

Report to: **Adult Social Care Scrutiny Committee**

Date: **9 June 2011**

By: **Director of Adult Social Care**

Title of report: **Update on the Implementation of Lean within Adult Social Care**

Purpose of report: **To provide a progress report on the introduction of Lean within the Self Directed Support Pathway within Adult Social Care**

RECOMMENDATIONS

The Committee is recommended to:

1. To consider and comment on the contents of this report and to receive a further report on the impact of Lean as part of the proposals in the Self Directed Support (SDS) report.
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1. Financial Appraisal

1.1 The initial set up costs of £90,000 will be offset by the anticipated £1 million savings that the implementation of Lean within Adult Social Care is expected to achieve.

2. Background and Supporting Information

2.1 Introduction

2.1.1 A corporate decision was made by the Chief Officers Management Team (COMT) in July 2010 following a presentation by a commercial organisation, 'Ad Esse' to introduce Lean Systems into the County Council in order to improve efficiencies and streamline processes and systems. It was agreed that this would be piloted in the Self Directed Support pathway within Adult Social Care. This would then be evaluated and a decision made about rolling this out across the whole of the County Council.

2.1.2 Lean Thinking is an improvement philosophy, management culture and set of tools. It focuses on services from the customer point of view (for example a service user or carer), improving speed, reducing waste, eliminating duplication and delivering improved customer value(Appendix 1). Lean Thinking is:

- putting the customer (for example a service user or carer) first
- empowering employees to drive improvement
- a passionate belief that there's always a simpler, better way of doing everything
- a continuous drive to identify and eliminate waste
- the application of Lean tools and techniques
- making sure that practice drives process

2.2. Background : Why Lean in Adult Social Care?

2.2.1 Self Directed Support (SDS) was introduced to all Adult Social Care (ASC) teams from April 2010 as the new way of providing support and care to adults, enabling them to have as much choice and control as possible. SDS is still in the early stages of development and there have been a number of challenges identified as part of the implementation. As the current economic climate means that we need to streamline our processes and costs to increase efficiency, we are introducing Lean initially to look at the SDS pathway to complement and build on work to date. Lean supports SDS and Personalisation by focusing on services from the customer point of view (service user or carer), improving speed, reducing waste, eliminating duplication and delivering improved customer value.

2.3 Aims of the Lean project

2.3.1 The aims of the lean project, which were approved by the Adult Social Care DMT in October 2010, are set out in the project brief and can be summarised as follows:

- To generate cash and non-cashable savings through system efficiencies and more effective use of the Community Care Budget.
- To improve customer experience – demand for services is rising, expectations are increasing and there will be less money to meet the demand.
- To streamline the customer pathway, improve efficiencies, eliminate duplication, reduce paperwork and speed up response times.
- To improve personalisation and customer choice.
- To improve consistency of practice across care groups.
- To inform workforce redesign regarding skill mix, roles and responsibilities, resource, management and staffing structures going forward.
- To evaluate the Lean methodology for future use across the broader County Council.

2.4 Summary of Progress to date

2.4.1 Managers from across ASC attended Lean Leadership Events in November 2011 to talk about the scope of the project, the basic principles, how it will work in ASC, and the roles staff play. A Lean Project Team, with staff at all levels from both frontline and back office teams was set up in November 10 and worked with Ad Esse Consulting throughout December 2010 and January 2011 to map the current customer 'As is' journey through the SDS process and to gather activity data. This was signed off by DMT in December 2010 (Appendix 2).

2.4.2 The Project Team then developed a proposed 'To be' process, to reduce waste and improve people's experience of the process, as well as achieving financial benefits for the department. This was approved by DMT in February 2010 (Appendix 3). Agreement was reached for a 3 month 'pilot' in the Hastings and Rother area.

2.4.3 Planning then commenced in preparation for a 3 month trial period of the new 'To Be' prototype. This started on 16th May 2011 and will continue through to the middle of August 2011. The evaluation of the pilot in September 2011 will inform our approach to the implementation of Lean across Adult Social Care and the business case for application council-wide.

2.4.4 At the same time as the testing of the 'To be' pathway work is ongoing with all teams within Adult Social Care to introduce some of the key 'lean' tools and new ways of working into these teams as part of a wider implementation programme. The main tools being introduced are visual management tools including '*information centres*' (Appendix 4) and '5S' (Appendix 6).

2.5 Expected Outcomes of the Project are as follows:

- to achieve the estimated £1million savings across the SDS Pathway
- to have realised the benefits originally identified through a streamlined pathway
- to successfully complete the testing of the Lean To Be prototype and to be clear about next steps with regard to wider implementation
- to have trained sufficient staff in the Lean tools to ensure that staff work in a 'lean' way and adopt the philosophy of continuous improvement
- to ensure that staff 'own' the new processes and systems
- to have a good understanding of the requirements of the workforce going forward.

3. Conclusion and Reasons for Recommendation

3.1 Scrutiny Committee are recommended to consider the contents of this report.

KEITH HINKLEY

Director of Adult Social Care

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What is Lean Thinking?

Lean Thinking is an improvement philosophy, management culture and set of tools. It focuses on services from the customer point of view (for example a service user or carer), improving speed, reducing waste, eliminating duplication and delivering improved customer value.

Lean Thinking is:

- putting the customer (for example a service user or carer) first
- empowering employees to drive improvement
- a passionate belief that there's always a simpler, better way of doing everything
- a continuous drive to identify and eliminate waste
- the application of Lean tools and techniques
- making sure that practice drives process

Where did Lean Thinking come from?

In the 1980s and 90s, the term "Lean" came to symbolise the management approach some companies were taking. It emphasised systems producing exactly what the customer wants - at the lowest costs, and with no waste. Many of the ideas were developed after the Second World War by Toyota and have since been successfully introduced in councils, NHS trusts and many other public and private sector organisations.

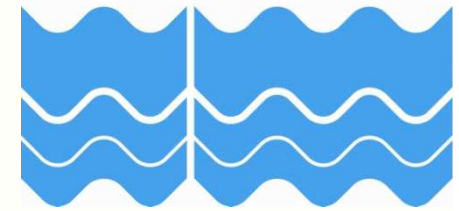
Tools and techniques

To understanding Lean Thinking we need to first understand how our business processes and systems work. This is often called Systems Thinking. 'Lean' looks at the way work and information flow through our systems, and challenges any process that might not add value to the customer.

One of the characteristics of implementing Lean is that relevant staff members are trained in the principles of Lean and specific approaches such as:

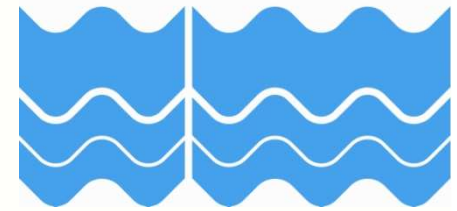
- collecting and analysing information about customer needs,
- value mapping,
- problem solving, and
- process redesign.

The trained staff members then work to improve their own system from the initial investigations, through to the implementation and continuous improvement of the new ways of working. Lean techniques can be used to tackle a specific area or across the system as a whole.

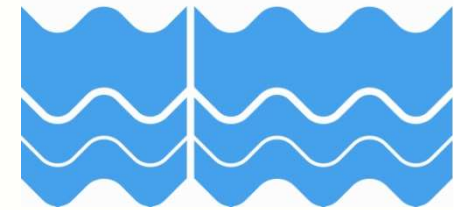


Lean in Adult Social Care – 'As Is' VSM Sign off and Action Planning

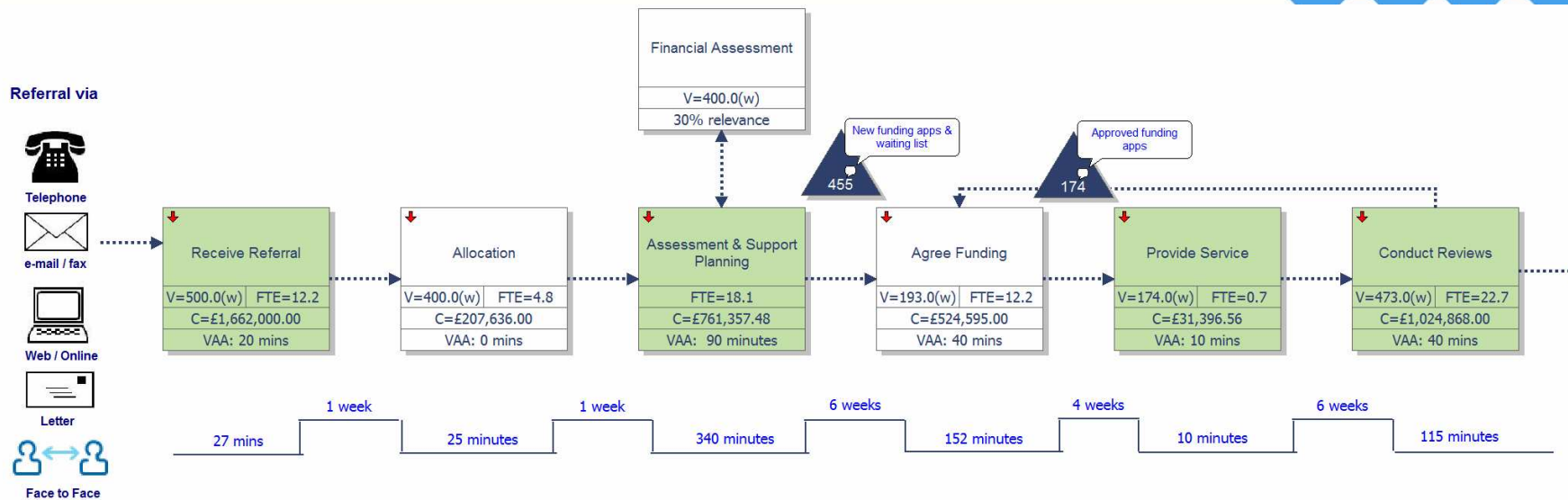
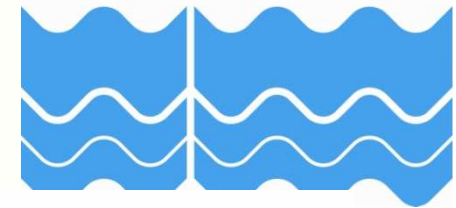
East Sussex County Council
December 2010



- Purpose of today's session
- High Level VSM
- General observations
- Early analysis results
- Identify constraints or plans that need to be considered during the improvement phase
- What else do we need to be aware of? Other projects
- Next steps



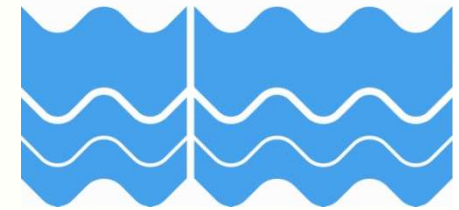
- Mapped high level SDS process on brown paper & electronically
- Project Team identified areas of waste considered to be high in Waste (Contact and Duty, Funding Approval, Recording and Paperwork)
- Conducted team based interviews and lower level Value Stream Mapping to ascertain how differently the SDS process is executed across the different functions e.g OT, MH etc.
 - Differences identified in day to day practises however high level steps followed by most functions
- Observe High Waste areas
- Attach performance data to the High Level VSM to quantify cost of providing the service to enable quantification of the waste and therefore the potential savings that could be achieved



VALUE ADD VS. NON VALUE ADD

- Total Non Value Add time including all delays = 40,005 mins (667 hours)
- Total Activity Time = 669 minutes
- Total Value Adding Activity = 200 minutes
- **Value Add Ratio** = $\frac{200}{40,005} \times 100 = 0.5\%$

ACTIVITIES ANALYSIS EXPLANATION

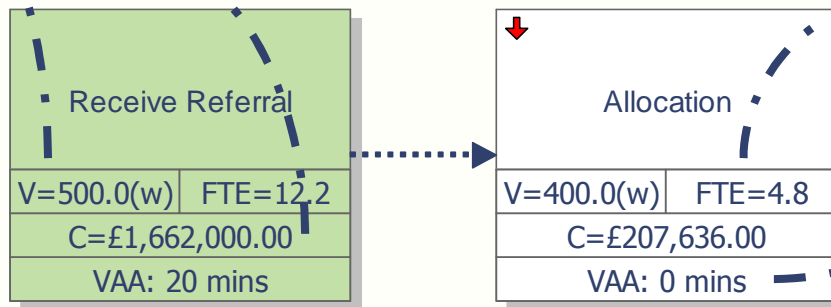


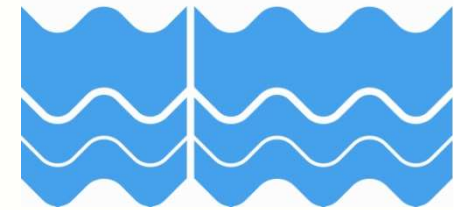
V = Weekly Volume (Average)

C = Annual Cost of each high level activity

FTE = Number of Full time equivalents required to deliver service (based on activity timings and Volumes)

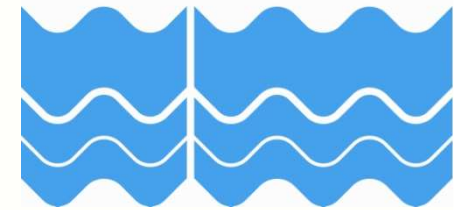
VAA - The number of Value Adding Minutes in each high level Activity Step



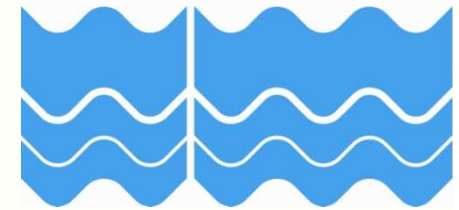


- Continue to quantify 'As Is' Process to establish a baseline for comparison following implementation of changes defined during the 'To Be' development workshop (Jan 17th)
- Conduct Improvement Workshops – design high level 'To Be' Lean process by removing waste and improving flow
- Sign-off of new process by Project Team, OMT & DMT
- Agree teams to pilot new processes
- Develop Implementation Action plan
- Develop new ways of working to support implementation of 'To Be' and implement Lean Environment in selected Pilot Areas
 - Standardised practises
 - Workplace organisation
 - Information Centres
- Start Implementation
- Review

DATA GATHERING ACTIVITY



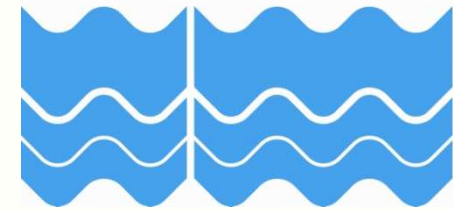
- Initial Analysis to confirm areas of focus
- 15 appointments over 3 days
- Services Visited:
 - ACM Duty & funding sign off processes Lewes
 - Learning Disabilities Panel
 - Learning Disabilities Duty
 - SDS Tools Group Meeting
 - Finance and Business Information
 - ICAP
 - Eastbourne District General Hospital
 - Sensory Duty
 - Social Care Direct
 - Mental Health Working Age Adults Duty & funding sign off processes
 - Eastbourne ACM Duty & funding sign off processes
 - Mental Health Older Persons
 - Eastbourne OT Duty
 - ACM Hastings & Rother Duty & funding sign off processes
 - Out of County Hospital Team



The project team was asked to define their perception of what customers value about the service.

- Continuity of service and people delivering the service
- Timely implementation of support package
- Accurate, timely & relevant information
- Involvement in choice elements of service
- Right support package, i.e. service, support, care
- Having their needs met, eligible and non eligible
- Value for money
- Timely provision of information and advice
- Transparency of information & timescales
- Updated and kept informed if anything changes
- Trust & confidence
- Individual Service

SIPOC MODEL

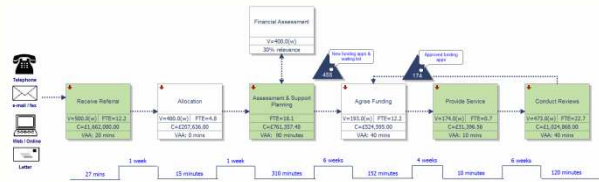
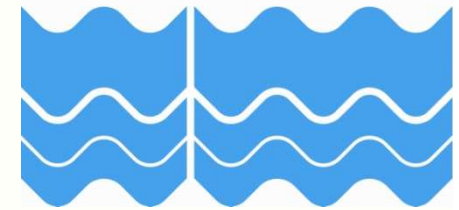


To understand the scope of the process we developed a **SIPOC** Model with the project team prior to beginning Mapping

Suppliers, **I**nputs, **P**rocesses, **O**utputs, **C**ustomers

SUPPLIERS

- GPs
- Internal Teams
- Hospitals
- Other Las
- Self referral
- Family
- Friends
- Carers
- Ambulance Service
- Out of County Hospital
- Councillors & MPs
- Concerned Members of the Public
- Independent Providers
- Outreach Service
- Transition through children's services
- Emergency Duty Services
- Finance
- Integrated Community Access Point
- Hermes
- Police



PROCESSES - VSM

INPUTS

Referrals as;

- Letters
- Faxes
- Emails
- Phone calls
- Website
- Drop ins

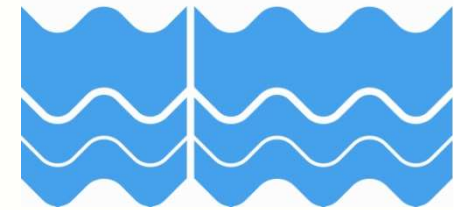
CUSTOMERS

Service Users & their Carers:

- Vulnerable Adult – Adults at Risk
- 18 plus (from 16 in some cases)
- FACS eligibility for ongoing social care need
- Information and advice as part of universal offer

OUTPUTS

- Support package (incl. arranged with other agencies)
- Safeguarding Investigation/Report
- Financial Assessment
- AMHP assessment
- Information & Advice
- Admission to Hospital
- DOLS
- Recommendation for DFG



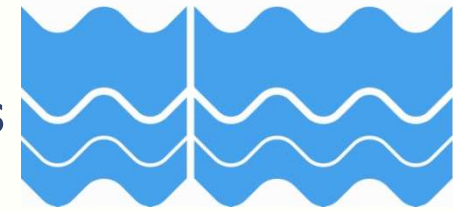
Purpose of Base lining:

- Quantify waste within a process
- Provides a focus for 'To Be' improvement workshops
- Enables quantification of benefits

Next step

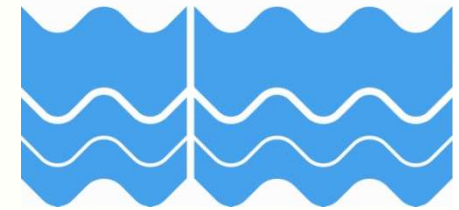
- Confirm lower level activity timings and data with teams – determine how long discrete activities take to complete
- Conduct work based observations to analyse low level day-to-day activities across the SDS pathway functions

HIGH LEVEL WASTE IDENTIFICATION



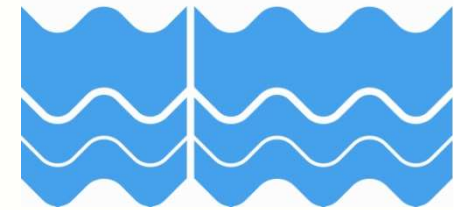
- Looking at the high level VSM we identified bottlenecks and hand-offs adding delay to Service Users and cost to the council.
- These were observed to a lesser or greater degree across all functions.
 - Duty Team Activity
 - Contracts/Procurement accounting/authorisations
 - Waiting for funding Panel authorisation
 - Ascertaining eligibility
 - Allocation across and within teams
 - Excessive Paperwork – inputting into systems

LOWER LEVEL WASTE IDENTIFICATION



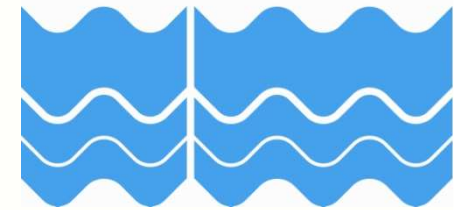
Waste identified within the SDS process:

- Work allocations
- Duplication of data capture & entry
 - Performance Management
 - Duplicated paperwork
- Rework collecting SU information
- Multiple panel reviews of cases
- Overproduction – requesting financial assessment when one already exists or case has been abandoned
- Cancelled appointments due to service users not being aware of referral
- Overproduction – multiple visits to the same service user from different service providers
- Over burden of staff - Not able to meet user needs
- Over processing - still delivering to old health targets (mental health)



Focus for 'To Be' Improvement workshops

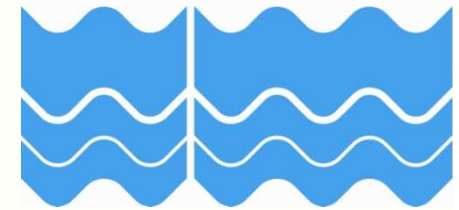
- Focus on high level VSM
 - Elimination/Reduction of waste
 - Remove/reduce handoffs to improve flow and reduce lead time of services users receiving a decision and/or support plan
 - To achieve this the Project Team may need to also consider;
 - Increased flexibility of teams & individuals & service
 - Introduce self managed teams supported by Lean Tools
 - Redesign budget approval process to reduce overhead to ESCC and delay to Service User
 - Simplification of the screening process and associated paperwork



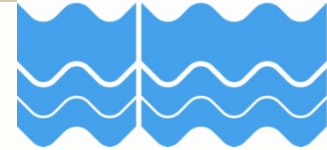
There are still some gaps in the data and overall understanding surrounding:

- Annual Review Process
- Funding/Department Budgeting and authorisation Process
- Demand profile for SDS pathway
 - Changing priorities on a minute by minute basis
- Safe guarding process
- Provision and timing of information
 - What information is sent out to existing Service Users

- Additional mapping workshops will be arranged for the New Year to bridge these gaps.

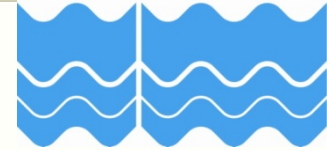


- Conduct small group mapping workshops to capture additional lower level processes
- Continue developing baseline for current processes
- Undertake workplace observations to engage other staff in identifying value and non-value adding steps
- Conduct 'To Be' mapping workshop with the Project Team
- Gain sign-off for proposed changes
- Develop a detailed implementation plan
- Identify team/s to participate in piloting of new process
- Train Pilot teams in Lean Principles
- Implement workplace improvement techniques
- Agree measurement plan to monitor and evaluate pilot/s
- Conduct end of pilot review

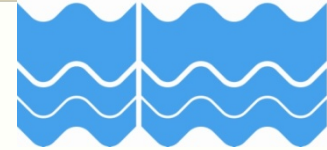


ASC Lean Project – DMT Sign Off Meeting

February 2011



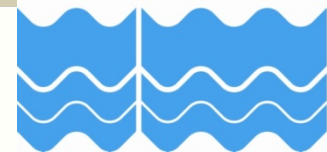
- Agree upon the 'To Be' model for piloting that realises significant (£1m+) cashable benefits for ESCC
- Agree high level details for the Pilot
 - Recap on Project Aims
 - Reminder of the current process issues from the customers perspective
 - Review and agree the 'To Be' process and supporting structure
 - Overview of the benefits
 - Agree high level model to be piloted & pilot specifics
 - Agree success measures
 - Define next steps



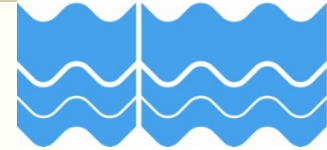
- To review the end-to-end Self-Directed Support process and identify all barriers to effective and efficient operation
- To improve the quality of service provided by staff at all stages of the process
- To measure and improve the productivity of staff at all stages in the process
- To begin the development of the Lean skills of the managers and team members across the service
- To develop the Lean skills of the ESCC staff working with the consultants to support the project.



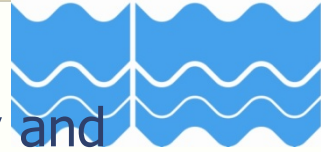
- Continuity of service and people delivering the service:
 - Multiple hand-offs in the process
- Timely implementation of support package:
 - Waiting times depend on demand in local teams, and spend against the weekly budget – 246 service users currently pending funding approval.
- Knowing what's available and having choice
 - Not always consulting Service Users in correct way or notifying them of personal budget, leads to re-writing of support package
- Right support package for the customer, i.e. service, support, care
 - Number of adjustments made at initial reviews
 - At scheduled reviews and projects 32% of packages can be reduced by an average of £41.78 per service user
 - Annual reviews not always frequent enough for Service users or not conducted in a timely manner – 26% of reviews are unscheduled



- Having their needs met, eligible and non eligible:
 - Determining eligibility a minimum of three time in the process
 - Timeliness of service may mean that people are no longer eligible for service
- Value for money:
 - Duplication and re-work apparent in all areas of the process
 - Average of 1000 abandoned assessments a month – 230 of these are supported self assessments, 350 are contact assessment.
 - 42% of service users have more than one RAS request
- Accurate, timely , accessible and relevant information:
 - Postcode lottery, waiting lists are not transparent
 - Eligibility is subjective.



- Being able to trust and having confidence:
 - Lack of a transparent service and potential involvement of multiple parties in delivering support makes it hard for Service Users to build trusting relationships with Council staff
- to be treated as an individual:
 - Confusion between individual and fair service
 - Subjective nature of service means a fair service is not delivered
 - Panels have to prioritise tight budgets according to risk
- A service that lasts as long as its needed



- Lean is about measuring the right stuff mercilessly to identify and solve issues that impact upon performance and ultimately the customer
 - Every minute really does count...
- One minute saved by one employee is a drop in the ocean towards the efficiency challenge!
- If every member of staff within ASC could save:
 - 1 minute in every hour = **24.5 FTEs or a review for all support package/service every three months to bring money back into the service to provide more support to customers or ensure package is right**



- Approximated average staff cost of moving a Service User through the 'As Is' process (assuming right first time = 638 activity minutes) = £247.55
- Multiplied by annual volume of activity = £2,898,797 (Assuming Right First Time on all activity steps)
- Other activity:
 - **2694 Safeguarding Alerts** pa (500 from SCD, 265 from ACM, 290 from LD, 122 from MH, 48 from OT, 1468 from Older Peoples Directly Provided Services)
 - **3036 safeguarding strategy meetings**
 - **955 safeguarding case conferences**

Additional time currently spent completing non-value adding activities within the current process or redoing work.



All referrals and queries except where the SU is open to a worker

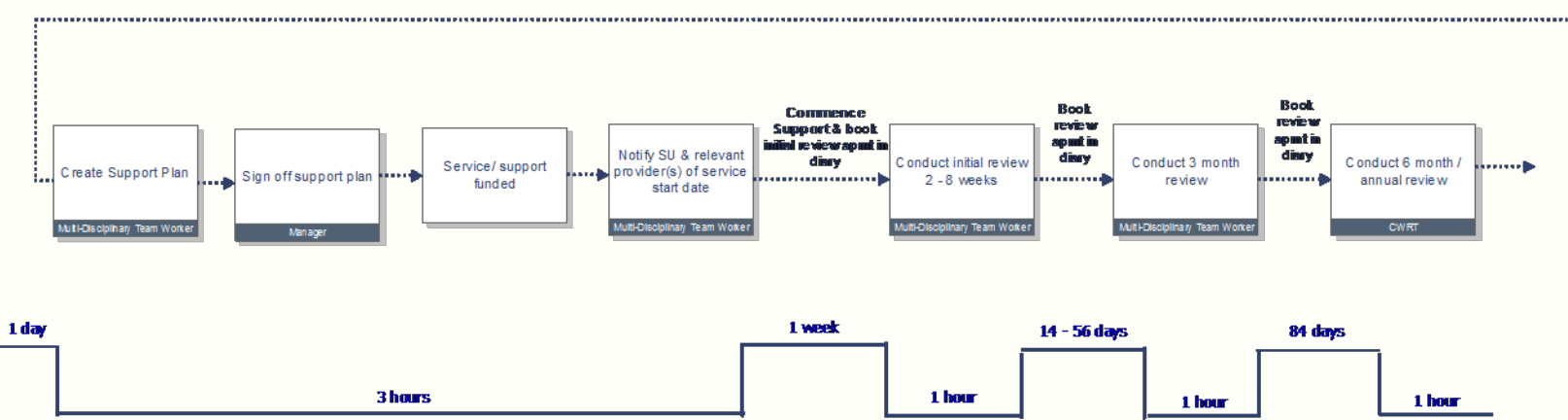
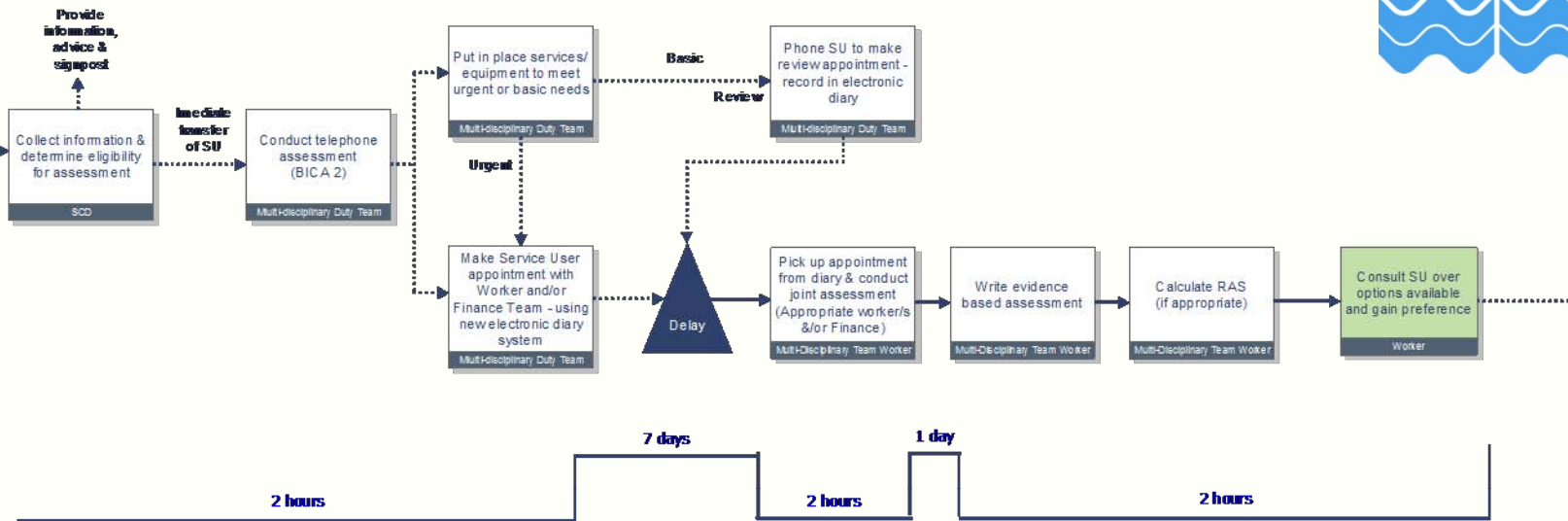
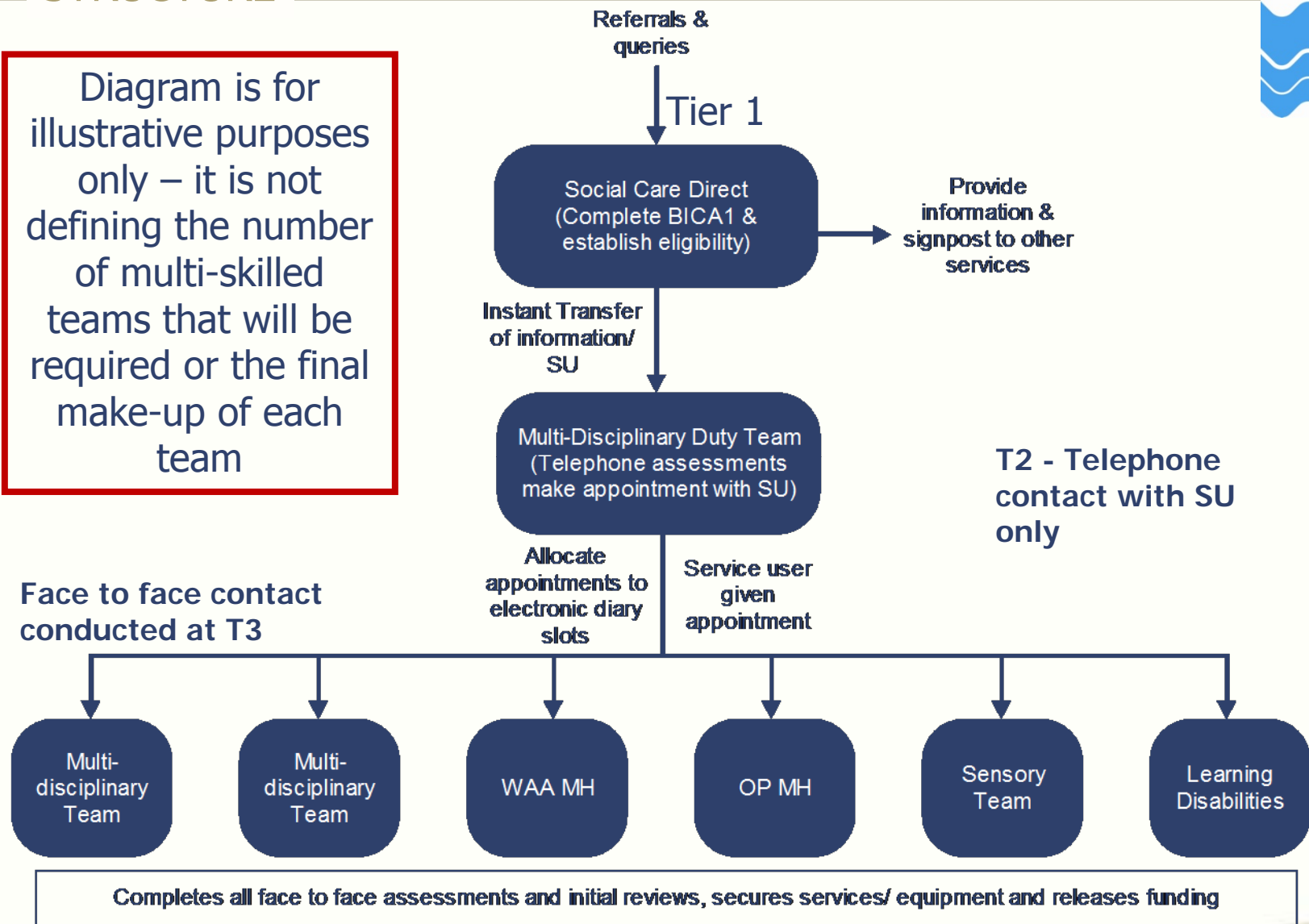
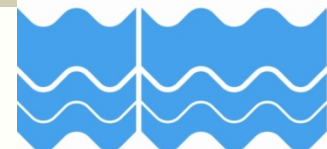




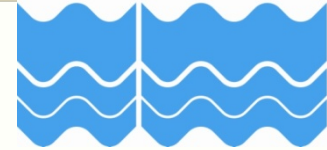
Diagram is for illustrative purposes only – it is not defining the number of multi-skilled teams that will be required or the final make-up of each team



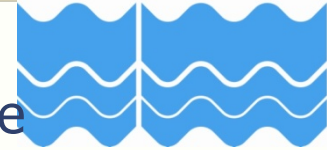


Team make up of the multi-disciplinary teams at Tier 2 (T2) and Tier 3 (T3)

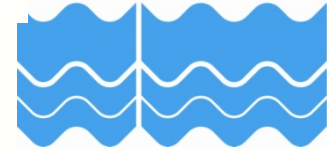
Multi-disciplinary Duty Team (T2)	Multi-disciplinary Team (T3)
Mental Health (OP & WAA)	Assessment & Care Management
Learning Disabilities	Occupational Therapy
Assessment & Care Management	Service Placement Team - link
Sensory	Finance (FABI)
Occupational Therapy	Management
Service Placement Team - link	Admin Support
Finance (FABI)	
Management	
Admin Support	



- All mental health, LD and sensory teams will continue to operate as separate teams and will not become part of the multi-disciplinary teams at T3, but will however form part of T2.
- Hospital Teams remain 'as is' for the moment but link in to current process via the multi-disciplinary duty teams at review which include ICAP workers
- Teams become multi-disciplinary and co-located, the worker who can meet the SUs greatest need conducts the assessment for all needs
 - Reduced need for multiple visits to the SU
- T2 team only conduct telephone assessments, if any face to face visits are needed they get an appointment booked with a team



- Where required - assessments conducted jointly with Finance
 - Reduced need for multiple visits
- Appointments for all assessments and reviews are booked into an electronic diary and pulled by the team
 - Appointments are at the SU convenience and they always knows when their next contact will be
- Workers release funding for Support based upon up to date information kept centrally
 - more ownership and accountability for workers
 - removal of waiting for SU
 - Reduced cost of service by removing Panel Process



- Reviews are conducted more frequently
 - release funding to other SUs as soon as possible
 - based upon SU changing needs not availability of internal resource

- Not all Service Users for SDS are willing customers, some Mental Health and Self Harmers will be dealt with differently as liaison may need to be with parties other than the Service User.

- Letters or other means of communication for those groups who cannot access the telephone

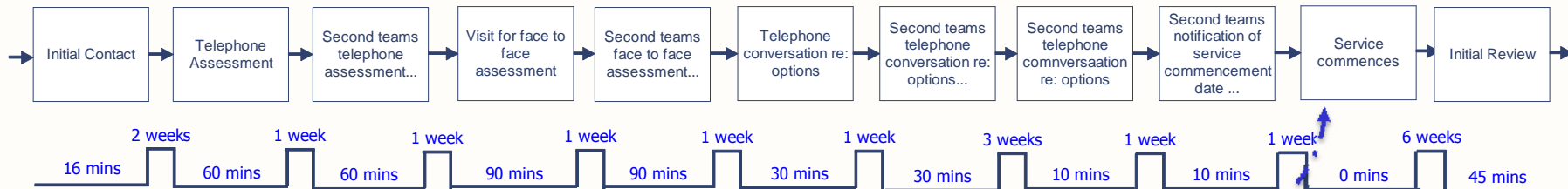
- All referrals and queries come through Social Care Direct
 - except where the Service User is an active case (currently open to a worker) where SU will contact their workers team directly



- Reduction in customer waiting times & end to end cycle time
- Reduction in hand-offs and delays
- A fairer and more transparent process – removal of current postcode lottery that Service Users experience
- Reduction in duplication e.g. Duplicated paperwork/ visits etc
- Swift involvement of reablement through integrated T3 teams
- Increase capacity from removal and/or reduction of non-value adding processes/activity such as;
 - Panel Meetings
 - Preparing Panel papers
 - Providing updates to SUs
 - High proportion of abandoned assessments

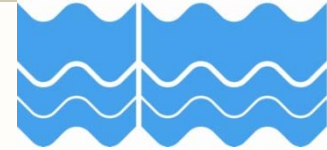


AS IS

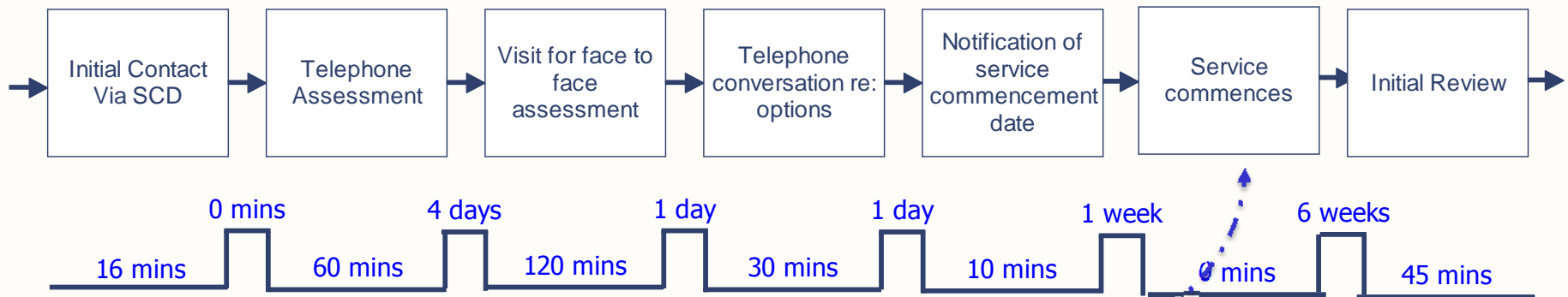


From initial telephone call with SU to implementation of service requiring a face to face assessment – **12 weeks (84 days)**

$$\text{Value Add Ratio} = \frac{\text{Activity Time} \times 100}{\text{Total Time}} = 0.2\%$$

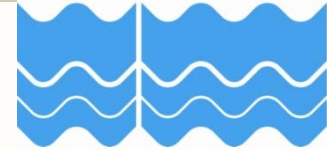


TO BE v2 – complete integration at T3

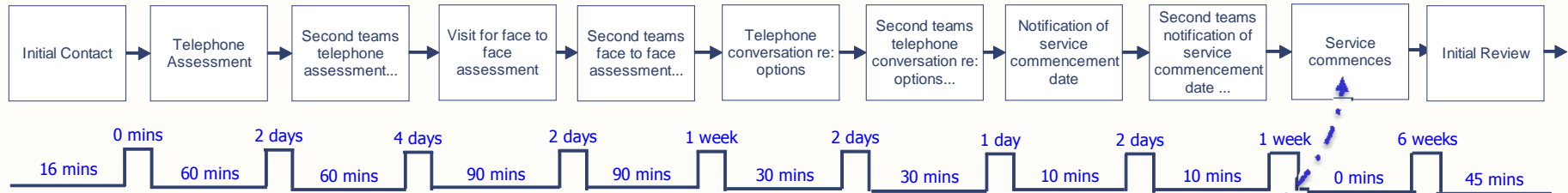


From initial telephone call with SU to implementation of service requiring a face to face assessment – **13 days**

Value Add Ratio = 1.2%



TO BE – MH & LD excluded from Multi-disciplinary T3 teams



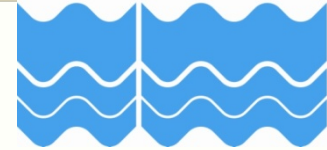
From initial telephone call with SU to implementation of all services requiring a face to face assessment – **27 days**

Value Add Ratio = 0.61%



	AS IS	TO BE v2	TO BE
Lead Time (from referral to full service in place – face to face assessment required)	12 weeks	13 days	27 days
Value Add Ratio	0.2 %	1.2%	0.61%
Number of BICA 1s completed	13,418	13,418	13,418
Number of BICA 2s completed	13,706	3,001	3,001
Number of Assessments completed	6,687	1,710	3,024
Cost of delivering service	£2,898,797	£1,316,468	£1,454,534
Savings	-	£1,582,329	£1,444,263
Financial Sign-off delays built into process	3 weeks	<1 day Worker approved	<1 – 1 week Scheme of Delegation

On-going financial benefits capture verification with Strategic Finance

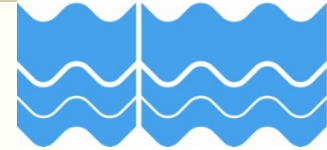


- A key area for careful management is the budget spend, how do we monitor and manage the budget?
- Central monitoring by strategic finance of the budget spend
- Local team monitoring via the information centres of team expenditure and income
- Management sign off of support plans

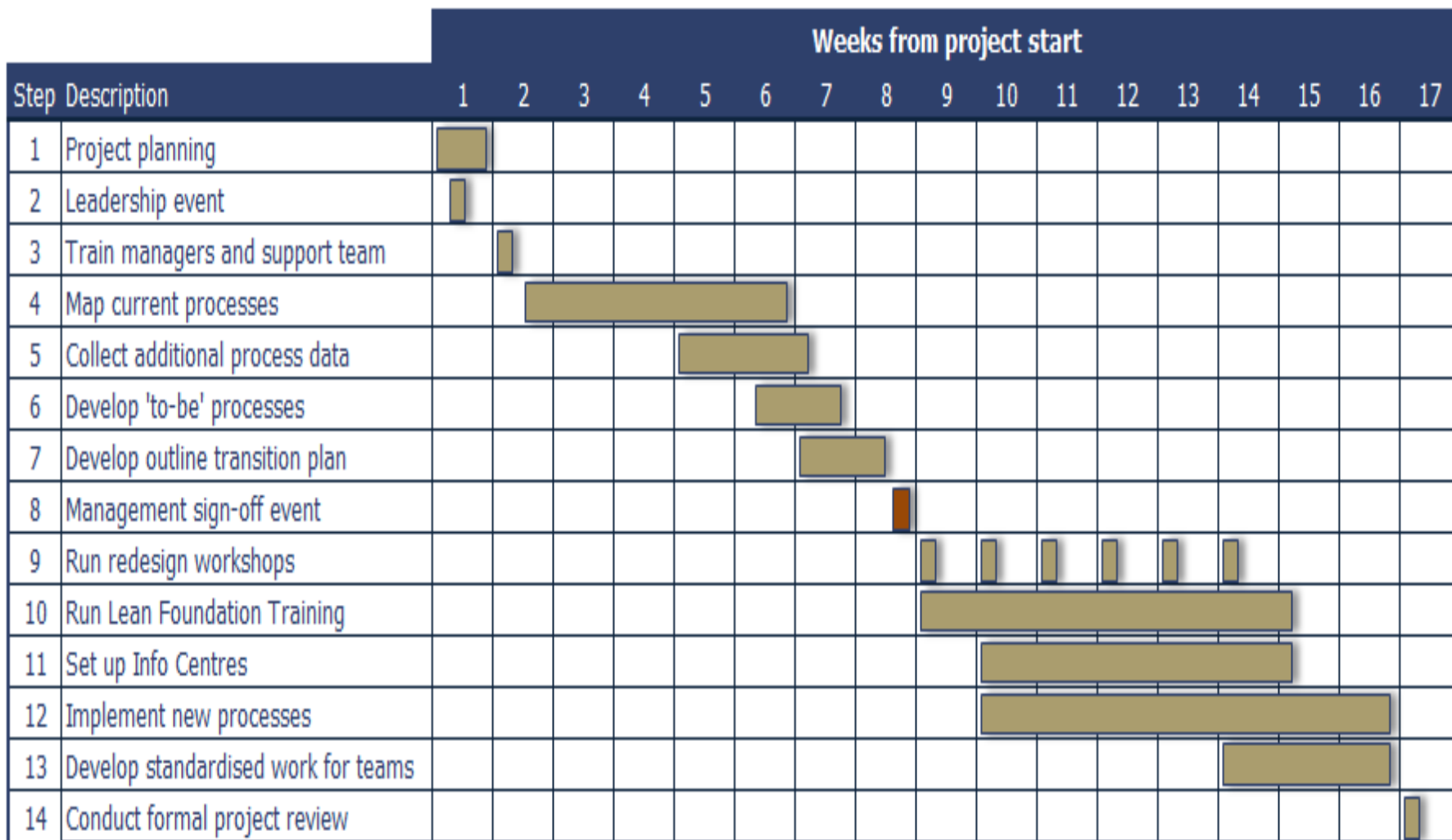


What would a pilot look like?

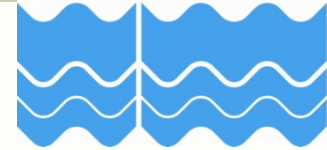
- Pilot in Hastings & Rother locality
- 12 weeks in duration with formal project review at the end
- Implementation is scheduled to take place no later than May 2011



1. Select and set up pilot team(s) and workers
2. 'To Be' Process walk through and error proofing workshops – define the details of the new process (using the issue log)
4. Set up electronic diary system, conduct training and develop standards
5. Make all relevant IT system changes e.g. new team codes
6. Review performance targets and assess impact of 'To Be' on national indicators
7. Set up of success measure monitoring and establish accurate benchmarks
8. Accurate and transparent monitoring of pilot team spend – budget monitoring
9. Set up of telephone lines for all teams and monitoring of availability for Duty Team
10. Training for staff on new process

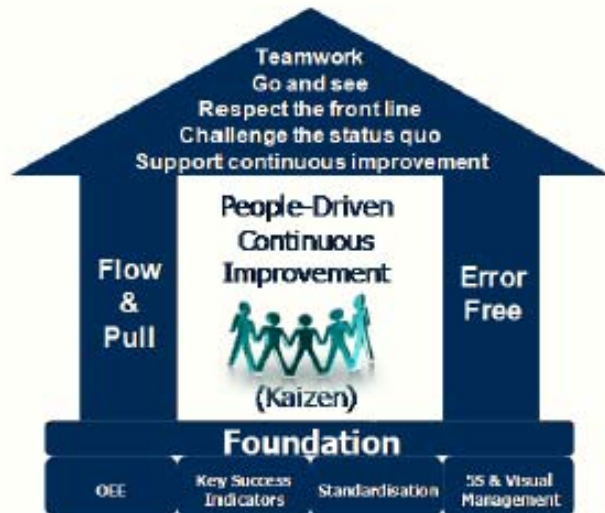


HOW WILL WE MEASURE SUCCESS?



- Increased Service User satisfaction
- Improved staff satisfaction with the process
- Increased recycling and re-investment of money
- Reduced end-to-end cycle time
- Reduction in volume of complaints
- Reduced number of visits to each service users
- Reduction in call backs required
- Reduced unit cost per service user
- Reduction in errors
- Reduced number of abandoned assessments
- Increased take up of Direct Payments (DPs)
- Increase in Number of people successfully reabled

Lean Tools and Techniques



Information Centres

Definition

- The Information Centre is the meeting point for all actions relating to Policy Deployment at an organisational level (Departments / Divisions)

They are a powerful communication and problem solving tool

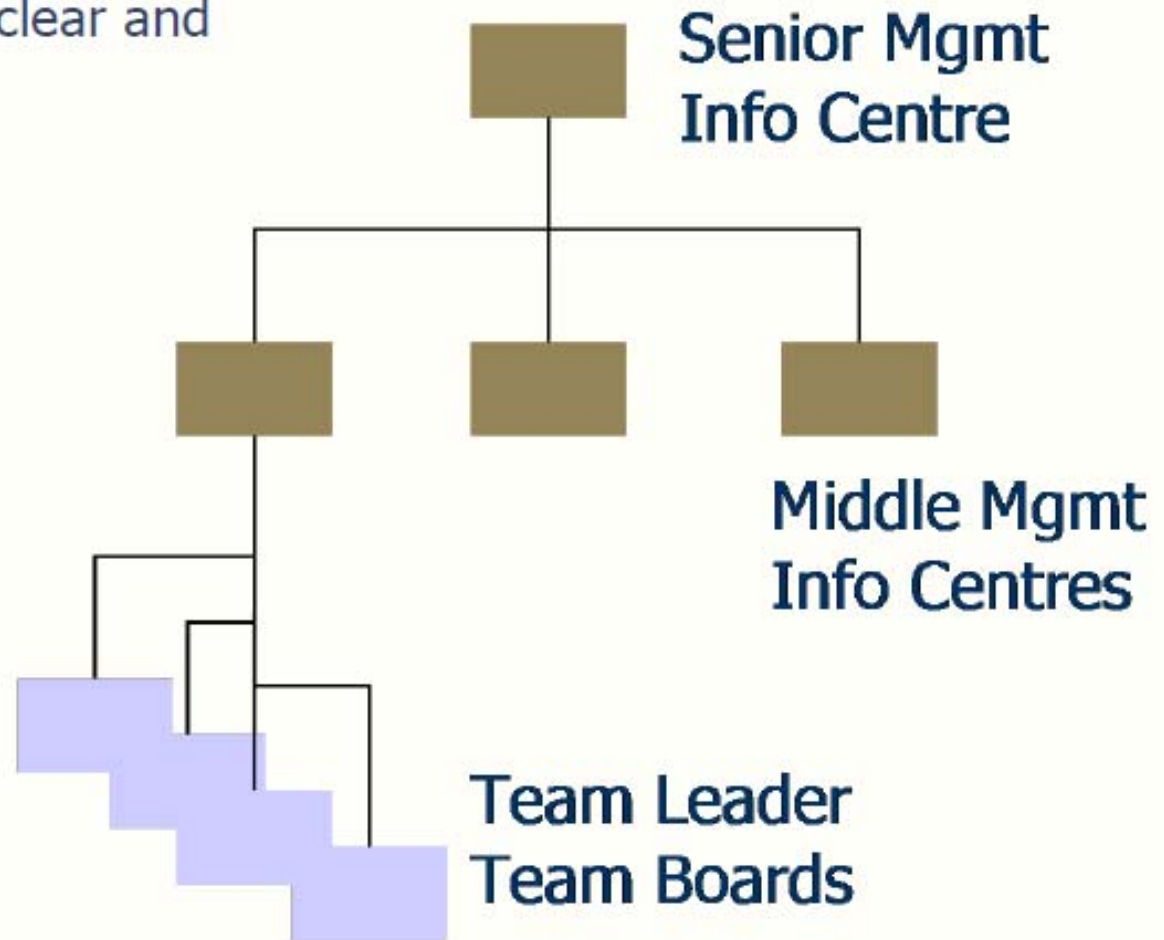
- They provide a clear and visual representation of your part of the business at a given moment
- Information Centres record and display key metrics to empower all business levels to make informed data based decisions
- They underpin and support an organisations continuous improvement activity

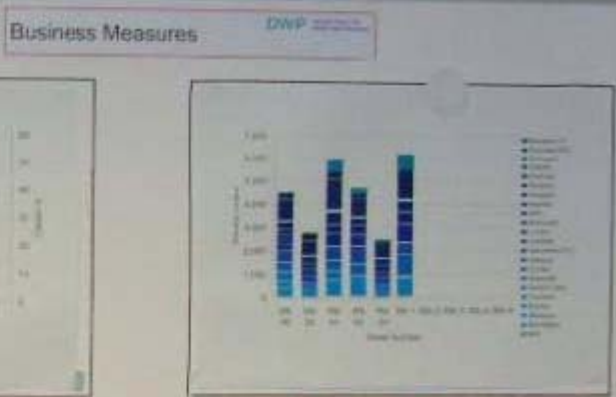
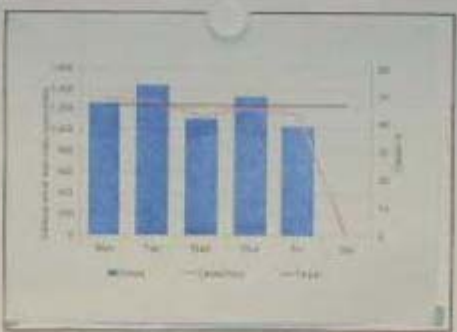
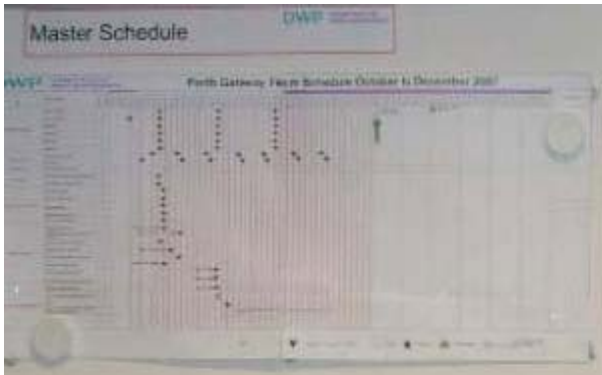
Benefits

- Single point of information and focal point for decision making
- Visual status is clear to all
- Drives accountability for projects and policy deployment
- Management by default is simple to apply
- Links up to policies and down to implementation
- Understood by front line workers
- Common expectation of what information will be displayed and in what form

"Make your workplace into a showcase that can easily be understood at a glance" – Taiichi Ohno

Information flows up and down the organisation in a clear and immediate way





C.C.C. - Problem Solving

New Concerns

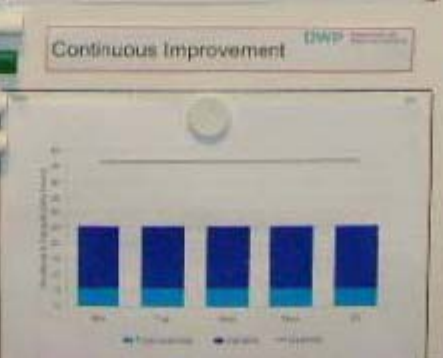
Concern ID	Description	Priority	Status
1	...	...	...
2	...	...	...

Concerns for Review

Concern ID	Description	Priority	Status
3	...	...	...
4	...	...	...

Concerns in Progress

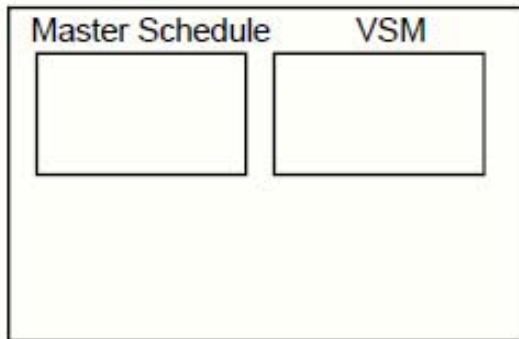
Concern ID	Description	Priority	Status
5	...	...	...
6	...	...	...



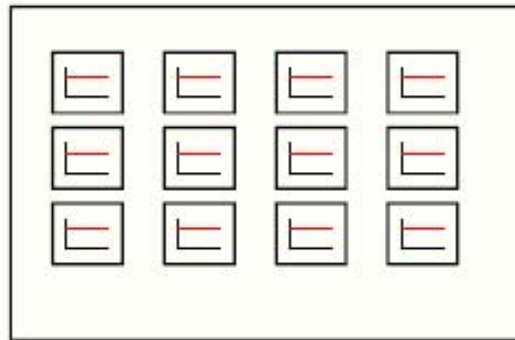
Countermeasure Tracking

Countermeasure ID	Description	Priority	Status
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...

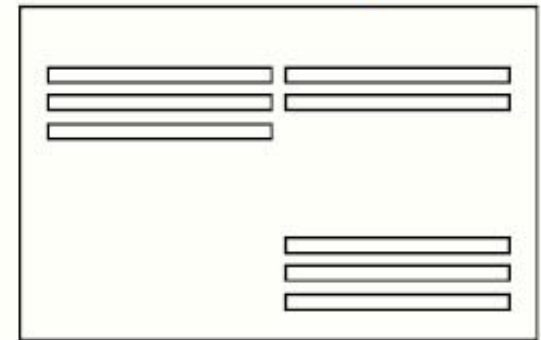
Long-term Board



KPI Board



Problem Solving Board

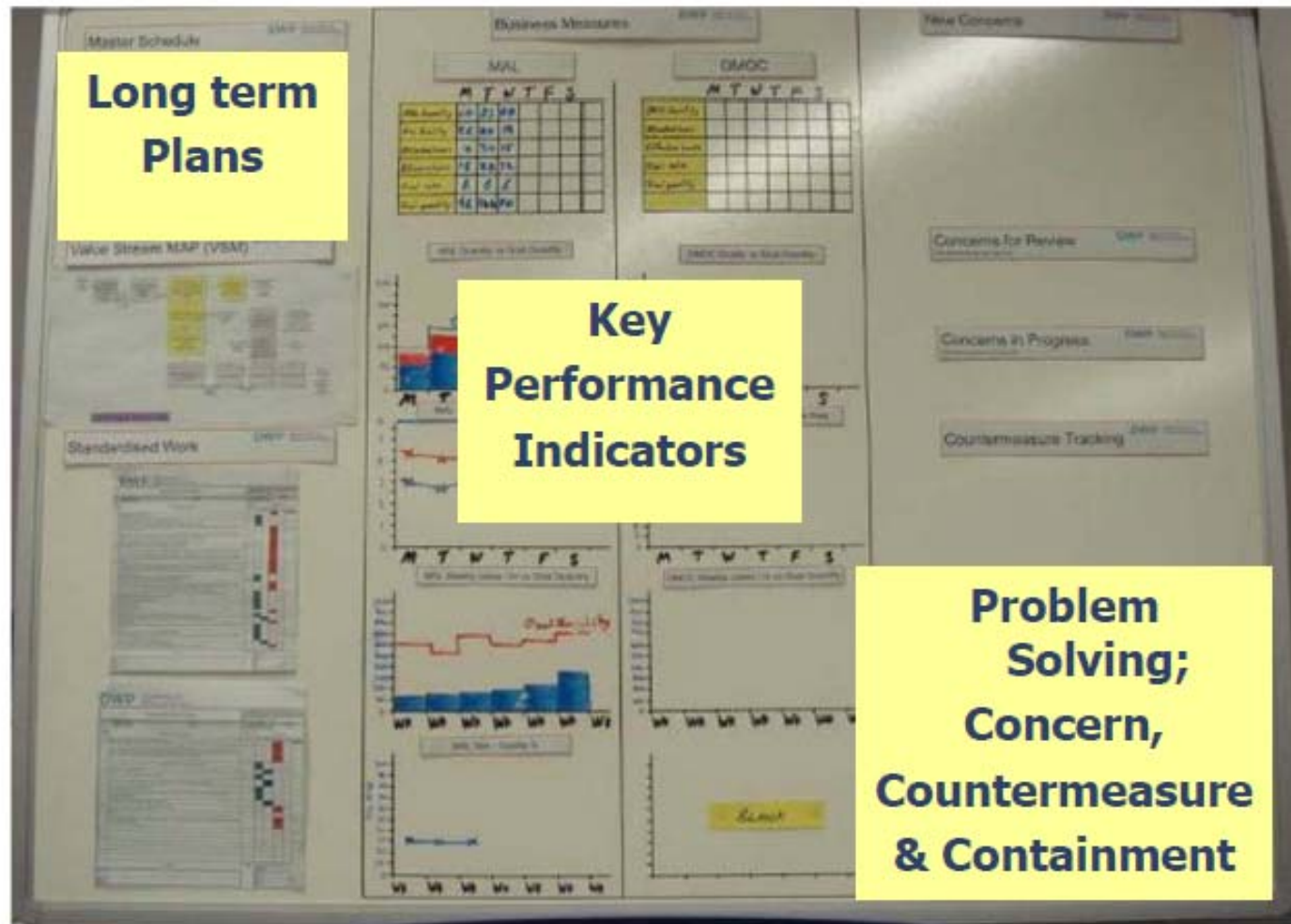


All Information Centres follow the same basic principles, however, they need to be completely bespoke and tailored to the needs of the team/organisation using them.

Content of the long term board can include:

- Strategic information
- Master Schedules
- Training schedules
- Process/ Value Stream Maps
- Action plans
- 5S sustain measures (results from audit or challenge walk)
- Weekly diary
- Celebrations of success
- Policy Cascade

EXAMPLE OF AN INFORMATION CENTRE





I.S. TELEPHONY TEAM LEADER DIARY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
KARA	KARA	KARA	KARA	KARA
Jo	Jo	Jo	Jo	Jo.
JANE	JANE	JANE	JANE	JANE <i>fy</i>

I.S. TEL TEAM MEETINGS ROTA

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
John			John 2.	

Performance DWP

Customers DWP

I.S. TELEPHONY PERFORMANCE

	% CALL HANDLED	NO TO LOG	CALLS ANSWERED	NO TO LOG
Monday	96%		1052	
Tuesday	95%	96%	920	1972
Wednesday	96%	96%	869	1841
Thursday	95%	96%	812	1663
Friday	95%	96%	739	1402

	18/2/08

New Concerns DWP

Concerns in Progress DWP

TELEPHONY HOTSPOTS

- SHOTTEN (WHERE) POST OFFICE IS CLOSED HALF DAY WEDNESDAY.
- SON TEMPLATES
- NEW IS TRACKER

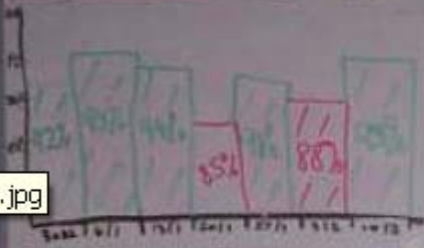


- 3 minute management implies that within 3 minutes anyone could walk up to an Information Centre and know the team's status
- To meet this goal KPIs should be clear, simple, and updated by hand



COO INFORMATION CENTRE update 18.2.10

TIER 4 + PPO TIMELINESS 90%



RISK MANAGEMENT TIMELINESS 90%



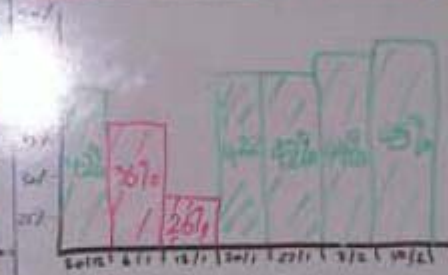
RIC PSR TIMELINESS 90%



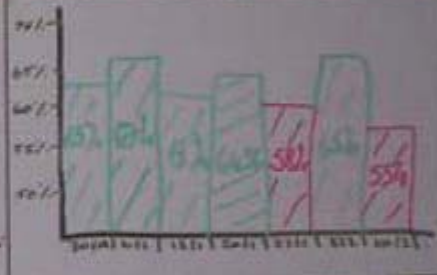
TIER 2 + 3 OASIS TIMELINESS 90%



EMPLOYMENT BY TERMINATION 40%



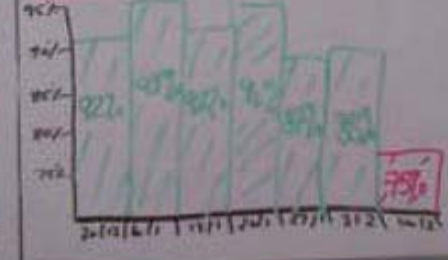
End to end Enforcement 60%



OPM PHASE 2 + 3 TIMELINESS



UBP RELEVANT CRITERIA 80%



OFFENDERS IN ACCOMMODATION 70%



100_1662.jpg

Key Performance Indicators (KPIs) are a way of measuring our success

- KPIs must:
 - Relate to critical success factors
 - Be well defined & globally understood
 - Be applied consistently
 - Enable open, transparent communication
 - Be implemented & owned by staff at all levels

Measures are used to:

- Evaluate current process performance
- Identify existing & potential process problems
- Establish priorities & set realistic goals
- Assess the impact of changes to the process

- The things that really matter...
- They will be driven by service user needs, regulatory issues, organisational requirements, etc.
- Typically there will be a maximum of around 6 Critical Success Factors for any work area

What are the Critical Success Factors for your processes?

- KPIs can be used effectively in many different parts of the organisation: e.g.
 - Strategic level
 - Supporting Services
 - Department/cell level
 - Project/team level
 - Personal level
- Different people/departments have different needs

1. New Concerns

Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
1	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
2	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

2. Containment

Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
3	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

3. Counter measure

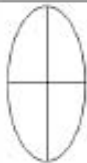
Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
4	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
5	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

4. Tracking

Task/Issue	Content	Duration	Start Date	Stop	Status	Plan	1	2	3	4	5
6	The fire alarm is off/flat to sound tonight for 20g	200 items (20000 items) sent to fire work for 20g	1.10.14	6.10.14	⊕		6	7	8	9	10

THREE C'S PROCESS

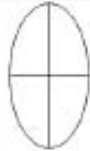
Date	Concern	Containment	Countermeasure	Target Date	Resp	Status	Freq	1	2	3	4	5
1-Apr	Too few DM's in office to meet target for day	EO team leader moves back to DM work for day			Jane Baker							
								6	7	8	9	10



Concern, Contain & Countermeasure allows concerns to be:

- Raised
- Logged
- Tracked
- Actioned
- Solved.


EXAMPLE CONCERN STRIP

Date	Concern	Containment	Countermeasure	Target Date	Resp	Status	Freq	1	2	3	4	5
1-Apr	Too few DM's in office to meet target for day	EO team leader moves back to DM work for day			Jane Baker							
								6	7	8	9	10

5 Why Analysis




EXAMPLE CONCERN STRIP

Date	Concern	Containment	Countermeasure	Target Date	Resp	Status	Freq	1	2	3	4	5
1-Apr	Too few DM's in office to meet target for day	EO team leader moves back to DM work for day	Review holiday planner & place on info Centre, set target for # people out at one time	14-Apr	Jane Baker							
								6	7	8	9	10

- Once the root cause is found a countermeasure can be added to the strip along with an expected due date for the countermeasure
- The first piece of pie can now be filled in as we have a PLAN for countermeasure
- The pieces of pie represent PLAN, DO, CHECK, ACT for our countermeasure

EXAMPLE CONCERN STRIP

Date	Concern	Containment	Countermeasure	Target Date	Resp	Status	Freq	1	2	3	4	5
1-Apr	Too few DM's in office to meet target for day	EO team leader moves back to DM work for day	Review holiday planner & place on Info Centre, set target for # people out at one time	14-Apr	Jane Baker		W	✓	✓	✓	✓	5
								6	7	8	9	10

- When the countermeasure has been done we are in the CHECK phase and the third piece of pie is filled in.
- These checks should be physical confirmations that the countermeasure is working ie we should Go Look See and not say "no one has told me there's a problem" – this is not good enough

EXAMPLE CONCERN STRIP

Date	Concern	Containment	Countermeasure	Target Date	Resp	Status	Freq					
1-Apr	Too few DM's in office to meet target for day	EO team leader moves back to DM work for day	Review holiday planner & place on Info Centre, set target for # people out at one time	14-Apr	Jane Baker		W	✓	✓	3	✓	✓
								✓	✓	✓	9	✓

- Finally all is OK – the countermeasure is working and we can ACT to update our standards so we do not lose this countermeasure

Make it clear;

- Responsibility for the status lies with the individual responsible for that area or task
- Decisions and actions are taken outside of the Info Centre meeting
- Purpose of the meeting is to ensure that the best course of action has been taken
- Manage by exception;
 - Focus on abnormal conditions using these as a prompt for investigation
 - Problem countermeasure strip used to contain and resolve issue
- Use the Info Centre daily to guide them to problem areas
- Conduct a formal review weekly

Visual Management =
Key to rapid, succinct
meetings



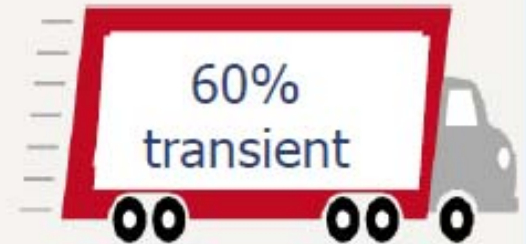
- Appoint a board co-ordinator to ensure the board has been made ready for review by those involved



KPIs



40%
fixed



MCj04346550000[1]

- Information should be relevant to problems and issues encountered
- Give each sector of the board a red/amber/green status and one for the board as a whole



- A stand up briefings
- Maximum of 10 minutes at the boards
- Full attendance on time
- One conversation at a time
- Manage by exception
- KPIs updated before the meeting
- Deal with data and facts not opinions
- Don't problem solve during the meeting

- Seeing your process clearly
- Provide a focused and structured approach to problem solving
- Being able to see your own performance
- Having a target / method to improve
- Having a method to escalate issues quickly
- Central point for the team

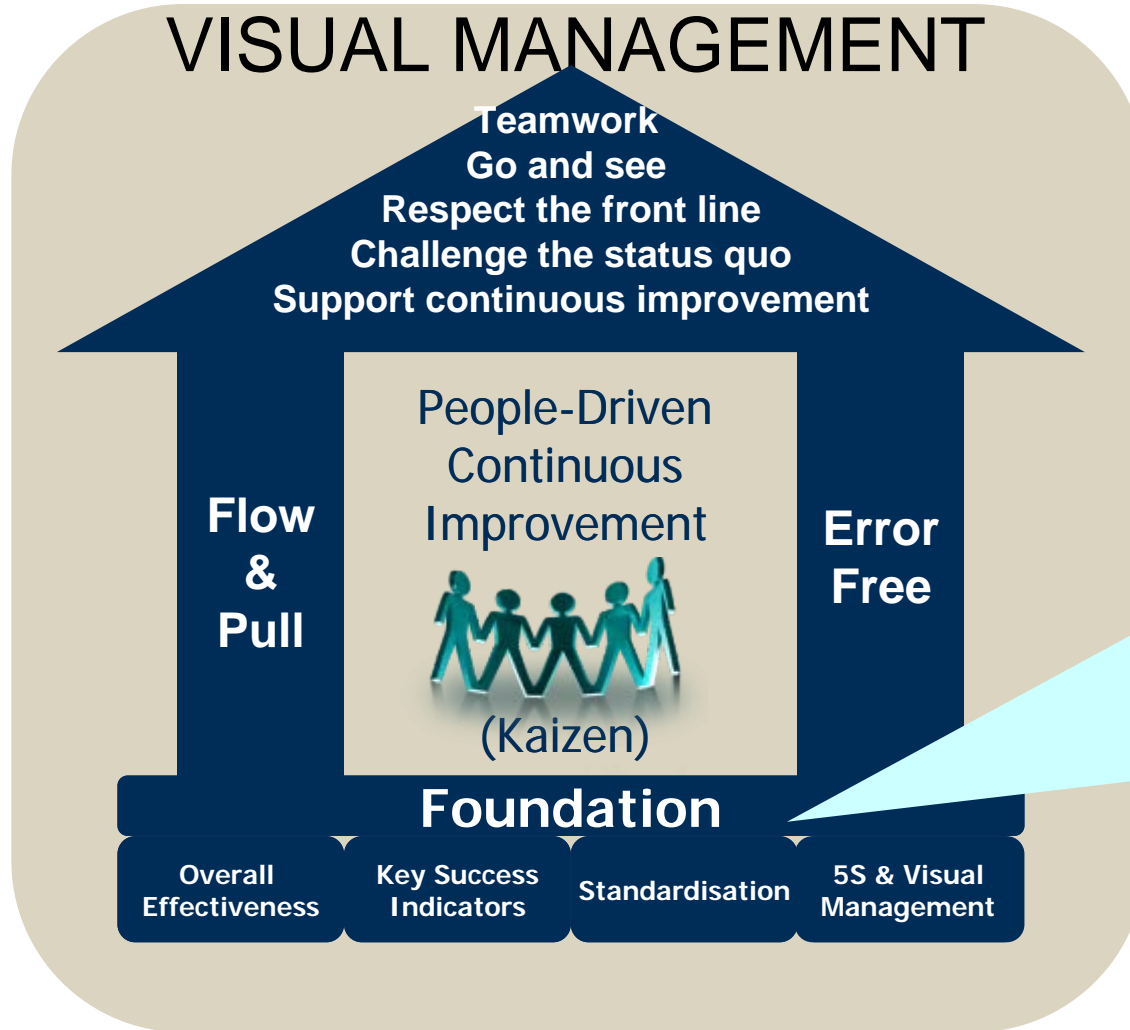
- It is your Information Centre
- You manage your work
- You choose where to put the red lines to indicate unacceptable performance
- Focus on concerns you can do something about
- Follow the process
- Review the workload from the concern, containment, countermeasure process regularly
- Follow the ground rules



- Information Centres
 - Record and display key metrics to empower all business levels to make informed data based decisions
 - They provide a clear and visual representation of your part of the business at a given moment
 - Allows information to flow up and down the organisation in a clear and immediate way
 - Deal with data and facts not opinions
- It is your Information Centre - it may not be right first time, so be willing to vary the KPIs after gaining more data from using them

5S VISUAL MANAGEMENT

THE LEAN PHILOSOPHY AND VISUAL MANAGEMENT



Visual Management is the foundation for standardised work and continuous improvement

5S helps us to create a visual workplace

PURPOSE OF 5S

- To use as a tool to highlight any abnormalities within the working area
- To highlight waste for elimination
- An easy way of achieving major change in a manufacturing or office environment
- A structure for establishing an orderly, clean and organised working environment

WORKPLACE IMPROVEMENT

5S leads to a Visual Workplace

- a simple and effective process to continually improve the workplace



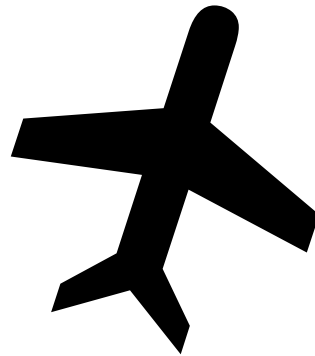
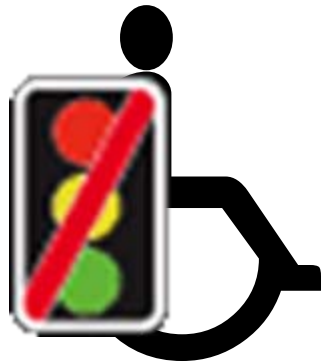
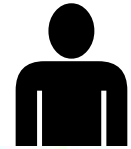
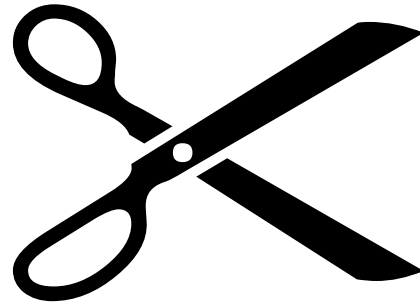
Visual Workplace = When anyone can walk into a workplace and visually understand the situation

WORKPLACE IMPROVEMENT

5S can quickly, easily & cheaply have a significant effect on performance through:

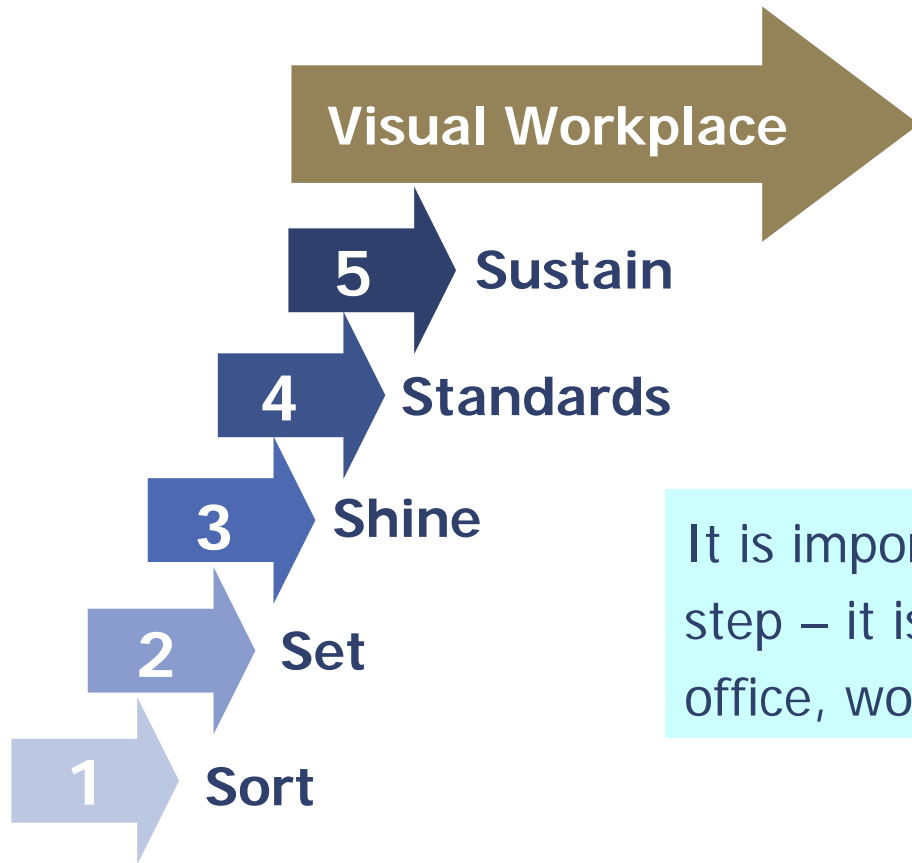
- Good location of equipment
- Having the minimum amounts of equipment/material
- Storing frequently used items close at hand
- Storing neatly & clearly
- Removing unwanted items
- Constant review to maintain & improve

SOME EXAMPLES OF UNIVERSAL VISUAL MANAGEMENT



5 S STEPS

5 S = Establishing a clean, orderly and safe working environment



It is important to follow the process step by step – it is equally applicable to all areas – office, workshop, meeting room...

SORT – BEFORE AND AFTER PICTURES

Before



After