

Our Change Model

Improvement / Change process steps	Tools you might use / need www.thecllc.org.uk/cumbria-production-system/toolkit-2/toolkit-overview
<p>1a. Make sure you have a ‘peer group led’ and data based discussion on why change has to happen (include previous efforts, barriers etc) and talk about it with everyone – especially patients. Do it openly, everyone gets a say – not by committee minutes!</p> <p>1b. Identify early who the sponsor is (senior enough to remove barriers for you) and who the process owner is (the local leader who will embed any agreed changes)</p>	<p>A3 Driver diagram Stakeholder analysis Patient stories Routine data sets / benchmarks / national standards etc.</p>
<p>2a. Put the change into a context – system plans, organisational goals, team objectives etc. and use vision and values to set ambition</p> <p>2b. Decide what metric / targets will be used to monitor the change process and use as much visual display (for the team) as possible. Don’t forget to think about value from the patients’ perspective</p>	<p>OGIM Target progress sheet</p>
<p>3a. Understand the current state (and don’t underestimate how long this will take – plan for a six week process that includes: current state mapping; cycle and lead time measurements; patient journey mapping; demand and capacity data collection with PQ analysis if required; takt time calculation; etc.)</p> <p>3b. Refine the ‘plan’ for the improvement/change process and use an ‘A3’ to both control it (check list) and share it (visual display) NB 1a to 3b iterates until it is right</p>	<p>A3 Current state mapping Spaghetti diagrams Customer Journey Mapping Standard work combination sheet Cycle time data collection forms etc. etc.</p>



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<p>4. Service improvement has a foundation in waste removal and standardisation; “5S” is a fundamental foundation framework and generating ideas for waste removal/single-point kaizen is the business of all staff and patients</p>	<p>5S /Waste wheel / Waste walk ‘Thinking differently’ / Five whys Ideas generation sheets 6 Thinking Hats</p>
<p>5. Look at the current process and map it into a ‘current state value stream’. Agree (use peer group, evidence, ‘outside eyes’ and patients) what the future state should look like and map that into a ‘future state value stream’. Don’t do this first!</p>	<p>Value Stream Map</p>
<p>6. Continue to work on waste and standardisation and use a workshop approach to design solutions to the main bottle-necks, waste areas (especially redundant steps and non-value processes) and create improved standard operations</p>	<p>RPIW / other facilitated events Standard work combination sheet</p>
<p>7. Use PDSA thinking to simulate or try out solutions and adopt successful ideas and learn from unsuccessful efforts. Document new standard work and communicate with all the team</p>	<p>PDSA After Action Review Standard work combination sheet</p>
<p>8. Track process on your target monitoring display and measure the ‘value-added’ after each improvement step; feedback to sponsor(s)/organisational executive</p>	<p>Target monitoring sheet</p>

