NFC Enabled

QR Content

The Toolkit

Simple tools and techniques for service development activity

Service Development

Version 2.0 April 2014

RD&E CONNECTING care

Contents

Service Development

About

This toolkit contains a set of simple tools and techniques that anyone in the RD&E can try and use to improve our services.

Each page tells you how and when to use a tool, what steps are involved, and where to go for support. We encourage you to have a go, and work with the Service Development team to grow your skills.

Get in touch

@ rde-tr.ServiceDevelopmentTeam@nhs.net

☎ (01392) 404868

🐦 @SerDevTeam

▶ Subscribe: Service Development, Royal Devon & Exeter NHS Foundation Trust

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Tool name

The Eight Wastes

Royal Devon and Exeter — NHS Foundation Trust

Brief summary of what it is

What

Waste is anything which doesn't add value to a product or service.

In healthcare, value may be defined as the provision of patient/customer service and satisfaction. Ultimately, the patient defines exactly what this is. Any activity which doesn't contribute to this is classified as waste.

Circumstances when you might want to use the tool

When

Look for wastes when focusing on:
- quality, cost and delivery performance.
- physically changing an area
- looking for opportunities for improvement
- the engagement process

Where the tool fits into the C-MUCH improvement cycle

C-MUCH 8 wastes relates to the Measure and Understand phases of the C-MUCH improvement cycle.

Example

Transportation — Unnecessary movements of products & materials.

Inventory — Excess products and materials not being processed.

Motion — Unnecessary movements by people (e.g. walking).

Waiting — Wasted time waiting for the next step in a process.

Overproduction — Production that is more than needed or before it is needed.

Overprocessing — More work or higher quality than is required by the customer.

Defects — Efforts caused by rework, scrap, and incorrect information.

Talent — Underutilizing people's talents, skills, & knowledge.

Picture showing either the tool in use or a diagram of it

Simple step-by-step instructions on exactly what you need to do

How

As waste is a symptom rather than the root cause of problem, it indicates problems within a process. Carefully define the process (see process mapping) and look for examples of the following, remembering what the customer actually values:
- Transport: Moving patients, equipment, staff and information
- Inventory: Storing things ahead of when they are actually needed
- Motion: Bending, turning, reaching, lifting, moving between places
- Waiting: For tests, information, instructions, equipment, procedures, discharge
- Over production: Making or doing more than is IMMEDIATELY required
- Over processing: Doing to many tests, over treating, inappropriate admissions
- Defects: Errors, reproducing lost notes, hospital acquired infections
- Skills: Under utilizing capabilities, delegating tasks with inadequate training
Look for opportunities to eliminate waste and steps that don't add value and that are unnecessary

	Low	High
Difficulty		
Time		
Resources		

Tips

- Encourage everyone to look for wastes in their own process.
- Hold an open discussion about waste and see what the team can identify
- Go on a "waste walk" around a particular area or follow a process from start to finish. Document what you find and get others to do the same
- Always measure and define exactly what you find because this will help you to justify removing the waste
- Keep on revisiting what "value" means and try to see things from the patient's perspective

Relevant advice for getting the most out of the tool

Help

Further online guidance will be available soon on the 8 wastes.

Join the "8D Academy" by sending us a photo or copy of what wastes you identify. We will then enrol you as a member, send you new tools, and give you evidence of personal development.

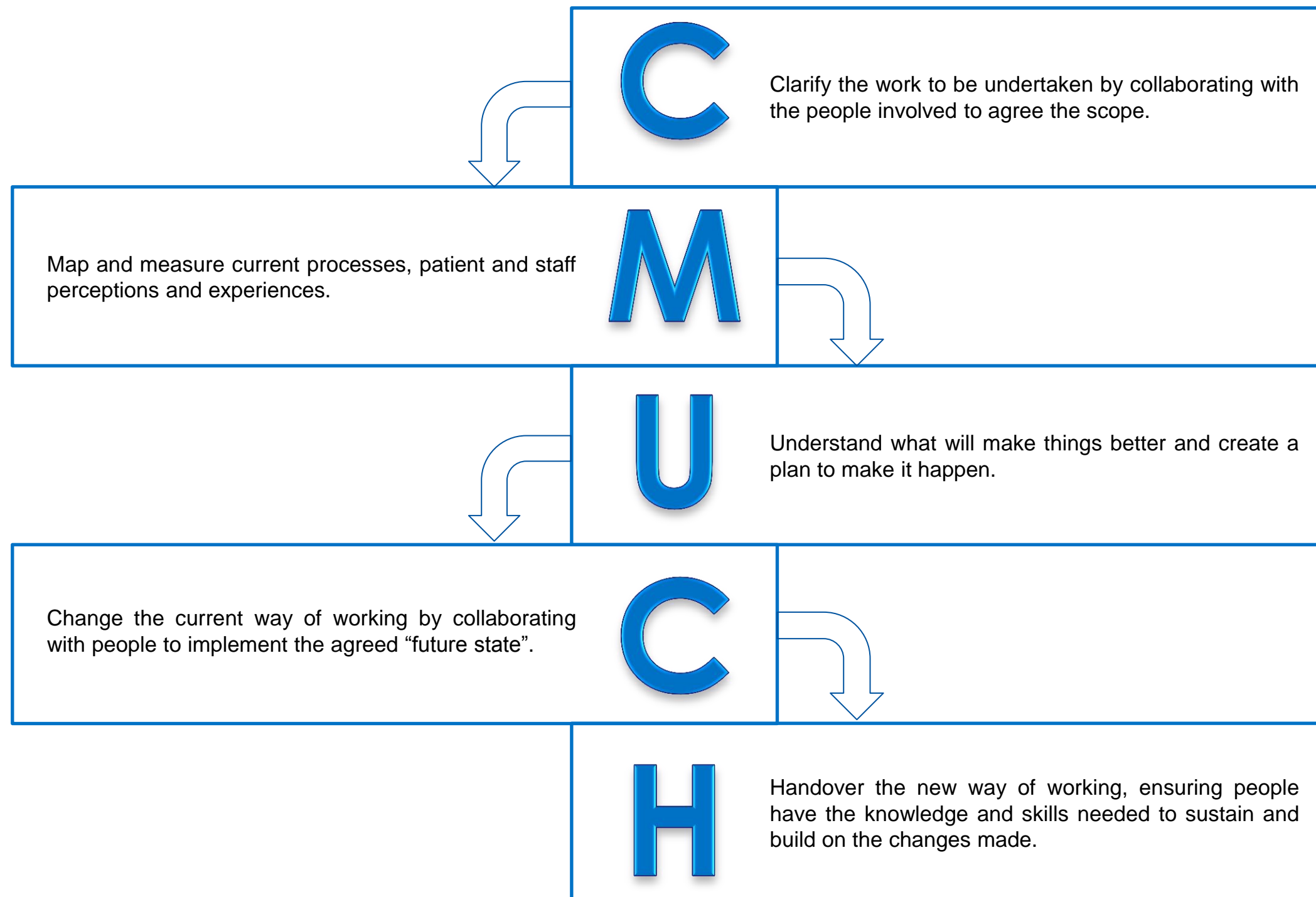Contact Service Development on (01392) 406239, sd-RDE@nhs.net, or scan the QR code to send us a text.

Quick guide on what effort is required

Scan the QR code to view a 60-Second guide on YouTube with your smartphone or tablet

How to get in touch with us

Service Development

About

Our service development work follows a clear sequence of stages called C-MUCH. This creates robustness and consistency in how we work.

Every tool in this toolkit falls into at least one of these stages. This will help you to use the right tool at the right time.

C — Clarify the work to be undertaken by collaborating with the people involved to agree the scope.

M — Map and measure current processes, patient and staff perceptions and experiences.

U — Understand what will make things better and create a plan to make it happen.

C — Change the current way of working by collaborating with people to implement the agreed "future state".

H — Handover the new way of working, ensuring people have the knowledge and skills needed to sustain and build on the changes made.

Service Development

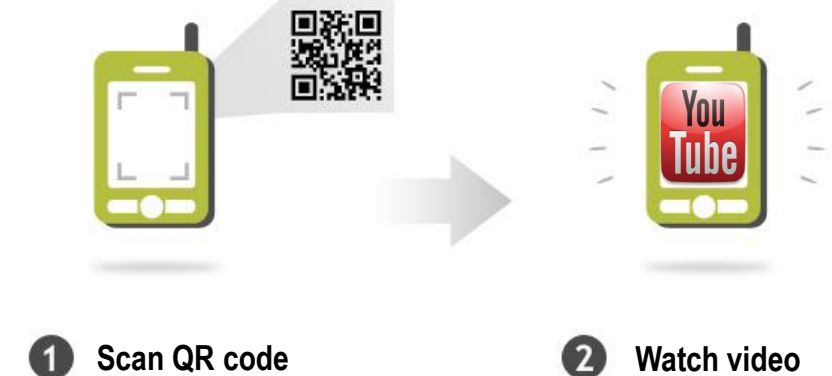# 3 Accessing Multimedia

QR

A QR code lets you access features and content through your smartphone or tablet.

Your toolkit includes a 60-second audio-visual guide to each tool on YouTube. You can also send the Service Development team a message requesting help and advice.

Whichever way you wish to use the toolkit, we want to know how you are getting on and what else we can do to support you. Please keep in touch!

Set up

First, you need a QR-code app and a smartphone or tablet equipped with a camera. Here are some free apps you could use.

iPhone users should check out RedLaser or Bakodo which are both free on iTunes.

You can get RedLaser and QR Droid free from Google Play for android devices

Esponse and Scan are available free for windows phone users via Microsoft Marketplace

Scanlife and QR Code Scanner Pro can be found in AppWorld free of charge

Access with QR

When you launch your app of choice, your device's camera is activated. Line up the camera on your device with the QR code you want to scan, and hold the device steady until the app can read the code in front of it. Your device will then take you to the appropriate content.

① Scan QR code　　　② Watch video

NFC Access

Some devices now allow you to access content using NFC – the same technology used for making contactless payments in shops.

❶ Enable the NFC feature on your device (in your settings menu)

❷ Hold your phone on top of the logo on the left

This will take you to the Service Development YouTube channel where you can access all of the videos in this toolkit in one place.

Try it

To check that you have configured your device correctly for reading QR codes, try scanning this code to let us know that you've done it.*

* Please note that your standard network message rate and data charges will apply when accessing multimedia content.

What

Flow Board allows you to see patient or service status at a glance.

It shows a process from start to finish, and enables key information and tasks to be recorded and updated. This gives everyone a common understanding, and facilitates the identification of waiting and delays.

When

Flow Board should be kept updated at all times, reflecting changes as and when they happen. In clinical areas, Flow Board forms the basis of the Board Round meeting. In non-clinical areas, it may be used to discuss the performance of key services and processes during Comm Cell.

C-MUCH

Flow Board applies to all elements of the C-MUCH improvement cycle.

Example

Flow Board

This is an example of a typical layout of Flow Board in a ward. Flow Boards in non-clinical areas are custom made to show and record the performance of a particular process or service from start to finish.

Admissions						Assessment						Discharge				
Bed	Patient Name	Cons	Date of Admission	PDD		Specific Requirements			OT	Physio	Diagnostics Test/Date & Time/Review	Medically Fit Date	Discharge Summary Ready	Discharge Meds Ready	Transport	RAG & Destinations
A1			/ /	/ /							1 2	/ /				
A2			/ /	/ /							1 2	/ /				
A3			/ /	/ /							1 2	/ /				
A4			/ /	/ /							1 2	/ /				

How

- Ensure all fields are accurately completed and updated as an when changes happen.
- Use the Red, Amber, and Green (RAG) status to show where delays are occurring.
- Where appropriate, use the standard set of magnets for patient specific requirements.
- Take care to complete each column in the agreed format.
- Use blank columns for specific information relating to your area.
- Agree regular times to review what the Flow Board is showing.
- Where in use, record any delays using the Delay Data Capture tool so that common themes can be addressed using Comm Cell.

	Low		High
Difficulty			
Time			
Resources			

Tips

- Encourage everyone to record information as soon as it becomes available.
- Use the board to look ahead and identify potential delays before they happen.
- Discuss how Flow Board is driving performance and continuous improvement at Comm Cell.
- Use Observe & Support to ensure that Flow Board is used in a consistent way.
- Test whether your Flow Board is showing you status at a glance by explaining to a team-member where delays are currently occurring.

Help

RD&E CONNECTING care

You Tube™

This tool has been designed specifically for our "Connecting Care" programme. We believe that everyone in our Trust – in whatever role they hold – plays a vital part in making us a really great hospital. "Connecting Care" is therefore our new way of working together, and it's proving to be a huge success. We'd love to tell you more and also learn about your experiences. Please call us on 01392 404868.

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What

Comm Cell is an area where any team can regularly meet to review and focus on how People, Performance, and Continuous Improvement can lead to improved services.

They are a great way of raising issues affecting standards of care and service highlighted by local knowledge or centrally produced data. Ideas can then be generated and implemented by those most affected.

When

Each team needs to agree the best time for Comm Cell to take place so that as many people can be involved as possible.

This may be at the start of the working day or during handover.

C-MUCH

Comm Cell applies to all elements of the C-MUCH improvement cycle.

Example

This diagram represents a typical Comm Cell structure. Each Comm Cell is custom made to include data and templates best suited to your service.

People	Performance	Continuous Improvement
Training	Quality	Problem Solving
Absence	Cost	Risks & Issues
Shifts to cover	Delivery	What went well
Briefings	Data collection	Even better if

How

You will receive direct support from the Service Development Team to set up your comm cell and identify what elements you want to include in it. Once set up and times have been agreed, any member of the team can run it using a supplied set agenda.
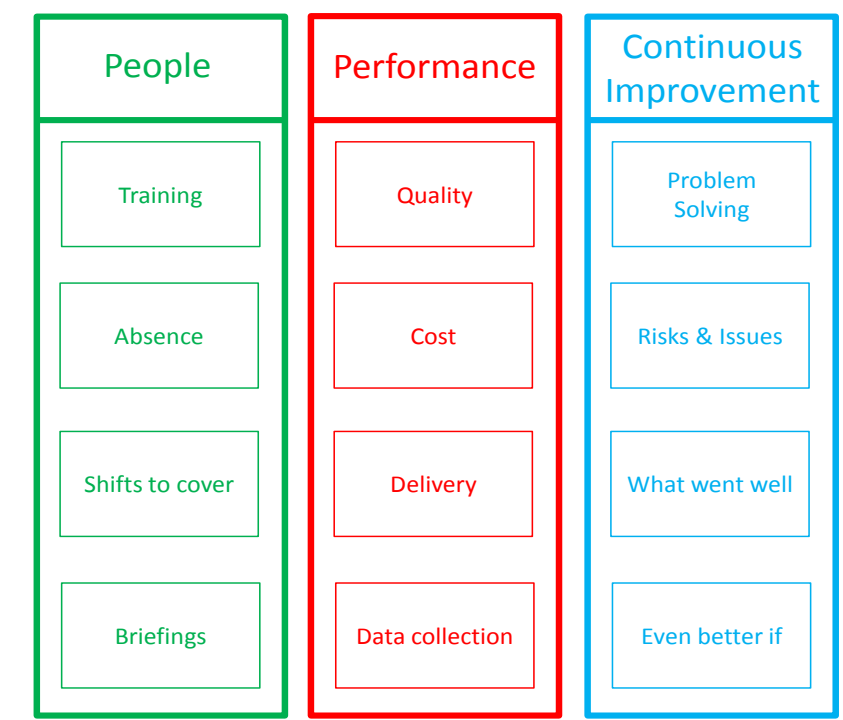
1. **People:** Discuss data and track progress relating to staff availability, essential training, skills mix and communications.
2. **Performance:** Focus on Quality, Cost and Delivery data relating to the service that you provide. This informs the team about their effectiveness and highlights areas of focus for improving services further.
3. **Continuous Improvement:** Record ideas for improvement and track progress on implementing them. Staff can see how their contribution to problem solving is taking effect. You can also use this area to identify achievements and learning.

	Low			High
Difficulty				
Time				
Resources				

Tips

- Ensure the team meets at an agreed time and frequency.
- Encourage every member of the team to run Comm Cell.
- Ensure the agenda is followed to make sure all necessary items are covered.
- Capture any concerns, improvement suggestions, and achievements using the relevant documents, assigning owners and review dates.
- Encourage longer conversations to be continued after Comm Cell to ensure the meeting remains short and focused.

Help

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6 Simple Problem Solving with 3Cs

Royal Devon and Exeter NHS
NHS Foundation Trust

What

Simple Problem Solving with 3Cs is an easy way to capture and resolve performance issues, problems and team difficulties.

It follows a structured approach which allows anyone in a team to raise a **C**oncern, identify **C**auses, and suggest **C**ountermeasures.

When

The 3C document is best located on Comm Cell where team members can add their concerns to it at any time. The process of working through each problem and setting timescales is agreed within the team. The approach is ideal for day-to-day issues that should be easy to resolve without the need to engage external parties.

C-MUCH

3Cs applies to all phases of the C-MUCH improvement cycle.

How

Anyone in the team can raise an issue, based on a problem that affects their work.

1. **Date & No:** Record the date the issue was identified and the problem number.
2. **Concern**: Clearly define what the problem is and how it affects you.
3. **Cause:** Think carefully and try to get to the root cause of the problem rather than listing the symptoms. You might need to capture some data to validate this.
4. **Countermeasure:** Ask everyone to suggest possible solutions before agreeing which one(s) to implement.
5. **Final Solution:** Make a note here of what solution was actually put in place.
6. **Owner & Due Date:** Allocate responsibility for progressing the issue and add a realistic due date.
7. **Progress:** Use the shaded circles to track how the problem solving is progressing.

	Low		High
Difficulty			
Time			
Resources			

Examples

These examples show the current format of the 3C document and a new "Improvement Tracker" which is being trialled in some areas.

Problem Solving : 3Cs

Royal Devon and Exeter NHS
NHS Foundation Trust

Date & No	Concern (Problem)	Cause (Why is it happening)	Countermeasure (Possible Solution)	Final Solution	Owner & Due Date	Progress See Below
Conf Fri 9.3.14	Some staff can't send samples through Medway	Training not set up for new starters	Contact LDS to get on course. Escalate if no availability.	Fridge Locked	SH Matron 9.4.14	◑
						⊕
						⊕
						⊕
						⊕

Concern Identified ⊕   Root Causes Identified ⊕   Countermeasures identified ◑   Implementation started ◑   Implementation completed ●

Improvement Tracker

- Problem / Issue
- In Progress
- Resolved

Tips

- Simple problem solving using 3Cs is a daily activity. Ask the team for updates on how problems are being progressed, and encourage people to list new problems as and when they arise.
- Keep all completed documents as a record of continuous improvement activity.
- When filling out the progress column, do this in a clockwise direction for consistency.
- Where a problem appears very complex and is difficult to solve, ensure it is raised through Observe & Support.

Help

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For help and support, contact the Service Development team on Ext: 4868 or email us at rde-tr.ServiceDevelopmentTeam@nhs.net

Scan the QR code with your tablet or phone to watch our 60 second guide to Simple Problem Solving with 3Cs.

Service Development

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Royal Devon and Exeter
NHS
NHS Foundation Trust

What

Observe & Support (O&S) is a simple framework in which people from across the organisation can check how effectively everyone is using continuous improvement tools such as Flow Board and Comm Cell.

It gives people the opportunity to seek and offer help, and promotes better communication across teams.

When

O&S has three levels which are completed either weekly, monthly, or bi-monthly. Comments and findings should be reviewed as soon as O&S is completed.

C-MUCH

O&S applies to all phases of the C-MUCH improvement cycle.

Example

O&S checks are found on one form with a useful comments section on the back. Additional checks can be added to meet the needs of your area

The O&S Record provides a visual display of what activity has taken place

How

- Display your two O&S sheets on your Comm Cell so that they are visible.
- Arrange times and dates for O&S visits with the people nominated for completing them. Service Development can provide guidance on setting this up.
- Follow the simple instructions on the O&S checklist and record your findings.
- Where the use of a particular tool is being checked, go to where it is located and find evidence to support your findings.
- Review O&S checks with the person responsible for that particular area and ensure that you both understand what has been recorded.
- Discuss O&S results at Comm Cell and consider what actions could drive improvement.

	Low		High
Difficulty			
Time			
Resources			

Tips

- Consider how each check can lead you to make improvements.
- Try to book O&S checks well in advance and make a note of what has been arranged on Comm Cell.
- Use O&S to escalate problems that you cannot resolve through 3C problem solving.
- Encourage members of your team to try completing O&S together. This gives them the opportunity to discuss findings from different points of view.

Help

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What

This is a structured way to properly solve a complex problem, and is facilitated by the Service Development team.

The method consists of six sections which lead you to really understand the causes of the problem before selecting and implementing the best remedy.

When

Use Creative Problem Solving (CPS) when causes and solutions are not obvious. It is particularly useful when the issue involves people outside your immediate team. If you have a problem that cannot be rectified through Level 2 Observe & Support, contact the Service Development team and we will assist with the CPS process.

C-MUCH   CPS applies to all phases of the C-MUCH improvement cycle.

Example

This example shows each stage of the CPS process.

How

With the support of the Service Development team, set up a meeting (CPS Session) and appoint a facilitator to run it. The idea of the meeting is to get the right people together who understand the problem. You are unlikely to get through the whole process in one sitting, so follow-up meetings will need to be agreed. At the meeting, use the CPS Template to work through the six sections:
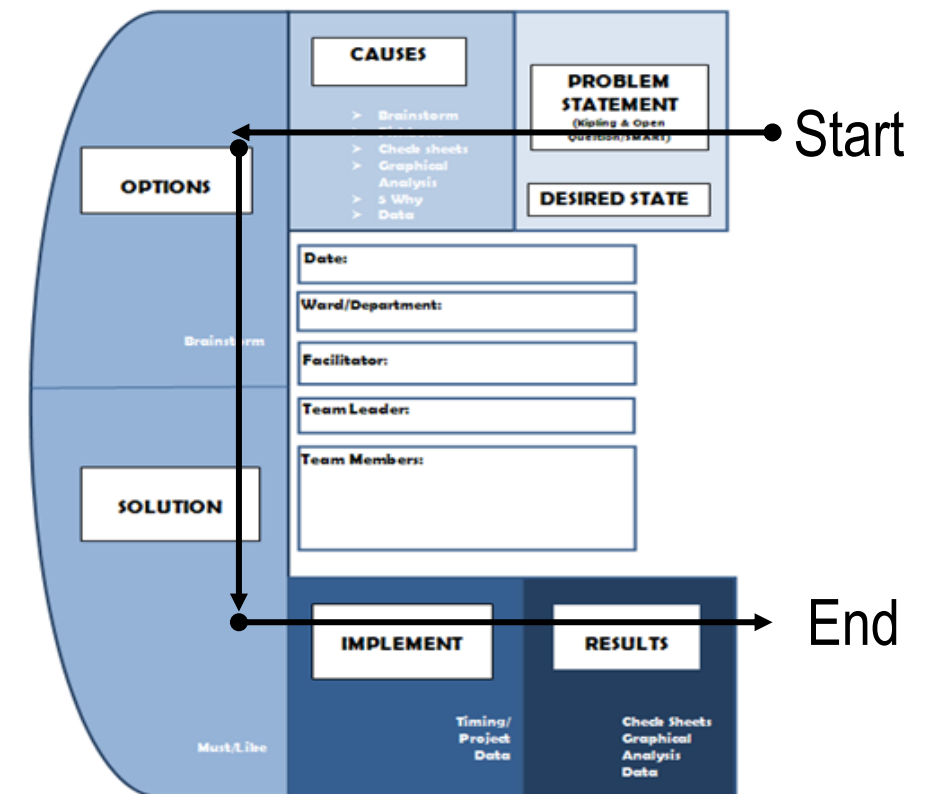
1. Define the problem and the result you are looking for
2. Identify the causes
3. Discuss options for solving each cause
4. Agree solution based on must/like criteria
5. Implement the solution
6. Track results and achievement

	Low		High
Difficulty			
Time			
Resources			

Tips

- Spend time getting the problem statement absolutely right.
- Arrange follow-up sessions at suitable intervals.
- If you can, try to gather data on the problem before the first session.
- Encourage an open and safe atmosphere where everyone can contribute ideas.
- Share what progress you are making and celebrate your successes.

Help

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What

Lean thinking at RD&E is a patient-focused approach to reducing waste by identifying and eliminating activities that do not add value.

Understanding the principles of Lean enables you to generate and implement value-added innovative solutions to problems.

When

Lean is a philosophy that we have adopted as a trust. As such, it applies to absolutely everything that we do, wherever and whenever that is. Lean thinking exists to focus on what is of value to our patients and colleagues, and to strip out anything that does not directly contribute towards creating this value.

C-MUCH Lean thinking underpins the whole C-MUCH improvement cycle

Example

This simple example shows how the principles might apply at a very basic level

Specify Value
Patients asks for pain relief (but nothing prescribed)

Identify the Value Stream
Identify what is required to give patient pain relief

Create Flow
Get ongoing pain relief prescribed, get stock, etc…

Create Pull
Communicate availability to patient, give call bell, check pain score on a regular basis

Pursue Perfection
Consider Patient Controlled Analgesia (PCA), identify/resolve cause of pain, etc…

How

Lean empowers everyone to find ways to improve. It focuses on identifying and reducing waste. There are five key principles that always apply. In order, these are:
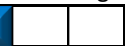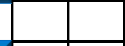
Specify Value: The starting point is to define value for a specific activity from the end customer's perspective

Identify the Value Stream: The Value Stream is the entire set of activities across all parts of the organisation involved in jointly delivering the value

Create Flow: Ensure that the value "flows" to the customer without any interruption

Create Pull: Understand the customer demand on your service and then create your process to respond to this so that things only act on demand

Pursue Perfection: As all the steps link together, more and more layers of waste become visible. We aim for every asset and every action to add value for the end customer

	Low		High
Difficulty			
Time			
Resources			

Tips

- Lean is a philosophy that can support everything that we do because it helps us to focus on what people really want before delivering in the most efficient way possible
- Think about how the five principles of lean apply in every-day tasks that you do. Look for examples of lean organisations outside of the trust
- Ask for support from the Service Development team if have a continuous improvement idea that you want help with

Help

If you'd like to talk about this tool, discuss your ideas and experiences, or find out what we can do to work together, please get in touch with us on 01392 404868 or email us at rde-tr.ServiceDevelopmentTeam@nhs.net.

You Tube™

Service Development

10 Benefits Management

What

Benefits Management is the means by which you ensure that your projects deliver what you want.

Done effectively, it helps ensure that your project deliverables give value to the service, and an appropriate return on investment. By starting with the expected outcome, the project acquires direction and content. By monitoring the benefits throughout, the project progress can be mapped.

When

Every change project or intervention must have a purpose – to change something for the better. The questions are, "what will change?" and "how will we measure it?". The Benefits Tool enables the user to work thorough the process and predict how a given change will impact on a workforce or work stream.

C-MUCH   Use in all phases of the C-MUCH improvement cycle.

How

Phase One: Define and develop the benefits – talk to stakeholders, list the final benefits and decide how to realise the benefits. Consider additional benefits
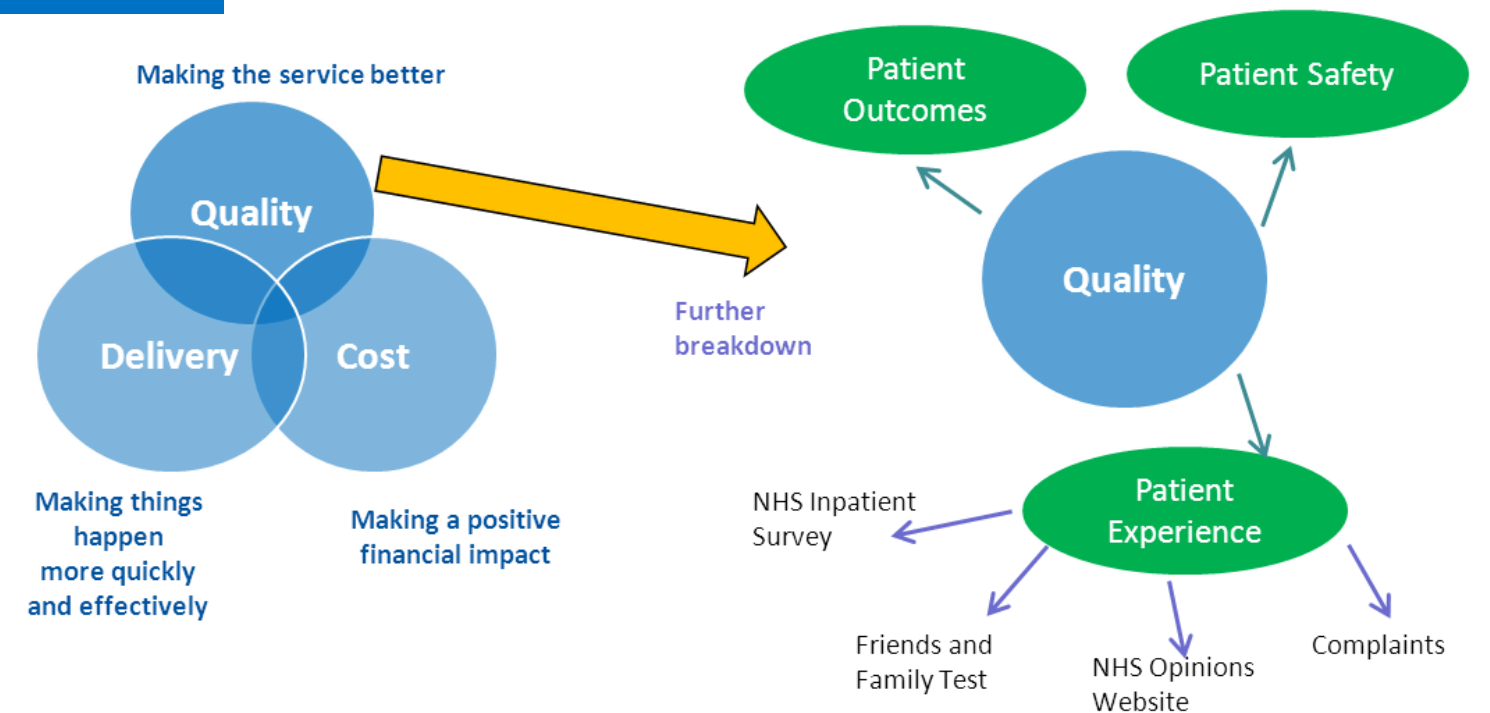**Phase Two**: Develop the benefits plan – design the project to enable the benefits to be realised. Ensure the plan is SMART, identify those who are accountable, and create milestones. Benefits can be Quantitative, Qualitative, financial or non-financial – or all of these
Phase Three: Monitor the benefits during project implementation – regularly monitor the milestones, watch for 'creep', and raise communication around the project support team
Phase Four: Complete the project and review your benefits – identify the benefits and provide evidence of their realisation, monitor the workers needs, record what went well, and where improvements could have been made

	Low		High
Difficulty			
Time			
Resources			

Examples

Making the service better

Quality

Delivery   **Cost**

Making things happen more quickly and effectively

Making a positive financial impact

Further breakdown

Patient Outcomes   **Patient Safety**

Quality

Patient Experience

NHS Inpatient Survey

Friends and Family Test   NHS Opinions Website   Complaints

Tips

1) Consider researching the primary subject benefits and see if similar projects have been completed elsewhere. This may give you an insight into the direction, planning, monitoring and evaluation of the benefits and any pitfalls that await you
2) When the planning team are gathered, ensure at the beginning of the project that all elements, parties of influence, and resources are available to develop the benefits
3) Any changes to the benefits should be rationalised and supported with appropriate evidence to inform why the change is being made

Help

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Service Development

What

C-MUCH is a structure for change and provides a clear sequence of stages. This creates robustness and consistency in how we work.

Following a set structure will help you to identify and sequence activities to give you the best chance of delivering sustainable change.

When

The C-MUCH methodology can be used when any type of change or improvement is being identified and implemented. It can apply to projects of any size and links to a wide variety of tools and techniques that have been designed for each stage here at the RD&E.
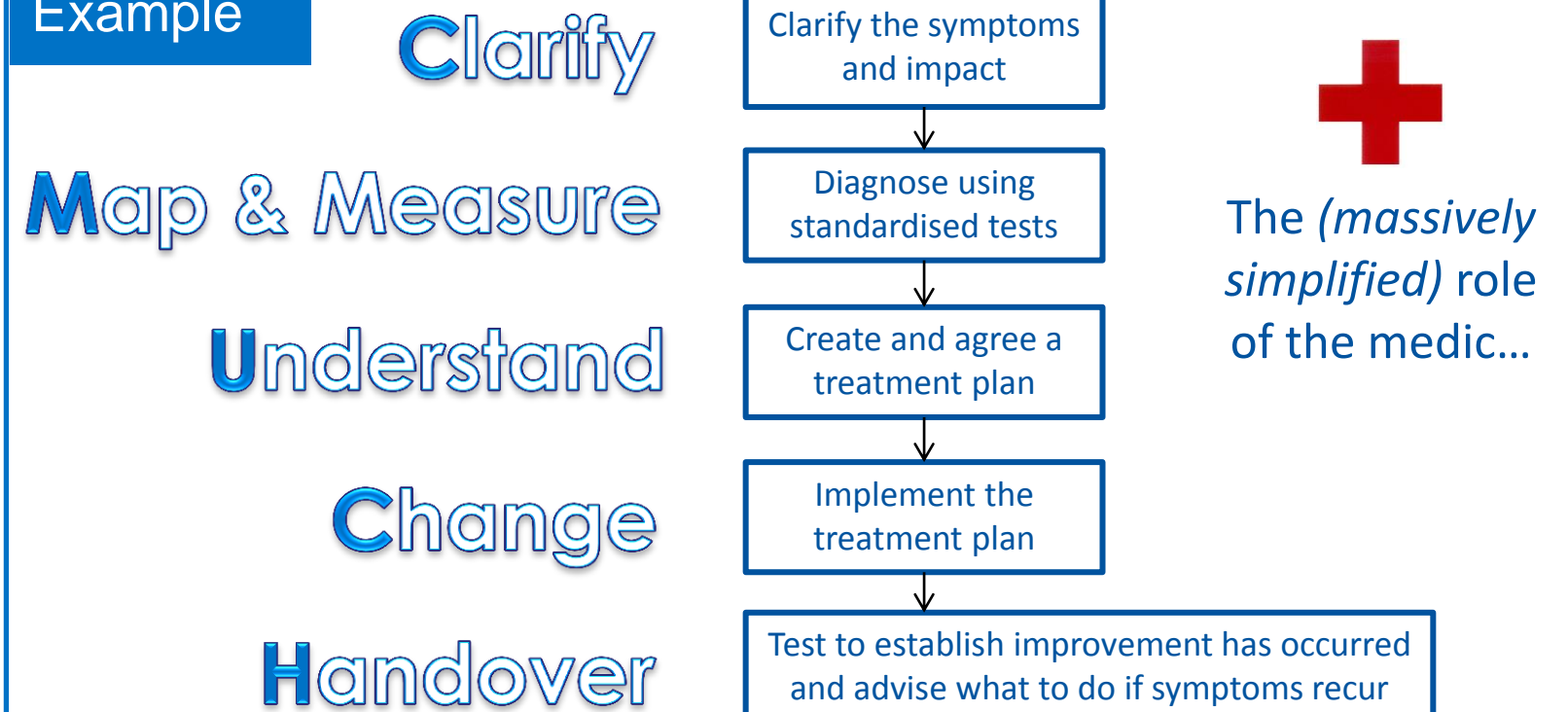
C-MUCH Clarify, Map & Measure, Understand, Change, Handover

Example

Clarify

Map & Measure

Understand

Change

Handover

Clarify the symptoms and impact

↓

Diagnose using standardised tests

↓

Create and agree a treatment plan

↓

Implement the treatment plan

↓

Test to establish improvement has occurred and advise what to do if symptoms recur

The *(massively simplified)* role of the medic...

How

1. **Clarify** the work to be undertaken by working with people involved to agree the scope

2. **Map and measure** current processes, patient and staff perceptions and experiences

3. **Understand** what will make things better and create a plan to make it happen

4. **Change** the current way of working by working with people to implement the agreed future state

5. **Handover** the new way of working ensuring people have the knowledge and skills needed to sustain and build on the changes made

	Low			High
Difficulty				
Time				
Resources				

Tips

- Think about how C-MUCH applies to other things that you do in every day life, and what would happen if particular steps were missed out
- Try using some of the other tools in this toolkit for particular stages of C-MUCH
- Consider a project or change that you have been involved in. Which elements of C-MUCH do you think went particularly well, and what could have been better?
- Introduce the C-MUCH methodology at the very beginning of any change or improvement you are considering. It will help you formalise timelines and avoid missing out crucial steps

Help

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You Tube

Service Development

What

This helps you to prioritise opportunities to change.

The matrix shows you the impact an initiative may have and how easy it may be to introduce.

When

Once a series of improvements or changes have been identified, people can think about them collectively and use the matrix to rank which initiatives with deliver the highest impact with the minimum of effort.

Use the tool when you have a broad selection of ideas to choose from.

C-MUCH   Use in clarify phase of the C-MUCH improvement cycle.

Example

The positive effect the opportunity will have if it is delivered → Impact

High
Low

| Plan | High priority |
| Why bother? | Quick wins |

Difficult ⟵ Ease ⟶ Easy

How easy it will be to deliver the opportunity

How

You can populate the matrix on your own or as a group. Inviting individuals to use the tool can help to highlight any differences in their understanding and perception of the changes that have been identified.

Using a list of the proposed changes together with a high level description of what is likely to be involved, categorise each change using the matrix categories below

High priority - Big returns that are easy to deliver
Quick wins - Won't make a huge difference, but easy to do
Plan   - Worth doing but will need a clear plan to help overcome challenges
Why bother? - If it's going to be tough and generate little, consider dropping these

	Low		High
Difficulty			
Time			
Resources			

Tips

- Think carefully about what impact you are looking for from your proposed changes and how they will be measured
- Consider what resources are likely to be available to you and how any changes would affect putting your changes into place
- You could display an Impact & Ease Matrix near your Comm Cell and use it to prioritise ideas and potential 3C problem-solving solutions
- Ask your team to justify how they have categorised things. This may elicit some different opinions on the impact and ease of implementing your changes.

Help

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What

Also known as the Transition Curve, this simple model can help you anticipate and support people affected by change.

It was developed by Elizabeth Kubler-Ross to describe the stages of grief people experience following a bereavement.

When

Use this when you are undertaking change which may be genuinely traumatic for people, and you want to minimize the negative impact of the change and help people adapt more quickly to it.

C-MUCH   Use in the clarify phase of the C-MUCH improvement cycle.
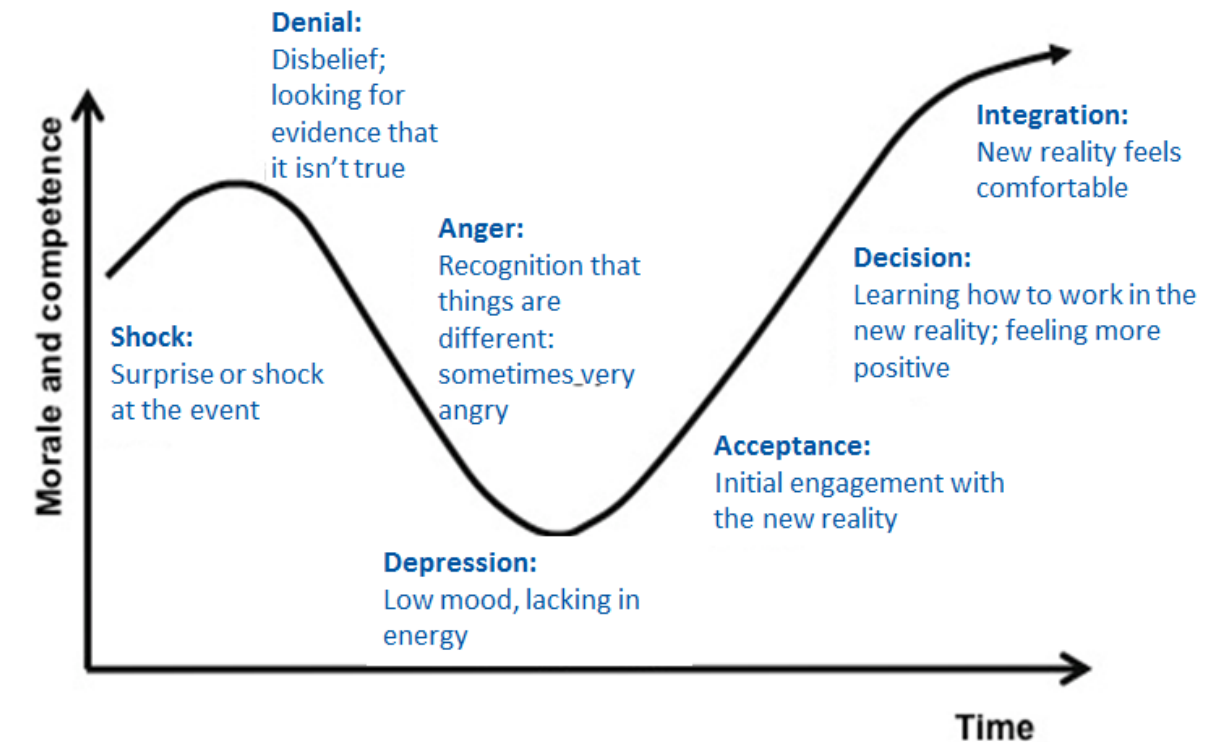
Examples

How

When a change is first introduced, peoples' initial reaction may be shock or denial as they react to the challenge of the status quo.

1. **Shock** - calmly describe what's going to happen and why. Give people time to reflect, go away and come back with questions
2. **Denial** - Re-enforce the communication about the change
3. **Anger** - Allow people the opportunity to let off steam, and seek to agree what you can do together to help them move past this phase
4. **Depression** – Look for opportunities to lift the mood, and recognise achievements
5. **Acceptance** - Encourage acceptance by making changes in small steps
6. **Decision** - Build on successes and celebrate them
7. **Integration** - Reflect on the change and the journey. Take learning from it

Tips

- It is easy to think that people resist change out of awkwardness and lack of vision. However you need to recognize that for some, change may affect them negatively in a way that you may not foresee
- The most simple way to use the change curve is to share it with people. It helps you and them understand the feelings and behaviours that are being experienced

Help

If you'd like to talk about this tool, discuss your ideas and experiences, or find out what we can do to work together, please get in touch with us on 01392 404868 or email us at rde-tr.ServiceDevelopmentTeam@nhs.net.

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Service Development

What

SIPOC is a way of helping you see "what" and "who" may be involved in a process. It also helps you to clarify where the process starts and ends.

SIPOC stands for Suppliers, Inputs, Process, Outputs, and Customers.

When

Use SIPOC when you have identified a process that could be improved and you need to define the scope and identify who needs to be involved in a service development activity. It will help to set boundaries, identify the right people to contribute, and may also assist you when writing a PID. You can also use it when creating a process from scratch

C-MUCH

Use in the clarify phase of the C-MUCH improvement cycle.

Example

Making a cup of tea

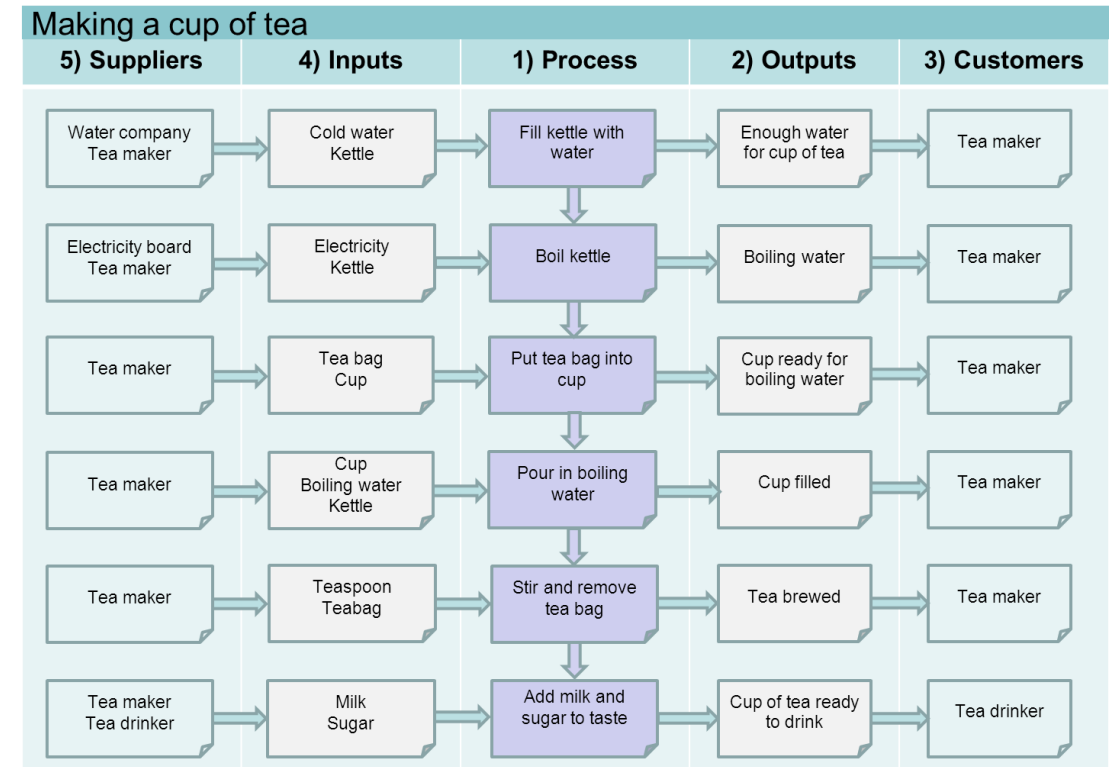| 5) Suppliers	4) Inputs	1) Process	2) Outputs	3) Customers
Water company Tea maker	Cold water Kettle	Fill kettle with water	Enough water for cup of tea	Tea maker
Electricity board Tea maker	Electricity Kettle	Boil kettle	Boiling water	Tea maker
Tea maker	Tea bag Cup	Put tea bag into cup	Cup ready for boiling water	Tea maker
Tea maker	Cup Boiling water Kettle	Pour in boiling water	Cup filled	Tea maker
Tea maker	Teaspoon Teabag	Stir and remove tea bag	Tea brewed	Tea maker
Tea maker Tea drinker	Milk Sugar	Add milk and sugar to taste	Cup of tea ready to drink	Tea drinker

How

SIPOC works best when facilitated in a room with a small group of people who you know are involved in the process. You will also need paper, pens, and post-it® notes. Depending on the process, you will need one to two hours.

Follow these steps:

Step 1 — Agree what the process is, and what you are going to call it
Step 2 — List the process in 5-6 stages. Use "verb" + "noun" e.g., boil kettle
Step 3 — List the outputs. These are the tangible things that the process produces
Step 4 — Brainstorm and list the customers who receive these outputs
Step 5 — Define the inputs – things that trigger the process or are required
Step 6 — Clarify who the suppliers are that provide each of the inputs

	Low		High
Difficulty			
Time			
Resources			

Tips

When you have finished SIPOC:

- consider contacting SD team for advice on next steps
- leave it a few days and then circulate your SIPOC to the people who helped build it. Ask them for feedback and thank them for being involved
- consider sending your SIPOC to customers and suppliers you identified
- save time by taking a photograph of the SIPOC and sending it by email
- if people don't turn up, rebook the session. You can't do this on your own

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What

This is a type of basic process mapping that enables you to see who does what, in what sequence, and how patients, customers or products are bounced around.

The method of the diagram allows you to quickly and easily plot and trace processes, and connections between processes, departments and teams.

When

Use to diagram a process that involves more than one area. Swimlane maps clarify the steps, who is responsible for each one, and how delays and mistakes are likely to occur.
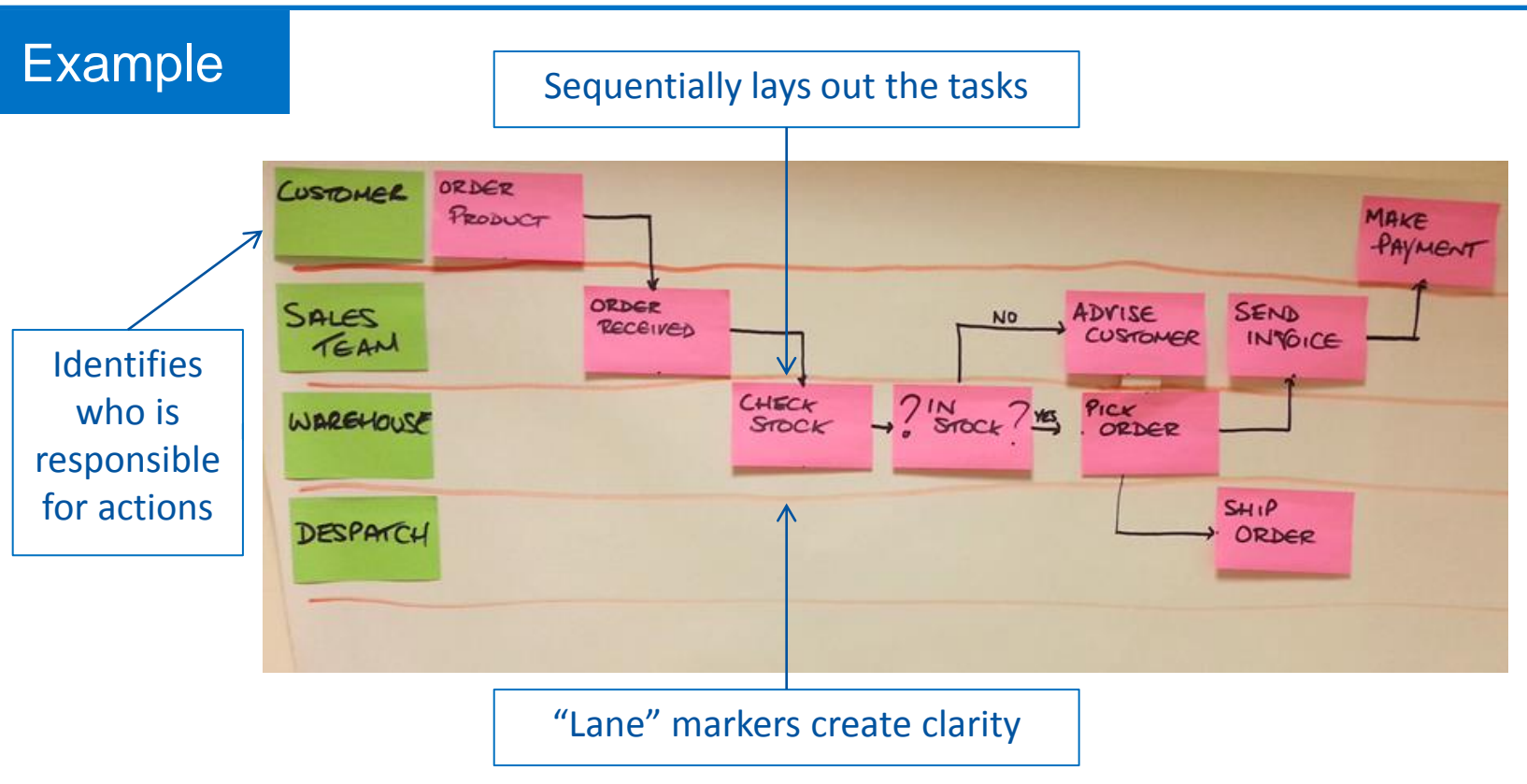
C-MUCH Use in the clarify phase of the C-MUCH improvement cycle.

Example

Sequentially lays out the tasks

Identifies who is responsible for actions

"Lane" markers create clarity

How

1. Involve all of the people that do the job, but have at least one participant that is not familiar with the process. Their questions will challenge the group's rationale
2. Identify your facilitator. They need to be neutral to the process
3. Draw up your paper with the lanes
4. Lines and arrows between tasks represent the flow of information, work in progress and changes in responsibility
5. Think about the steps that happen in the process at least 80% of the time
6. Connect each activity with an arrow even if it crosses over other lines
7. The key is to always ask at each point "What is the next action" (at this point you can add how long the action takes)
8. Analyse the map when completed (consider looking for the 8 wastes)

	Low		High	
Difficulty				
Time				
Resources				

Tips

- Determine what you are aiming to accomplish
- Clarify the process you are focusing on; where does it start and end?
- Identify all participants in the process you are analysing
- List the steps or activities required at each stage of the process
- Analyse the map for potential areas of improvement
- Always ask what is the next action

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What

Stakeholder management is a term that refers to the action of analysing the attitudes of stakeholders towards something (most frequently a project).

It Identifies the key people who have to be won over.

When

It is frequently used during the preparation phase of a project to assess the attitudes of the stakeholders regarding the potential changes.
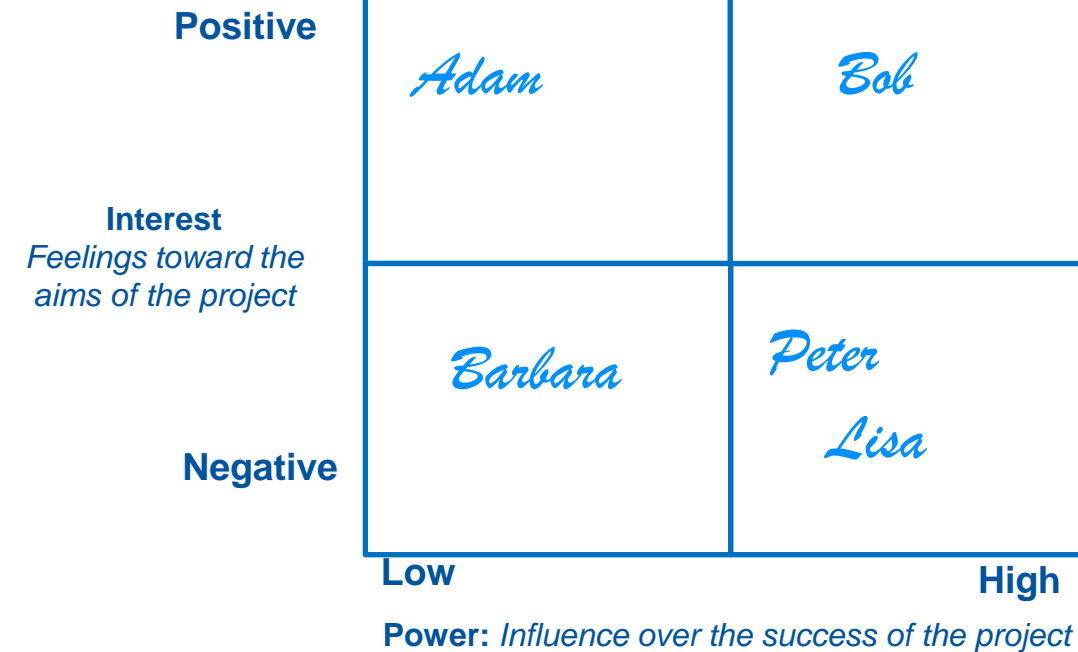
C-MUCH   Use in the clarify phase of the C-MUCH improvement cycle.

Example

Positive

Adam	Bob

Interest
Feelings toward the aims of the project

Barbara	Peter Lisa

Negative

Low   **High**

Power: *Influence over the success of the project*

How

- The first step in Stakeholder management is to identify who your stakeholders are
- Next, try to work out their power, influence and interest, so you know who you should focus on
- Develop a good understanding of the most important stakeholders so that you know how they are likely to respond, and so that you can work out how to win their support. You can record this analysis on a stakeholder map

Stakeholder	Group	Key Interest	Communication Channel	Frequency
HR Director (Project Owner)	Advocate	Staff morale	1-2-1: to update on progress of the project	Weekly
Finance Manager	Supporter	Financial balance		
IT Manager	Opponent	Easy to run systems		
Training Team	Disengaged	Delivering training		

Tips

- Brainstorm who your key stakeholders are
- Plot them by power of interest
- The final stage is to get an understanding of what motivates your stakeholders and how you need to win them around

Low   High

Difficulty
Time
Resources

Help

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17 RACI Matrix

What

RACI is a technique used to identify activities or decisions and the individuals or groups involved by asking the following questions:

What has to be done?
Who must do it?

RACI stands for Responsible, Accountable, Consulted, Informed

When

RACI is essential when trying to clarify roles and responsibilities in any project or ongoing work activity. This is often done early on.

Use it when people are unsure who is doing what, and who should be involved.

C-MUCH   Use during the clarify and change stages of the C-MUCH improvement cycle

Example

Preparing a flight

	Responsible - The person doing the job	**Accountable** - The person ensuring the work is done	**Consulted** -Person(s) to be consulted before the work is done	**Informed** -Person(s) to be told when the work is done
Check-in	Airline Check-in agent	Check-in desk Manager	Passenger	Ground Crew
Security check	Security guard	Security Manager	Passenger	Ground Crew, Security Manager
Call for boarding	Ground crew	Ground crew Manager	Pilot	Cabin Crew
Seat passengers	Cabin Crew	Cabin Crew Manager	Pilot	Pilot, Ground Crew

How

1. Create a chart like the one in the example
2. Along the top axis (x), list the key activities
3. Along the side axis (y), list roles and names of people involved in the work
4. Agree within the team who should be assigned the following roles:

   a) Responsible: The person responsible for doing the work
   b) Accountable: The person accountable for ensuring the work is done
   c) Consulted: The person who should be consulted before the work is done
   d) Informed: The person who should be informed after the work is done

5. Try to get the person accountable to be as near to those responsible as possible
6. Avoid having more than one person being accountable

Difficulty
Time
Resources

Low   High

Tips

- Only do RACI on value-adding activities
- Consider peoples' emotions when assigning R and A
- RACI can be a political process because it uncovers peoples' attitudes towards what their role is, what is expected of them, and how well they are trained to do it
- Try to get as many people in the room as possible. You might consider using the outputs of a SIPOC to identify who these people are

Help

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What

Waste is anything which doesn't add value to a product or service.

In healthcare, value may be defined as the provision of patient/customer service and satisfaction. Ultimately, the patient defines exactly what this is. Any activity which doesn't contribute to this value is classified as waste.

When

Look for wastes when focusing on:
- quality, cost and delivery performance
- physically changing an area
- looking for opportunities for process improvement
- the engagement process

C-MUCH Use in the measure and understand phases of the C-MUCH improvement cycle.

Example

Transportation — Unnecessary movements of products & materials.

Inventory — Excess products and materials not being processed.

Motion — Unnecessary movements by people (e.g., walking).

Waiting — Wasted time waiting for the next step in a process.

Overproduction — Production that is more than needed or before it is needed.

Overprocessing — More work or higher quality than is required by the customer.

Defects — Efforts caused by rework, scrap, and incorrect information.

Talent — Underutilizing people's talents, skills, & knowledge.

Adapted from www.GoLeanSixSigma.com

How

As waste is a symptom rather than the root cause of problem, it indicates problems within a process. Carefully define the process (see swimlane mapping) and look for examples of the following, remembering what the customer actually values:

- **Transport:** Moving patients, equipment, staff and information
- **Inventory:** Storing things ahead of when they are actually needed
- **Motion:** Bending, turning, reaching, lifting, moving between places
- **Waiting:** …for tests, information, instructions, equipment, procedures, discharge
- **Over production:** Making or doing more than is IMMEDIATELY required
- **Over processing:** Doing too many tests, over treating, inappropriate admissions
- **Defects:** Errors, reproducing lost notes, hospital acquired infections
- **Skills:** Under-utilising capabilities, delegating tasks with inadequate training

	Low		High
Difficulty	▬		
Time	▬		
Resources	▬		

Tips

- Encourage everyone to look for waste in their own process
- Hold an open discussion about waste and see what the team can identify
- Go on a "waste walk" around a particular area or follow a process from start to finish. Document what you find and get others to do the same
- Always measure and define exactly what you find because this will help you to justify removing the waste
- Keep on revisiting what "value" means and try to see things from the patient's perspective

Help

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Service Development

What

5 Whys is an approach with its roots in ancient Greece. Philosopher Socrates found that by asking "why?" five times, it helped get to the root cause of a problem.

It is simple to use and will often produce an intuitive answer which avoids assumptions and logical traps.

When

You can use this technique whenever you want to quickly find out the root cause of a problem and you have a fairly good understanding of the context in which it is happening.

C-MUCH

Use in the measure and understand phases of the C-MUCH improvement cycle.

Example

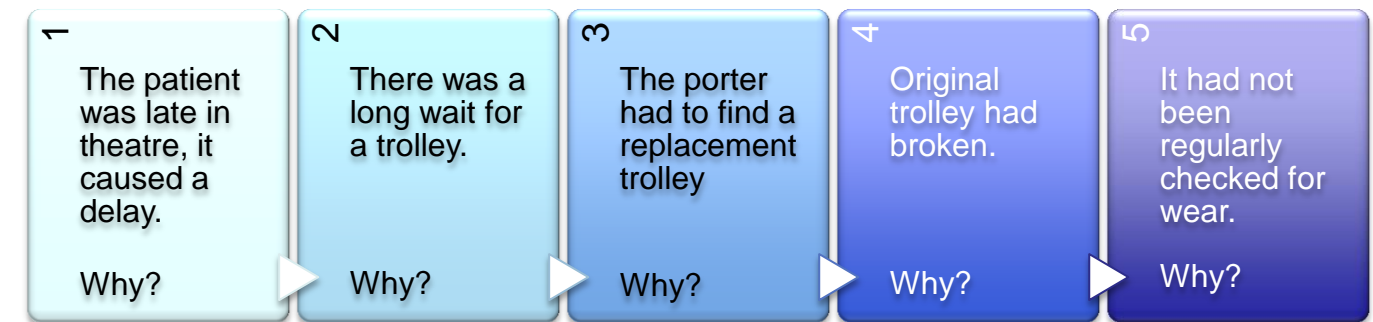| 1	2	3	4	5
The patient was late in theatre, it caused a delay.	There was a long wait for a trolley.	The porter had to find a replacement trolley	Original trolley had broken.	It had not been regularly checked for wear.
Why?	Why?	Why?	Why?	Why?

How

1. Write down the specific problem. Writing the issue helps you formalize the problem and describe it completely. It also helps a team focus on the same problem
2. Ask why the problem happens and write the answer down below the problem
3. If the answer you just provided doesn't identify the root cause of the problem that you wrote down in step 1, ask why again and write that answer down
4. Loop back to step 3 until the team is in agreement that the problem's root cause is identified. This may require fewer or more "why?" questions

Where a problem results in multiple answers to the "why?" question, you should stop and use a more detailed root cause analysis. Contact Service Development for advice on approaches you can use.

	Low			High
Difficulty				
Time				
Resources				

Tips

- Try to verify every statement your 5 Whys produces. For example, get proof that "there was a long wait for the trolley"
- Always get to root cause first before trying to solve the problem
- Remember that some problems will require more than five questions, as in the above example
- Once you have got to root cause, test your thinking by replacing "why" with "therefore", and work backwards from root cause to the first statement

Help

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What

PDSA provides a framework for developing, testing and implementing changes that lead to improvement.

Use PDSA cycles to test out ideas on a small scale and to win commitment before implementing changes across whole departments, processes and systems.
.

When

You might use PDSA to support service improvement and service redesign, to analyse existing services, and to help to understand how services are performing. It can be integrated into any programme of testing or trialling.

C-MUCH Use in the change element of the C-MUCH improvement cycle

Examples

PDSA in a clinical setting

Aims → Measurement → Ideas to test

- My plan is to undertake some tests to diagnose and treat the complaint
- Blood tests and X-rays will be done
- I will study the results of the tests and X-rays
- I will act by treating the patient

How

Start by clarifying the aims of what you are trying to accomplish, how you will measure the improvement, and what ideas you can test to generate the improvement.

Plan - Plan the change to be tested or implemented
Do - Carry out the plan
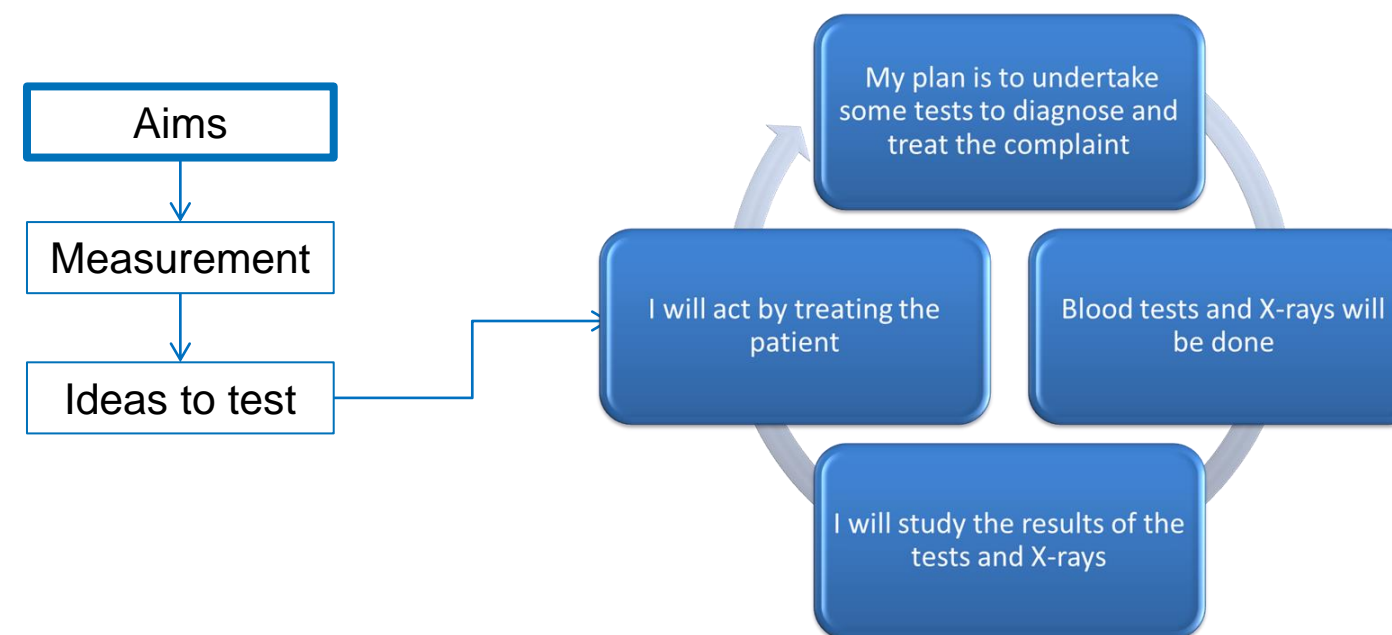**Study** - Study the data before and after the change and reflect on what was learnt
Act - Plan the next change-cycle or plan implementation

Use PDSA multiple times to test and improve each idea, and each component of a change. No cycle should take longer than a few days to complete. If it is taking longer, consider narrowing the scope of what you are testing.

Low — High
Difficulty
Time
Resources

Tips

- It is essential that you start by clarifying three points before you begin: aims, measurement, ideas to test
- The more PDSA cycles you fit into an improvement, the lower the risk of it failing to deliver anticipated benefits
- Use PDSA to test ideas with people you know are advocates of the proposed change – don't use it to convert people into accepting change
- Only implement when you have tested the change from all possible angles

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Service Development

Royal Devon and Exeter NHS
NHS Foundation Trust

What

5S is an approach that helps create and maintain an organised, clean, and high performance working environment. This means that everything has a place and there is a place for everything.

Combining 5S with clear visual management will help you find the items you need, when you need them, and ensure that supplies are reordered before you run out.

When

5S can be applied to any workplace. It can be particularly beneficial in areas that contain many items of stock, or where manual procedures are carried out regularly. 5S is not a "one off" so you need to consider the best time to introduce it for improvements to be truly sustained.

C-MUCH Use in the change and handover elements of the C-MUCH improvement cycle.

Examples

How

1. Start the process by communicating to all staff what is going to happen and why
2. Choose an area in which to apply the 5S principles and photograph it [1]

3. **Sort:** Discard or store anything that isn't required
4. **Set:** Arrange everything in the work area logically and in the correct order. Make it easy for people to see where things should go, and where things should get done
5. **Shine:** Clean the area and the items, and make them easy to clean again
6. **Standardise:** Plan the activities needed to maintain the work area. Document and display procedures carried out there and the best way in which they should be done
7. **Sustain:** Arrange for the work area to be kept in 5S condition and set up checks where necessary to ensure things don't deteriorate

	Low		High
Difficulty			
Time			
Resources			

Tips

Consider doing the following when introducing 5S into your area:

- Remind the team, upfront, that this improvement is not a "one off" – it's here to stay
- Get an outsider to view an area and get their opinions on what they see
- Take a picture after the improvement to compare with how things used to be
- Think about the activities that take place in the area rather than just the objects
- Integrate 5S into "Observe & Support" checks to help sustain the improvement
- Put time in the diary to review and continuously improve the work you have done

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