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Pathology: the science behind the cure

# Welcome to Kaizen!

# 改善

## The Need for Speed

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# Why?

- Why does this matter for patients and the public?
- Why is the NHS currently obsessed with CQI?
- Why does this matter to my organisation?
- Why does this matter to my department?
- Why does this matter to me?



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**NHS**

*Improving Quality*

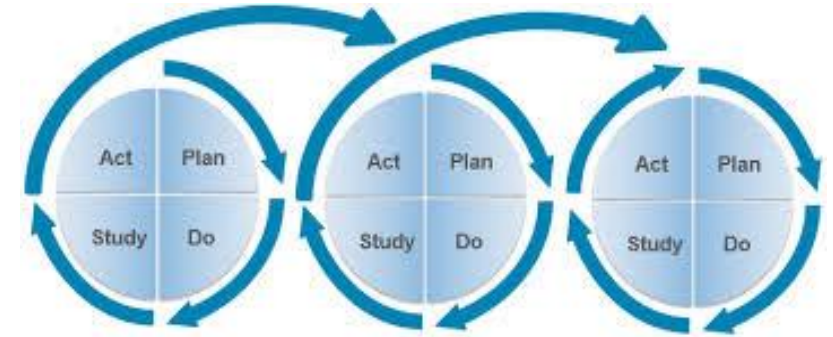


**Our shared  
purpose:  
at the heart of  
change in the NHS**



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# How?

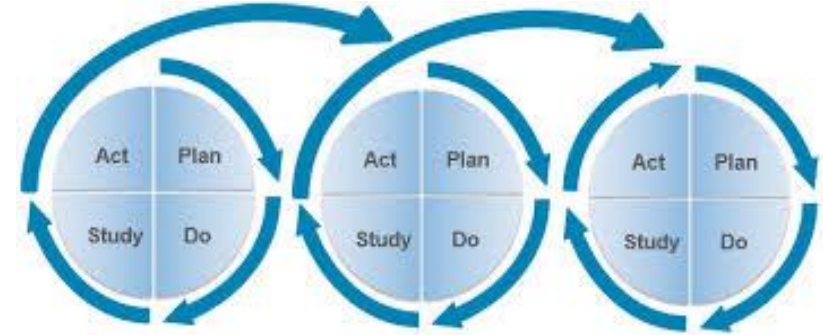


- NHS has adopted PDSA as its core methodology for CQI
- Underpinned by the 'lean' principles and philosophy of the Toyota Production System including the 'A3 problem-solving' approach
- TPS: plan slowly, observe directly, eliminate waste, implement quickly, review and refine



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# How?



**A3 Lean Improvement**

**What's the problem?**  
How do you know?

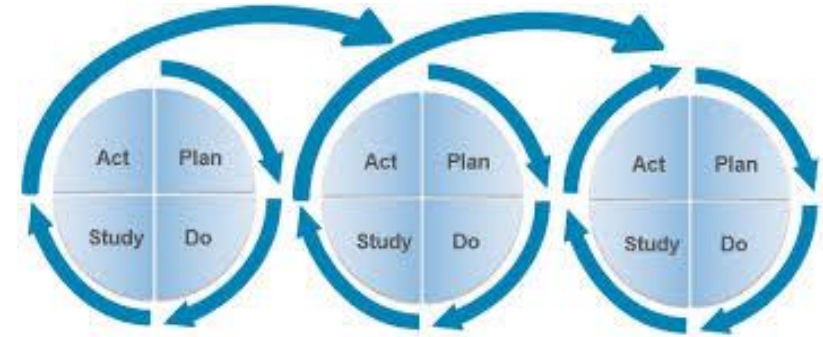
**What do you want?**  
What is the root cause of the problem?

**What will 'good' look like?**  
What are your countermeasures?  
Who is doing what and when?

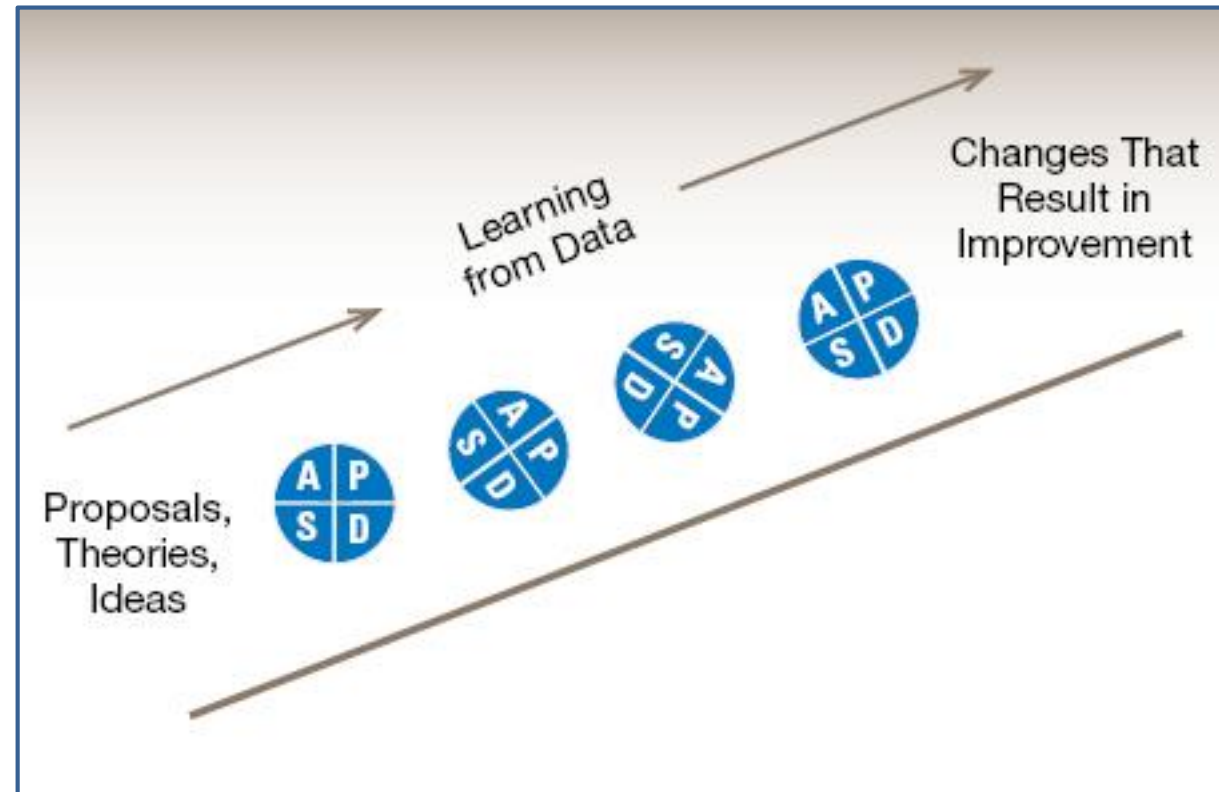
**How do you know what difference you have made?**

**80%**  
**20%**

# How?



- Is this different from audit?
- Is this different from research?







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# What?

- Up to you!
- Tackle real problems that will make a difference for patients/public wellbeing
- Support case for change with evidence
  - SLOW?
- Don't fall back on intuitive solutions
  - FAST?





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# Need for Speed?



Next steps on the  
NHS Five Year Forward View



## Developing People – Improving Care

A national framework for action on  
improvement and leadership development  
in NHS-funded services



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#### Condition 1:

##### Leaders equipped to develop high quality local health and care systems in partnership

Leaders of organisations in local health and care systems are able to collaborate with partners including patient leaders across organisational, professional and geographical boundaries in trusting relationships to achieve the same clear, shared system goals<sup>1</sup> for their communities.



#### Condition 2:

##### Compassionate, inclusive and effective leaders at all levels

Compassionate leadership means paying close attention to all staff; really understanding the situations they face; responding empathetically; and taking thoughtful and appropriate action to help. Inclusive leadership means progressing equality, valuing diversity and challenging existing power imbalances. It may sound a 'soft' and timeless leadership approach given current urgent pressures. But evidence from high performing health systems show that compassionate, inclusive leadership behaviours plus established improvement methods<sup>2</sup> create cultures where people deliver fast and lasting improvement in quality and efficiency.



#### Condition 3:

##### Knowledge of improvement methods and how to use them at all levels

Individuals and teams at every level know established improvement methods and are using them in partnership with patients, communities and citizens to improve their work processes and systems. Enough people can lead improvement project teams to release the full benefits of this knowledge.



#### Condition 4:

##### Support systems for learning at local, regional and national levels

There is sufficient training, coaching and organisation development capacity to meet development needs and enable and support learning and improvement. Data and knowledge-sharing systems to support improvement and leadership development are in place and there are networks for sharing improvement knowledge and experience locally, regionally and nationally.



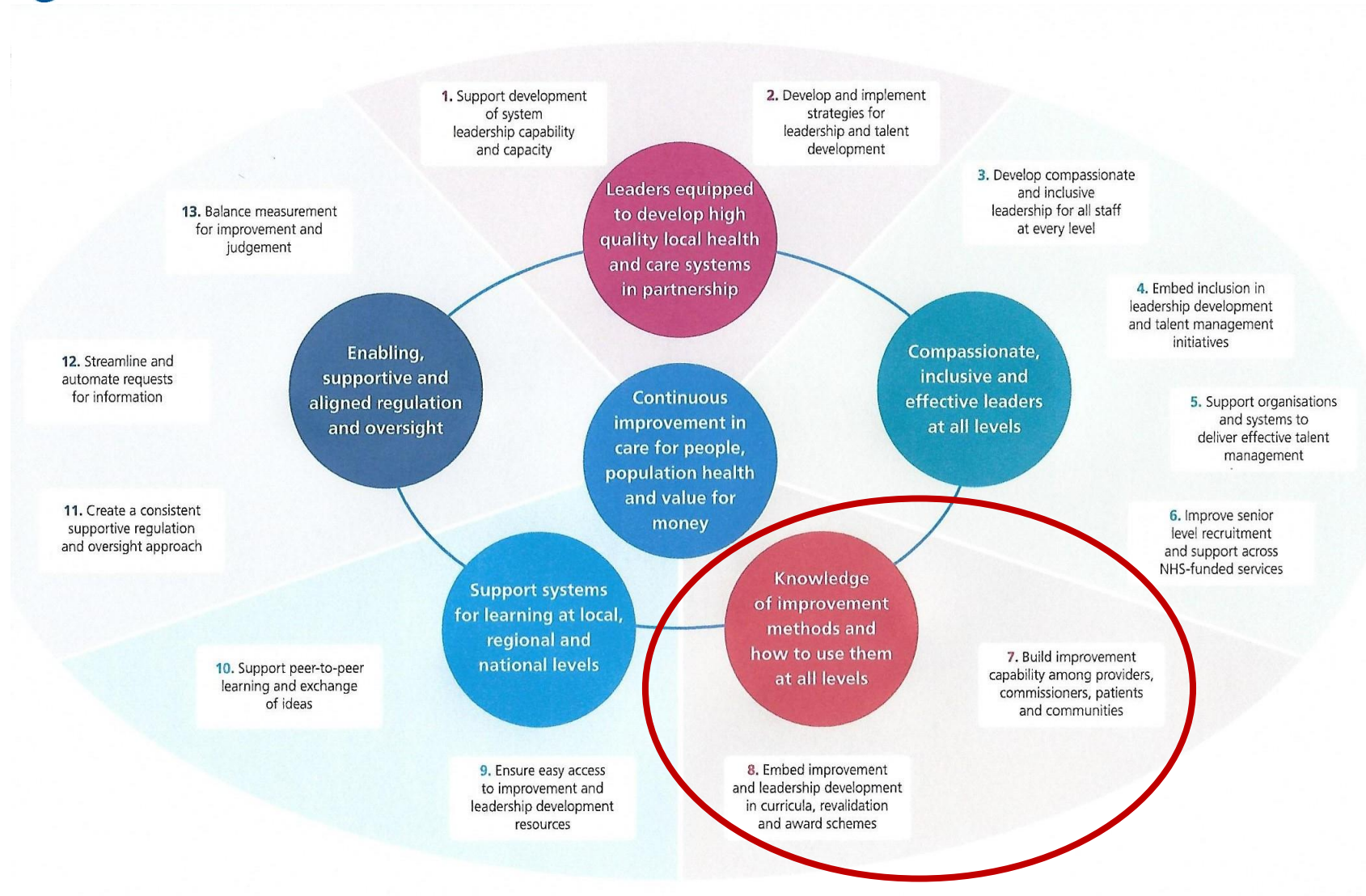
#### Condition 5:

##### Enabling, supportive and aligned regulation and oversight

The regulation and oversight system gives local organisations and systems control of driving learning and improvement. At the same time, central organisations help local systems find the support and resources they need. The constituent parts of the oversight system behave consistently and 'speak with one voice'.

<sup>1</sup>including continuously improving care, population health and value for money.

<sup>2</sup>these methods include Total Quality Management (TQM), Model for Improvement (including Plan Do Study Act or PDSA), Statistical Process Control, Six Sigma, Lean, Experienced-based Co-design, Theory of Constraints, and Business Process Re-engineering. See [www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf](http://www.health.org.uk/sites/health/files/QualityImprovementMadeSimple.pdf)





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# The Myth of “We don’t have time....”

“There is never enough time to do it right the first time, but there is always enough time to do it again”

“Lack of direction, not lack of time, is the problem - we all have 24-hour days”

