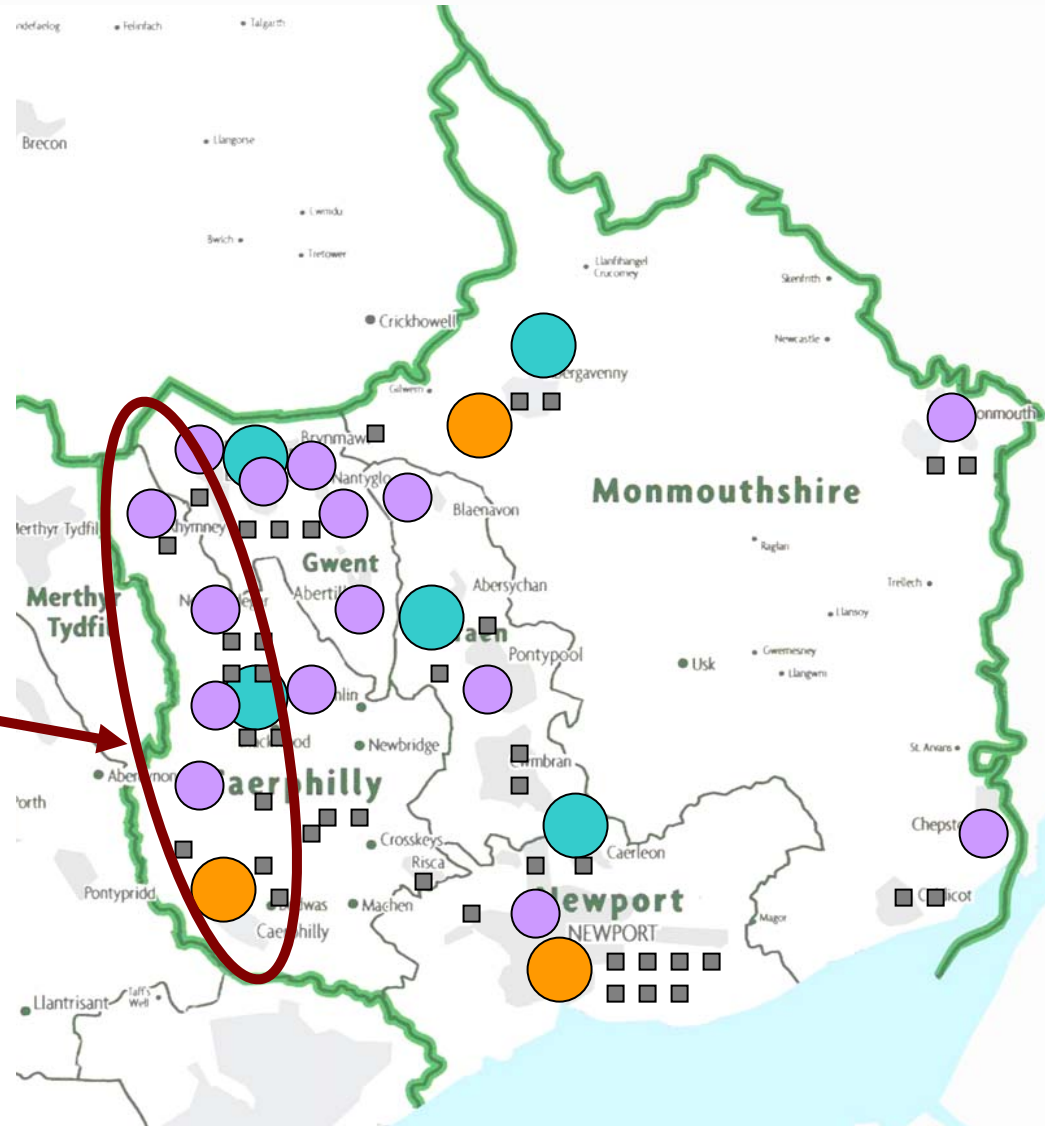
# What is an Exemplar

- By exemplar we mean a Future state where best practise experiments are conducted and standardised without the influences of the Deep causes of the current organisational approaches.
- A laboratory where we carry out experiments in process and organisation re-design. These can then be deployed into the rest of the organisation in a controlled manner.
- End 2 End Lean Patient Value Streams

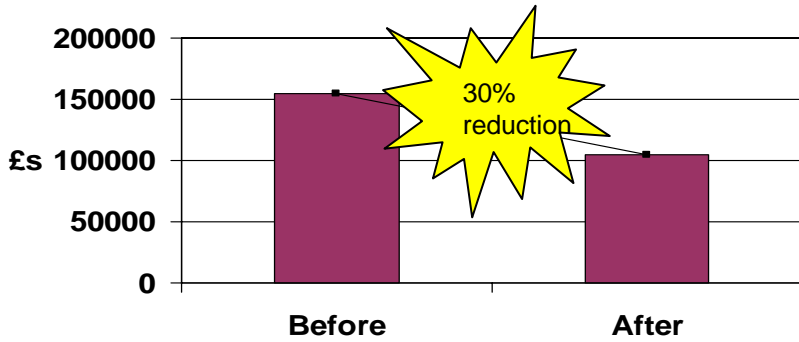


# Focus on the End to End Exemplar: Our Laboratory

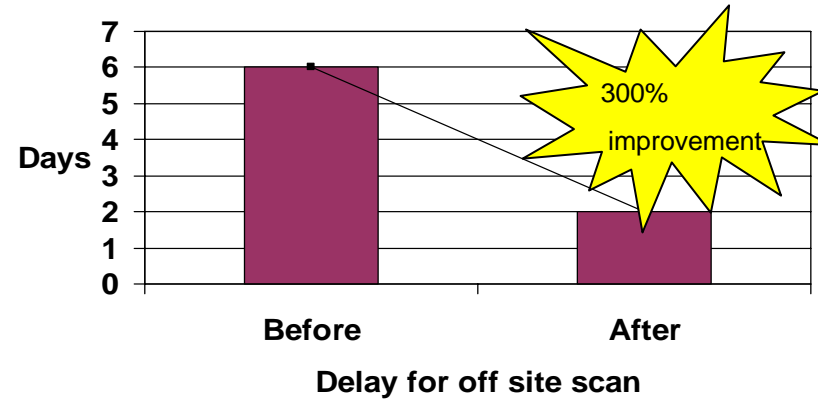
- 1 hospital providing acute services
- 4 other hospitals
- 13 health centres and clinics
- Serving 180,000 local residents (30% of Demand)



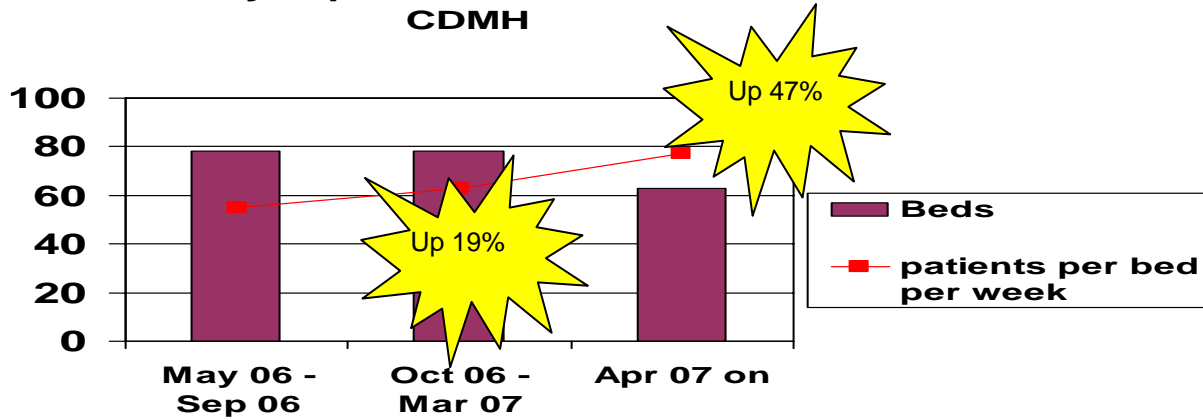
**Clinical Consumables Goods  
Annual Cost**



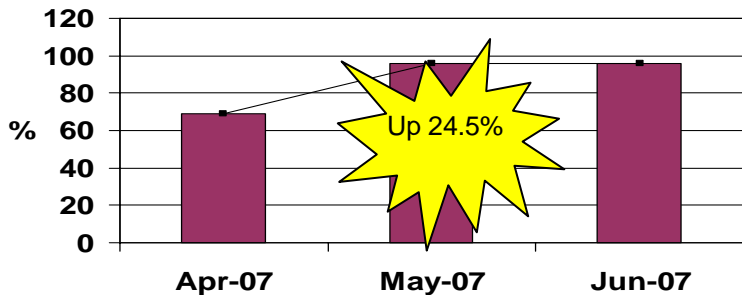
**CT Scan Lead Time Improvement**



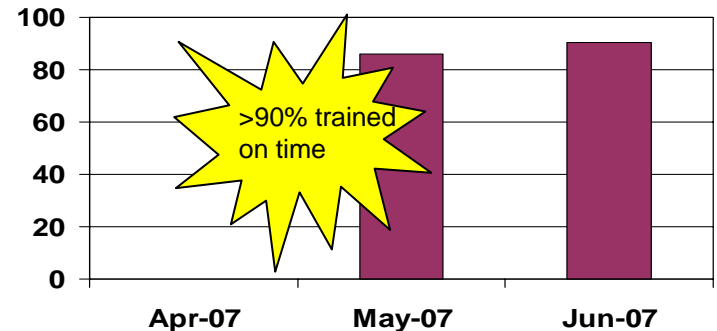
**Productivity Improvement General Medicine  
CDMH**



**Patient 'Right First Time on Time'  
Diagnostics & Treatment**



**Jl Programme No. of Staff Trained**





# Lessons Learned

- Not as complicated as we are told.
- People get motivated by this approach
  - Bloody obvious when they don't.....
  - But you have to deal with them (says more about you)
- Not for free....
  - Speed is limited by the number of skilled people you have working towards the Future State
- Patient Journey 11,000 minutes, 94 minutes hands on
  - You must keep coming back to this..
- We believe it is Win/win/win for Patient/Clinician/Manager
  - But nobody believes it to begin with.
- Created a 'Pull' within the organisation



# So where next for us?

- Next 12 Months:
- Develop the Model:
  - Roll out through ‘Learn by doing’
  - Increased Capacity (Additional 30 People)
  - Develop & Deploy Organisational strategy & plans
- 2 to 5 Years:
  - Lean Clinical Futures Model