

The first Value Stream leading the way in the NHS Improvement Partnership has already started to realise benefits for patients and staff.

Consultant Orthopaedic Surgeon at Leeds Teaching Hospitals, Joseph Aderinto talks about his role as Process Owner and his first thoughts of his experience of using the Virginia Mason Production System Methodology.



In Leeds the first piece of work has focused on elective orthopaedics and the total hip and knee replacement pathway. This is an area where nationally, Lord Carter believes there is a potential to gain productivity

improvements and Professor Tim Briggs, author of 'Getting it Right First Time', has highlighted the wide range of variation across the NHS.

Improving the patients' journey

Mr Aderinto explained, "The elective orthopaedic service at Leeds already receives high patient satisfaction scores but the team felt that there was room to improve the processes and be more efficient, bringing about benefits for patients and staff".

He continued, "The team was keen to focus on the patients' journey from admission to surgery with a view to reducing the amount of time they had to wait and the increasing number of cancellations that were happening in the run up to surgery. The first Rapid Process Improvement Workshop we carried out looked at theatre scheduling and since then we have also looked at theatre inventory. We were encouraged, as part of the process, to be very specific about the areas we were focusing on.

"Being part of this programme, which is known locally as the Leeds Improvement Method, gave us the opportunity to build on the work we had already started around continuous improvement in the service and gave us a strong structure and some invaluable tools and techniques from the Virginia Mason Production System. Having said that, there is always an element of scepticism around new 'initiatives' in the NHS but the one thing that is clear from our initial work is that this is not an initiative – it is a structured and standardised way of working, that is patient focused and that needs to become an integral

part of an organisation's culture if it is to be successful. This was clear to everyone from the start".

Joseph's role as Process Owner means he is responsible for agreeing the objectives of the Rapid Process Improvement Workshop and is also accountable for the implementation and the on-going reporting process and results. A key part of this role is about ensuring that the 'Home Team' - the team which remains in the workplace during the Rapid Process Improvement Workshop week - are kept engaged and up-to-date with developments throughout.

He reflected, "It's a responsible role and I was clearly held to account for the areas I needed to deliver against throughout the workshop week. As we moved into the implementation phase and held regular progress meetings to work through how we were moving on, my role was key in keeping us on track and ensuring we delivered to the agreed plan.

I am now focused on how we share and spread our learning and start to sustain the improvements across the service".

First impressions

“My first impression is that the Virginia Mason Production System process is very driven by data and information” states Joseph.

He explained “I was quite taken aback around the forensic nature of the process we were following. The data which informed our choices on areas to concentrate was detailed and enabled us to make decisions on real facts, instead of what we thought happened. There had been a great deal of planning and preparation work carried out before we started to agree the areas we were to focus on. This gives the work much more credibility and means you really focus on the areas that need improving and have a lot of intelligence to hand.

“I was also impressed by the inclusive approach of the programme and the relentless focus on patients. During the Rapid Process Improvement Workshop we brought together a variety of staff from all levels who

were involved in the patient pathway. We spent an intense week together identifying problems, walking the patients’ pathway and really appreciating their experience. This was before we started to develop and test real time solutions about how we could make things better and work more efficiently. Everyone had great ideas and lots to contribute to the discussion and by having everyone in a room at the same time; it meant we could work through how something could work there and then, rather than facing obstacles at a later date.

“The language of the Programme is something that I think many people will find different to anything they have done before. Initially, I found it a little challenging to get used to, for example, ‘takt-time’, ‘Kaizen bursts’ and ‘value streams’, phrases that are common to me now, but before my involvement with the Improvement Programme, it seemed unnecessary. They’re obviously not”.

Continuous improvements for patients and staff

“Our first Rapid Process Improvement Workshops have been very successful and have helped us to improve and realise benefits for our patients and efficiencies for our teams”.



“Some of the changes we have made have led to real improvements. One small example from our first Rapid Process Improvement Workshop has brought about significant benefits in a number of areas. Consultants now agree dates for surgery with their patients during their outpatient clinic appointment, meaning patients can have more choice and notice of their surgery date. This has led to a reduction in the number of late cancellations from theatre lists. Of the 120 patients ‘dated’ in this way, by the beginning of May, 39 had had their surgery and only three had cancelled which is a significant reduction in the numbers previously and also ensures a much better experience for our patients.

“We have also made changes to the process by which admitted patients are brought to the operating theatre which has reduced the time between cases and has improved theatre efficiency”.

The improvements don’t stop there.

“The knock on effect of this is that less time is spent rearranging appointments and so the time of our scheduling staff can be used more effectively. By avoiding late changes to the theatre lists we will be in a position where we can predict more precisely when in the day that surgery will occur so that fasting times for patients can be reduced. This will result in an all-round much more pleasant and informed experience for our patients.

“We have also implemented a review of future theatre lists by our team at the end of the operating day. This means we can identify potential issues in advance and ensure we have all the correct equipment needed for the procedure to hand which helps our theatres run more smoothly”.

Inevitable challenges

Implementing a new way of working never runs smoothly but the good thing about this approach is that’s it is ok to experience challenges.

“The biggest challenge was around managing enthusiasm” explained Joseph. “The process we worked through during the Rapid Process Improvement Workshop really empowered the team and they really saw how much impact small changes could make to how we provide the service - for both staff and patients.

“We found that once we had identified an improvement process that was working well in the Rapid Process Improvement Workshop, we had to temper the enthusiasm for rolling it out too soon, because everything has to be measured forensically to ensure once

implemented it can be sustained. Something we don't typically do when implementing change in the NHS.

"Another big challenge I have noticed is the reassessment process in the 30, 60 and 90 day 'report out' sessions, which is a presentation to colleagues of progress made

so far. You don't realise but 30 days comes around really quickly. We are lucky that we meet on a regular basis which suits us all to organise this but sustaining progress alongside other responsibilities is tough and should not be underestimated".

The future...

"It's amazing how such small focused changes can bring about such a big and wide impact on patients and staff in such a short space of time. With hindsight, a lot of the changes are logical and obvious – but the learning, enthusiasm and buy-in comes from the process of working together as a team to tackle a specific and shared challenge. Looking ahead, I know that rolling out the Leeds Improvement Method on a wider scale will be considerably challenging, it's about a change in culture and that doesn't happen overnight but we're starting the journey now in Leeds and I am hopeful this will become an integral part of the Leeds Way in the future".

Mr Joseph Aderinto is a Consultant Orthopaedic Surgeon at Leeds Teaching Hospitals NHS Trust and Process Owner for the Value Stream around elective orthopaedics.

To find out more about what it is like to take part in a Rapid Process Improvement Workshop please view this short film - <https://youtu.be/QpsPT3soExA>



<http://www.leedsth.nhs.uk/about-us/the-leeds-way/the-leeds-improvement-method/>

