

Improvement Projects

Our improvement approach involves using “Lean” principles pioneered by Japanese car producer Toyota after the Second World War. These principles have been adapted for use beyond manufacturing and adopted in many other fields, including healthcare.

Lean is a systematic method of eliminating waste from a process.

Lean identifies different types of waste that should be reduced or ideally eliminated to drive up quality and improve patient experience. For example, having goods or products waiting for the next process or production step is considered waiting waste. Waste through over-processing sees workers carrying out more work or using more complex systems than the patient requires.

In a hospital setting, examples of waste could include moving patients from department to department or ward to ward unnecessarily (transportation), holding more supplies than we actually need (inventory) or delays in discharge or in accessing diagnostic tests (waiting).

Standard work and the processes used to observe it are Lean tools that we use to begin the process of eliminating waste and enabling continuous improvement – others to be introduced at BSUH include status sheets, improvement huddles and A3 problem solving.

The trust’s kaizen team will train colleagues in Lean working methods and Lean awareness training is now included in induction and annual update sessions to make sure everyone understands the principles behind it before it is rolled out into their area of work.

Improvement projects at BSUH

All improvement projects will be aligned to BSUH’s True North and Breakthrough Objectives. The Improvement Projects pillar helps us identify those areas too complex to be resolved through daily continuous improvement techniques and gives us the tools to tackle those issues for the benefit of staff and patients.

Improvement projects will focus on:

- Reducing negative feedback citing staff attitude as an issue
- Raising staff recognition of care as our top priority
- Improving the recognition and management of deteriorating patients
- Reducing A&E waits for non-admitted patients
- Reducing elective patient referral-to-treatment times