

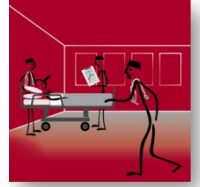


# Introduction: Progress towards the Lean Hospital

**Daniel T Jones**

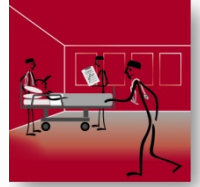
**Chairman  
Lean Enterprise Academy**

# Who are we?



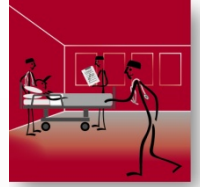
- About 170 participants
- 140 from the UK
- 30 from 12 countries
- 110 from hospitals
- 35 from management consulting
- 25 from governments, academics and lean

# Agenda for the Day



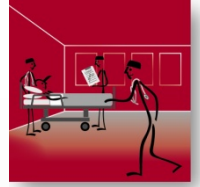
- Daniel Jones – Introduction
- John Toussaint – Lessons from the USA
- Marc Baker – Seeing the patient journey
- Ken Robertson – The front end and creating stability
- Lisa Smith – Redesigning support services
- Peter Lewis – Redesigning elective surgery
- Dave Brunt – Learning that sticks
- Ian Taylor – Putting the pieces together
- Maria Purse – The role of the Value Stream Manager
- David Fillingham – Managing the Lean Hospital
- Matthew Cooke – The impact across the NHS
- Daniel Jones – An Agenda for Action

# Why are we here?



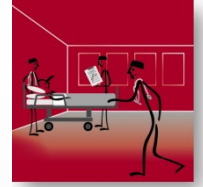
- Because the context and challenges facing the NHS are changing fast
- The recession changes everything – we now face really big budget cuts
- The focus is shifting to hospital performance as well as safety and quality
- We face some tough challenges and choices
- Do we have to cut services and or pay?
- Or can lean provide an alternative?

# Two years ago



- We had the Pioneers - RIEs – awareness
- But the tools were still from manufacturing
- Belief that hospitals are complex, demand is unpredictable and that every patient is different
- Hence difficult to see the real value streams
- Learnt it is difficult to sustain isolated RIEs
- Without an end-to-end perspective – not pieces
- And directed towards closing performance gaps
- CI seen as an additional activity for operations

# Progress since then



- We all realise that there is more to learn than we thought – it changes everyone's work
- We can learn from the progress of the pioneers – who often need to be followed by someone who builds the system
- Report from our action research – to develop a common method – to diagnose the core problems – to adapt the tools and thinking – and identify how to manage end-to-end
- The common frontier is management!

# Lean Management



- Top management **focuses** actions on closing the vital few performance gaps by redesigning the core value streams
- Value stream managers are given end-to-end **responsibility** for **gaining agreement** from the Departments on the right actions to be taken
- Line managers establish **stability** through visual management and sustain it through **experiential learning** for standard work and problem solving

# Key questions



- The core question is no longer ....  
***“Can lean work in healthcare?”***
- We think we now know it does
- Can describe the method to focus activity
- Know how the tools and actions work in hospitals – and how to link them together
- We can measure the size of the gains
- So the question now is .....  
***“Can you lead lean in your hospital?”***



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