Betsi Cadwaladr University Health Board – Turnaround Programme

Strategic Context

The Health Board has adopted an ambitious strategy for health improvement and healthcare; Living Healthier, Staying Well

This strategic direction envisages significant change in the Board's focus towards health improvement and reducing inequalities in health as well as delivering excellent healthcare. The strategy envisages a significant shift in the focus of healthcare delivery, moving more Care Closer to Home and re-designing our hospital services to be sustainable and fit for the future.

To deliver this change we need to be in a position where we are able to consistently deliver high quality services which are accessible to our population and are sustainable in terms of our workforce and financial resources. At present we know that we are not in this position. Our performance and financial indicators clearly show this to be the case.

 From work we have done already we know that we have significant opportunities to improve. Throughout the organisation we have many clinicians and staff who are keen to embrace change and grasp these opportunities. Over the past two years we have made progress in a number of areas and have positive work progressing in areas such as staff engagement, clinical leadership and quality improvement. There is much to build on, however we lack the capacity and the focus within the Health Board to support people to deliver the change required, ensuring that we consistently deliver the changes and improvements we commit to. As a result we are not in a sustainable position and not sufficiently focussed or equipped to move forward.

 In summary, our current methods of delivering change and improvement are not delivering the magnitude of change we require at sufficient pace. We need a step change in delivery if we are to move to a sustainable position and achieve our long term goals to improve the health of the population and deliver excellent healthcare. This is where a Turnaround approach can help us to deliver.

What is Turnaround ?

Turnaround can be described as – " a revolution in the life of an organisation as it strives to return to a sustainable position"

This definition clearly articulates the degree of change required within an organisation that embraces turnaround. This change must run throughout the organisation and be recognised as a necessary and desirable programme of change. In adopting a turnaround approach we are committing to challenging the way we work, our focus on efficiency, use of resources and the effectiveness of our services and activities, with a commitment to deliver significant change and improvement. In essence we are committing to a relentless focus on "doing things better".

Turnaround management requires strong leadership throughout the organisation. It is not an exercise for the Board or a small team of individuals. It requires an investigation into root causes of failure, and long term programmes of change and improvement to revitalise the organisation. It requires a change in mindsets and behaviours with regard to the way we use our resources and hold ourselves and others to account.

Our turnaround programme will drive a period of significant change and improvement that will impact right across the Health Board, in both clinical and support functions. This programme must harness and build upon the expertise and commitment of our clinicians and staff. It will enable us to reach a position of sustainability which will form a base upon which we can build future service change for the benefit of the population of North Wales.

We will develop a turnaround plan which sets out the improvements we intend to deliver over the next four years along with their financial impact. Through this plan we will deliver improvement for those who use our services. Crucially, this must be within the financial resources available to the Board

Our Approach to Turnaround

Our approach is drawn from learning and experience elsewhere, but is designed to be effective in our Health Board. We have looked at experience elsewhere in Wales and over the border in England and used this to identify an approach which we believe will work for us. Our approach is built upon the skills and leadership we have within the Health Board, but recognises the need for additional support and focus.

By working in this way we believe that sustainable change can be implemented which will not only address current problems but will build a platform for further transformation of services as we implement our strategy Living Healthier, Staying Well.

Central to our approach to turnaround is the recognition that the scale of change required in the Health Board is such that it requires fundamental cultural and behavioural change. We need to adopt a consistent and relentless focus on improvement which will ensure we deliver better services to our population whilst also improving our use of resources and achieving financial balance.

We will need to adopt a consistent discipline with regard to the use of resources; we will need to operate with new systems of control and governance, changing our view of "business as usual"; we will need to support and enable staff and teams to be agile in delivering change and improvement; we must constantly seek out variation and opportunities for improvement to make us comparable with the best the NHS can offer.

To make this change we will need capacity and support. Importantly this support will be geared towards enabling our staff and teams to embrace change and deliver improvement. We will build skills and capacity within the Health Board and bring in external support to address specific issues and challenges. This support will focus on building our capacity to sustain change, making us better equipped to deliver our strategic changes in the years to come .
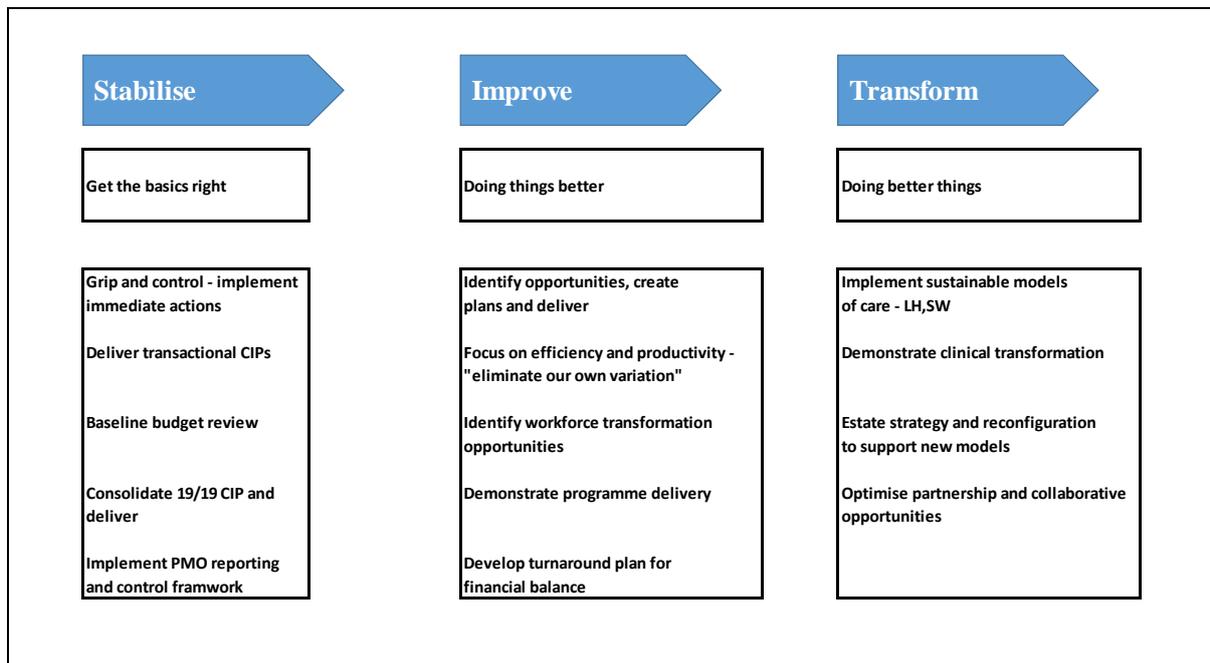
The wider network of professional and corporate resources across the Health Board such as communications, workforce and organisational development will support the

turnaround programme to help embed new ways of working and ensure effective engagement of staff.

This approach requires a discipline and commitment from staff across the organisation to face up to our challenges, embrace the opportunities that lie ahead of us and deliver the required improvements. To deliver this change we must have the following in place –

- Strong commitment and support for the turnaround process from the Board and our staff
- Strong leadership at many levels to address long standing challenges by thinking in new ways and embracing change
- Renewed systems to hold individuals and teams to account for delivery whilst also enabling change and improvement to be delivered quickly
- People acting consistently and observing governance and controls over procurement, workforce and other costs
- Excellent communication with all staff delivered in an open, honest and timely way

Our approach will be based on three phases of work as summarised below -

Stabilise	Improve	Transform
Get the basics right	**Doing things better**	**Doing better things**
Grip and control - implement immediate actions	**Identify opportunities, create plans and deliver**	**Implement sustainable models of care - LH,SW**
Deliver transactional CIPs	**Focus on efficiency and productivity - "eliminate our own variation"**	**Demonstrate clinical transformation**
Baseline budget review	**Identify workforce transformation opportunities**	**Estate strategy and reconfiguration to support new models**
Consolidate 19/19 CIP and deliver	**Demonstrate programme delivery**	**Optimise partnership and collaborative opportunities**
Implement PMO reporting and control framwork	**Develop turnaround plan for financial balance**	

Communication and Engagement

Communicating the purpose of the turnaround programme and the benefits we seek to secure through it will be key to its success. To achieve the desired results we need everyone to play their part.

Effective partnership working will be a critical factor in progressing this work. We will engage closely with trade union representatives both as the programme is developing and as we move through implementation to ensure effective two way communication and to take advice as the programme develops.

Our communication will need to be effective both internally and externally. It is critical that our staff, those who use our services, the wider population and external stakeholders are clear as to what we are doing and why. We need to effectively communicate the benefits of this approach in a clear and consistent manner throughout the turnaround programme.

We will develop a communication plan to support the turnaround programme and will use a number of methods to communicate and engage with staff and stakeholders, including –

- Chief Executive updates
- Regular presentations and engagement at key staff meetings
- Core brief
- Focussed engagement with budget holders and managers
- Senior clinical fora
- Stakeholder briefings
- Media engagement

Importantly, communication must be genuinely open and two way. We need to hear from our staff and others about their ideas for improvement and best use of resources. We will seek to maximise opportunities for staff from across the Health Board to influence to programme and contribute to its success.

The Leadership Challenge

The turnaround programme will require significant changes in the way the organisation functions, its business norms and standards. This requires consistent visible leadership behaviour at many levels. Leaders will be required to demonstrate behaviours which –

- Make visible their ownership and engagement in the turnaround programme
- Adopt the discipline of using data and evidence to drive discussions regarding improvement and opportunities to change

- Introduce systems of reward and consequence which reflect the aims of the programme
- Clearly demonstrate that their actions and their expectations of others align with the principles of the turnaround programme
- Demonstrate persistence and focus to ensure that the benefits of the programme are delivered

Demonstrating such behaviours across the organisation is key to supporting the cultural and behavioural change required; if leaders cannot demonstrate this then change will not embed.

Key Components of our Turnaround approach

1.Get the basics right – grip and control

The first priority for our turnaround programme is to secure robust grip and control upon our daily business and financial transactions. This is a critical activity to secure the 2018/19 current plan and to move beyond this in terms of in year delivery. This element of work will focus on the following

- Systems/ rules/processes – ensuring that there are clear business rules and processes which the organisation is adopting and demonstrating consistently in daily activities. The Health Board has introduced enhanced grip and control over the past 6 months as part of its financial recovery in 17/18 but this requires review, enhancement and continued focus. Appendix 1 contains examples of grip and control actions, some of which are already in place and others will be considered in this phase
- Review of current state – we will undertake a detailed forensic review of all current budgets and plans to identify further opportunities for rapid improvement in our financial position. This will include a review of financial out-turn in previous years, by budget heading, to identify and challenge areas where underspends have previously occurred with a view to releasing resources. The review will also challenge budget holders to justify future expenditure from a service delivery perspective and undertake a further review of their CIPs, bringing forward further proposals for inclusion in the 2018/19 savings programme.
- Break the " business as usual" mindset – a system of focussed review and accountability will be introduced to heighten the focus upon clinical excellence, financial management and cost containment across services. This will be aimed at breaking the current "business as usual" mindset and instilling an urgency to address service improvement and financial discipline within day to day operational management.

Through the above processes, we aim to focus management responsibility where it belongs. We must enable people to make rapid change and hold them to account for results. This will aid the building of a cost conscious culture which can support the delivery of innovative service changes and sustainability.

The final element of this work will be the establishment of new monitoring and reporting structures, supported by the Programme Management Office (PMO) which will enable accountability to be discharged in a clear and consistent manner.(See section 6 below re governance.)

2. Build Capacity and Capability to Deliver

This programme of change will require dedicated resources to be focussed upon challenge and support to drive improvement. The Board has appointed a Director of Turnaround to lead this process.

The Board already has a limited Programme Management Office function in place. This is supported by Service Improvement capability which is seen as critical to align with and support the turnaround programme. This will be strengthened to support the identification, development and delivery of turnaround schemes. This resource forms the core of the capacity required to drive the turnaround programme, however there are key inputs from other disciplines which will be key to the success of the programme. Specific input will be required from informatics, performance, communications, workforce and organisational development.

This capacity will be utilised to drive the turnaround process, however ownership of the delivery programmes will rest firmly with operational and clinical service leads. This is a critical element of enabling a sustainable approach and will link to the Board's broader organisational development strategy which is currently being documented.

The resource required to support the turnaround programme has been identified as follows –

Core structure (see appendix 2 for structure chart)-

- Turnaround Director and administrative support
- Finance Director – Efficiency and Value
- Programme Management Office (including hosted finance roles)
- Service Improvement Team

Turnaround Team

To deliver the benefits of the programme and enable the conversion of opportunities into schemes there is a need for a broader multi-disciplinary team to be brought together. These may not be full time roles but will draw upon expertise within the organisation to provide a central resource to inform and enable the turnaround programme. Key inputs to the team will be –

- Senior Doctor
- Senior Nurse
- Senior Therapist
- Senior Pharmacist
- Procurement advisor
- Workforce and OD capacity

Bringing this broader team together will create a multi disciplinary group which is action focussed and improvement driven. Working with the support of the PMO and Improvement Team they will provide a catalyst to drive change to services which are clinically focussed, evidence based and resource effective.

As the turnaround plan develops we will use clinical and subject experts to challenge current thinking to enable change and innovation. Much of this knowledge resides within the organisation but where necessary we will draw this from expert external sources.

3. Identify Opportunities for Improvement

In order to make our turnaround programme effective we have to implement a systematic methodology for identifying opportunities to improve our financial position. This approach needs to be driven by consistent and robust data which informs decisions and highlights areas of weak performance. We will adopt a two pronged approach to this , "eliminating the variation within" and then "driving performance to the upper quartile".

In identifying opportunities we will draw upon a range of data sources and intelligence, including –

- Our opportunities directory
- Our internal budget review challenge
- Benchmarking of performance against other healthcare organisations
- Learning and evidence from the National Improvement Programmes
- Evidence from the National Efficiency Board
- Data drawn from our Value Based Healthcare Programme
- Wales Audit Office and other external reports eg Carter

By analysing the above we will identify a range of areas where there are clear opportunities to drive improvement on cost effectiveness and deliver savings. Importantly, this work will not start from a blank piece of paper; we already have significant analysis of opportunities to address. These have previously been summarised as follows –

2017/18	Savings Opportunities by Source				
Area	**Opportunity**	**Deloitte Benchmarking 2013**		**BCUHB Benchmarking 2017**	
		£m Low	**£m High**	**£m Low**	**£m High**
In Hospital Total		**26.2**	**45.9**	**19.4**	**44.8**
(excluding workforce)	Theatres	14.4	30.6	13.3	30.5
	Inpatients - planned care	0.3	0.6	0.7	2.5
	Inpatients - emergency care	10.0	12.5	5.3	11.7
	Outpatients	1.5	2.2	0.0	0.0
Out of Hospital Total		**30.3**	**43.9**	**43.6**	**74.1**
(excluding workforce)	Improving Health	0.0	0.0	5.3	7.4
	Community/ District Nursing	2.4	2.8	3.2	4.2
	Community Hospitals	3.4	5.2	3.5	5.4
	Community Hospital Outpatients	0.8	0.8	0.0	0.0
	Community - Other	0.0	0.0	3.4	8.5
	Mental Health & Learning Disabilities	1.1	7.0	13.3	24.7
	Continuing HealthCare	15.6	15.6	9.0	12.0
	New care models/ service redesign	0.0	0.0	0.0	0.0
	Primary Care Referrals	1.8	6.9	2.3	6.0
	A&E Non Emergency Attends	5.2	5.2	2.7	3.5
	Out of Hours	0.0	0.4	0.0	0.0
	Primary Care - Other	0.0	0.0	0.8	2.4
Corporate Total		**29.0**	**35.5**	**48.9**	**62.2**
(including workforce)	Workforce	14.9	18.4	17.2	19.7
	Medicines management	2.0	5.0	19.7	27.5
	Procurement	10.0	10.0	10.0	10.0
	Contracting	0.0	0.0	0.0	0.0
	Other (incl Estates)	2.1	2.1	2.0	5.0
Total All Sources		**85.5**	**125.3**	**111.9**	**181.1**

To complement this internal process of identifying opportunities we will commission an external review of our financial position and plans. This will assist in validating and challenging our current and developing plans. It will also bring external expertise to the organisation to ensure that we learn from experience elsewhere as to the pace at which various savings can be released. This will enable the Health Board to focus its immediate attention on those schemes that will bring early results and demonstrate clear movement towards financial balance at the earliest opportunity.

4. Realising benefit from opportunities

Through our PMO we will establish a consistent programme management approach to developing potential opportunities into clear schemes and then focussing on their delivery. We have already identified a number of areas of focus for our 2018/19 plan and have allocated Executive leads to progress each theme. These are shown in the table below along with the savings targets set for 2018/19 –

£'m	Cost containment	Cash releasing	Total	Lead Director
1% transactional	5.0	5.0	**10.0**	Director of Finance
Reducing input costs				
Medicines Management	2.9	3.1	**6.0**	Director of Strategy
Procurement	4.0		**4.0**	Director of Therapies and Health sciences
	6.9	3.1	10.0	
Improved deployment of resources				
Workforce	3.8	1.2	5.0	Director of Workforce
	3.8	1.2	5.0	
Improved utilisation of resources				
Theatre efficiency		1.0	1.0	Director of Therapies and Health Sciences
Acute Length of Stay		1.0	1.0	Chief Operating Officer
Community Hospitals		2.0	2.0	Chief operating Officer
Outpatients		2.0	2.0	Director of Public Health
Clinical variation: primary care		2.0	2.0	Medical Director
Clinical variation: secondary care		2.0	2.0	Medical Director
		10.0	10.0	
Service transformation				
CHC	5.0		**5.0**	Director of Nursing
MHLD	1.5	2.5	**4.0**	Director of MHLD
Estates	1.0		**1.0**	Director of Strategy
	7.5	2.5	10.0	
	23.2	21.8	45.0	

Supported by our PMO and Service Improvement functions we will develop a consistent methodology for developing opportunities into plans. This will follow a 4 stage process –

- Identify ideas
- Scope the potential opportunity
- Plan the intervention and change
- Sign off and move to delivery

Each of the above phases will be managed through a consistent process with documentation of progress at each stage. The timescale for turning proposals into plans and the methodology used will be proportionate to the nature of the project.

Where significant clinical and staff engagement is required to progress from proposal to plan we will use a consistent 3 meeting cycle methodology with clear milestones and requirements at each stage.

In developing plans we will draw upon a range of evidence based improvement techniques which our Improvement Team will bring to the work. These are described in our BetTER framework which is summarised at Appendix 3 . Where potential programmes are highly complex or require specific skills to challenge practice and support their development we will commission external expert resource to support them.

Projects identified for progression will be managed under a consistent PMO framework from inception to completion. Progress will be tracked against key milestones and enabling actions in their development phase as well as ultimate financial results.

Progress against the overall programme of savings identification and delivery will be monitored through the governance system described in section 6 below. This governance system will also act as an enabler to overcome any organisational barriers to change which are identified and target organisational resource to support projects as required.

It will be important to ensure that success in delivering change is identified through this process and widely communicated throughout the organisation. This will support a building of confidence within the organisation and a "culture of success".

5 Adopting a Value Based Healthcare Approach

The Health Board has already committed to incorporating Value as a key driver to service planning and change. Delivering value requires a focus on outcomes for individuals, embracing quality and safety as a means to deliver greater effectiveness in our use of resource. As part of this approach we are working with the International Consortium for Health Outcomes Measurement (ICHOM).

We will use this approach as a key enabler to underpin our Turnaround Plan, driving change and innovation in service delivery. This will require the culture of the organisation, at and across all levels, to be one that challenges all aspects of service delivery.

At its simplest, delivering value requires us to deliver better outcomes for less resources, however, delivering this challenge is complex. The Health Board will need to focus on the three key elements of value:

- Allocative value / Value for the population: An assessment of how best value can be provided to the population through identifying overuse and underuse of resources;
- Technical value / Value for the taxpayer: An assessment of how cost per unit is reduced;

- Personalised value / Value for the individual: An assessment of the outcomes of care for individuals.

The immediate focus of our work will be driving technical value through efficiency and effectiveness. As we move further into our plan our focus will increasingly move to allocative and personalised value. Operating across an integrated planned healthcare system, the Health Board is uniquely placed to respond to the challenge of addressing the three elements of value as a combined whole.

This approach is represented below -
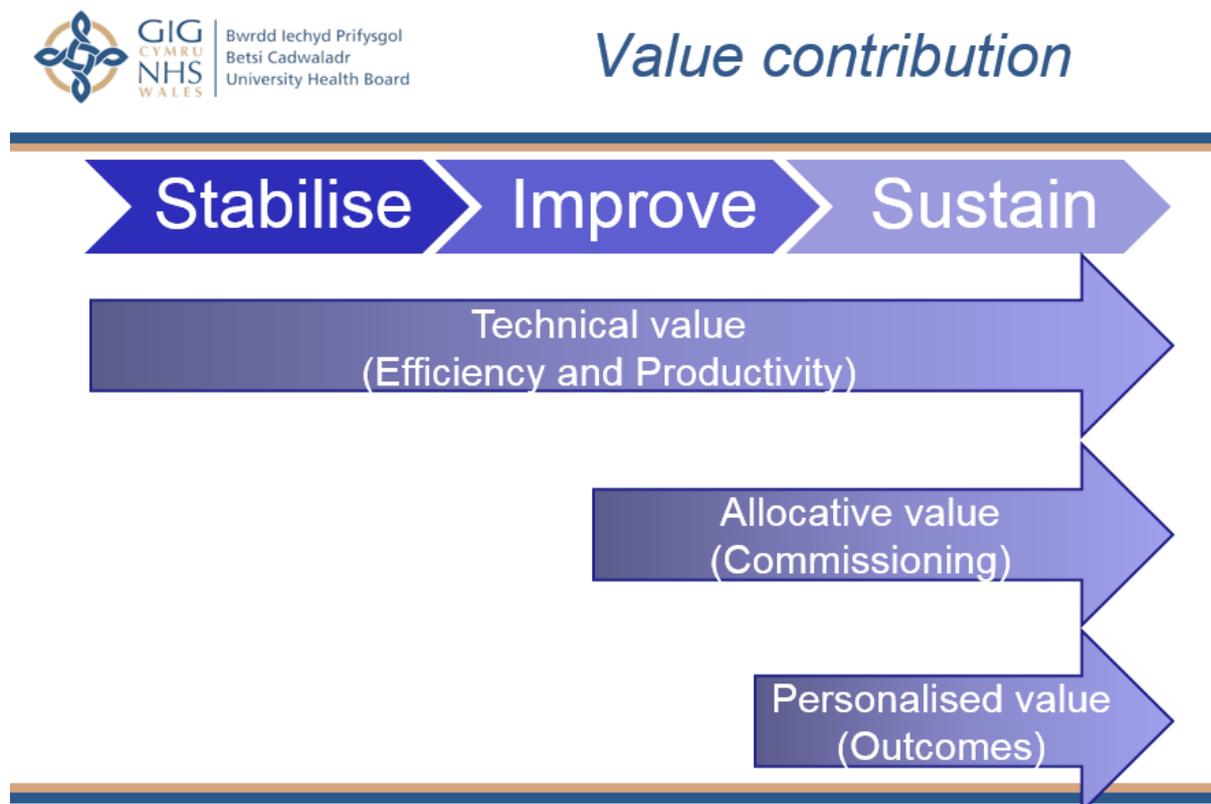
This programme of work will be driven through our Value Steering Group, which is led by the Director of Nursing.

5. Build the Formal Turnaround Plan

The scale of improvement required to get the Health Board to a sustainable financial position was set out in the Interim 2018/2019 Financial Plan and is shown below.

	2018/19 £'m	2019/20 £'m	2020/21 £'m	2021/22 £'m
Underlying deficit b/f	49.1	35	20.1	9.2
Full-year effect contribution	(14.1)	(14.9)	(10.9)	(10.9)
Underlying deficit c/f	35	20.1	9.2	(1.8)
In-year plan 2018/19 (From month 5, FYE required of £14.1m)	(8.2)			
In-year plan 2019/20		(14.9)		
In-year plan 2020/21			(10.9)	
In-year plan 2021/22				(10.9)

The Turnaround Plan will build on this indicative deficit reduction programme to set out a detailed programme for recovery. The activities described in this paper and the products which flow from them will form the basis of this turnaround plan. This will set challenging targets for the organisation to respond to and will culminate in the production of a financial recovery plan which will plot a trajectory to financial balance, underpinned by a robust programme of change.

6. Programme Governance

The Health Board will establish a clear governance framework which will have oversight of the development and execution of the turnaround plan. At its highest level this governance framework will connect with the Board's overall programme of transformation to ensure alignment between the turnaround plan, the Board's strategic vision and ultimately its Integrated Medium Term Plan. The governance framework will connect to the Health Board's Committee structure to provide assurance to the Board regarding the delivery of the turnaround programme and plan.
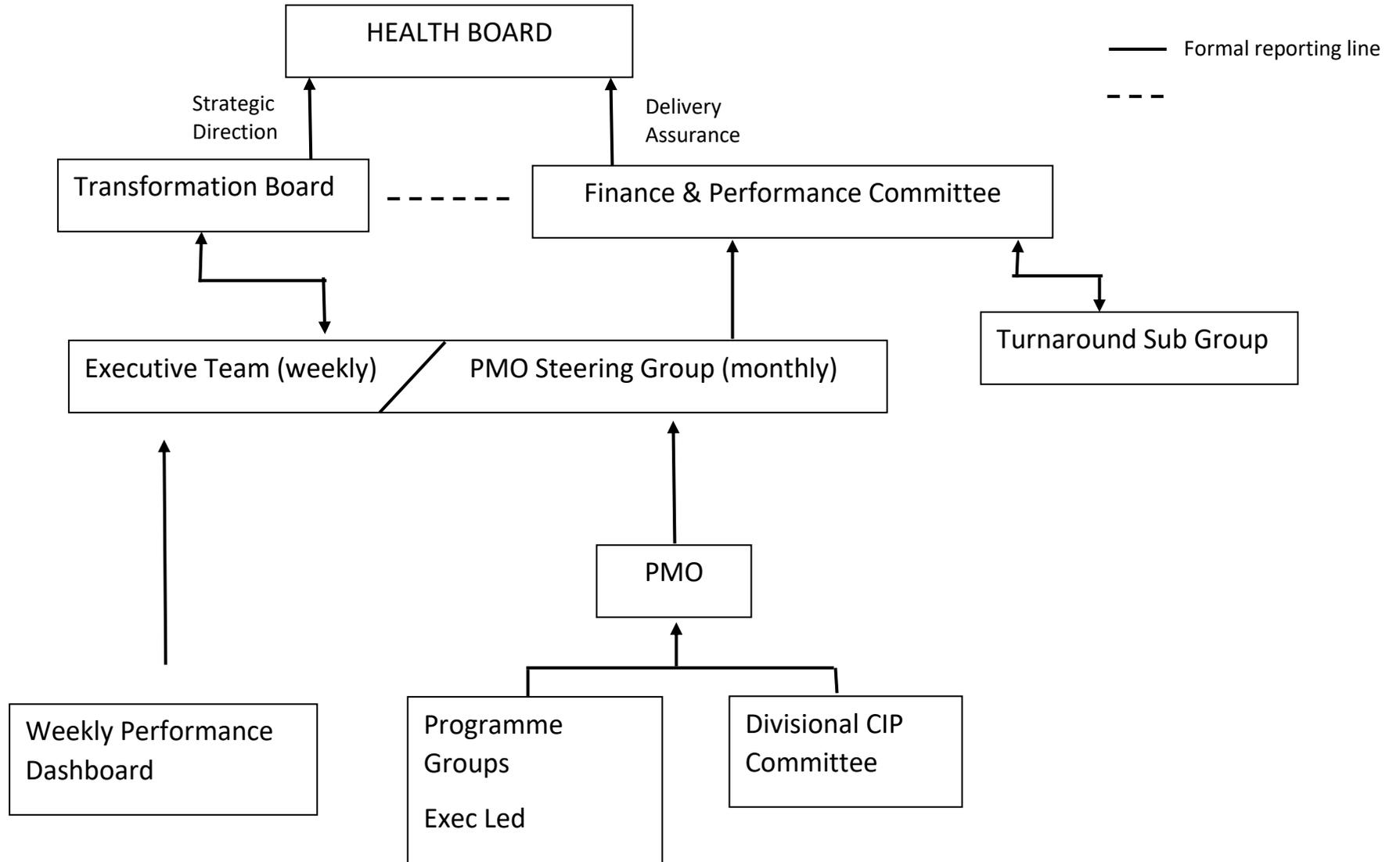
The governance framework will be designed to operate on a number of time cycles to give timely and appropriate assurance and review, as follows –

- The Executive Team will maintain a weekly focus on metrics which track key aspects of the Board's run rate. This will enable early identification of concerns, rapid escalation and intervention.

- The Executive Team will meet monthly as the PMO Steering Group and will provide assurance regarding the delivery of identified savings schemes against profile. It will also track the development of proposals into plans in accordance with the agreed timescale for projects and escalate action and intervention as required.

- Programme groups for cross organisational savings programmes will meet on a monthly basis, led by Executive Directors to provide oversight and challenge to ensure that plans are developed and executed as expected. Operational divisions will meet monthly to provide formal assurance regarding their transactional savings plans, ensuring remedial action as necessary. These processes will be supported by the PMO

- Formal reporting of the Turnaround Programme to the Board's Finance and Performance Committee will take place on a monthly basis. This will provide assurance of progress and delivery. Where F&P are not assured regarding the progress of the plan and wish to seek assurance regarding remedial action they may include this within their formal agenda or convene a sub group to review the matter in detail. The F&P will provide assurance to the full Board through the Chair's Assurance Report.

- On a quarterly basis the Transformation Board will meet. This will provide overall strategic direction to the turnaround programme and ensure alignment with the broader clinical and service transformation activities of the Board. This will both receive assurance and reports from the turnaround programme and highlight further areas for inclusion within the programme as required.

This governance structure is shown below –

TURNAROUND PROGRAMME GOVERNANCE

HEALTH BOARD

Formal reporting line

— — —

Strategic
Direction

Delivery
Assurance

Transformation Board — — — — — **Finance & Performance Committee**

Executive Team (weekly) / **PMO Steering Group (monthly)**

Turnaround Sub Group

PMO

Weekly Performance Dashboard

Programme Groups

Exec Led

Divisional CIP Committee

7. Indicative Timelines

The table below sets out an indicative timeline for progressing the key areas of activity described in this paper.

Approach to Turnaround

Area	Activity	Q1	Q2	Q3	Q4
Capacity & Capability	Formalise leadership arrangements	Green			
	Build the Turnaround capacity	Red	Amber	Green	Green
	Ensure Organisational capacity and capability to deliver	Red	Red	Amber	Amber
Grip and Control	Implement grip and control actions	Green			
	Forensic review of baseline position	Amber	Green		
	Identify and implement further savings measures	Amber	Amber	Green	Green
	Enhance accountability and focussed review	Amber	Green	Green	Green
Opportunities Development	In depth review of 2018/19 Plans	Green			
	Implement in year opportunities , incentives and levers	Green	Green	Green	Green
	Develop opportunities pipeline for 19/20 and beyond		Amber	Green	Green
	Commission external review of financial position and plans	Amber	Green		
	Develop Value workstream to maximise impact		Amber	Amber	Green
Turnaround Plan	Strategic mapping of resources to clinical outcomes	Amber	Amber		
	Develop plan to achieve financial balance		Amber	Amber	
	Commence Delivery of Plans			Green	Green
	Develop enabling plan including OD actions		Amber	Amber	
Communication	Formal launch of turnaround programme	Amber	Green	Green	Green
	System-wide clinical engagement & communications	Red	Amber	Green	Green
	Gather feedback and review				Amber
Governance	Establish Turnaround Governance process	Green	Green	Green	Green
	Strengthen programme management and reporting processes	Amber	Green	Green	Green
	Effective identification and management of risks	Amber	Amber	Green	Green

Grip & Control Actions

1. Continuation of enhanced vacancy control on all non-clinical posts

2. No PO no pay policy re-enforced across the board

3. Medical Agency above the rate cap to continue to be approved by Executive Team

4. Agency cap for all temporary nursing staff to be implemented in line with English NHS

5. Standardisation of all clinical supplies where all Wales agreement exists for less expensive product

6. Review reduction in authorised signatory levels with ED sign off required above certain thresholds

7. No developments in 18/19 where signed off business case does not already exist

8. Consideration of all minor works expenditure to be centralised and signed off by ED

9. Financial management reporting lines to be amended for any division that has an in-year overspend

10. Review of all consultant job plans and reallocation of sessions where inconsistent with capacity plan, demand or optimising productivity

11. Consider no agency / locum engagement unless authorised through executive team

12. No non essential non pay expenditure to be approved without ED sign off above threshold to be agreed by executive team

13. Review of patient transport, meals, etc eligibility criteria

14. Zero based budgeting to be adopted for 19/20 budget setting and process to commence immediately

15. No new requirements to be placed on Divisions by health board where funding cannot be identified

16. Failure to comply with SOs and SFIs to be treated as a disciplinary offence

17. All organisations who have failed to deliver services to Health Board, eg nurse recruitment provider, to be pursued legally for business continuity impact
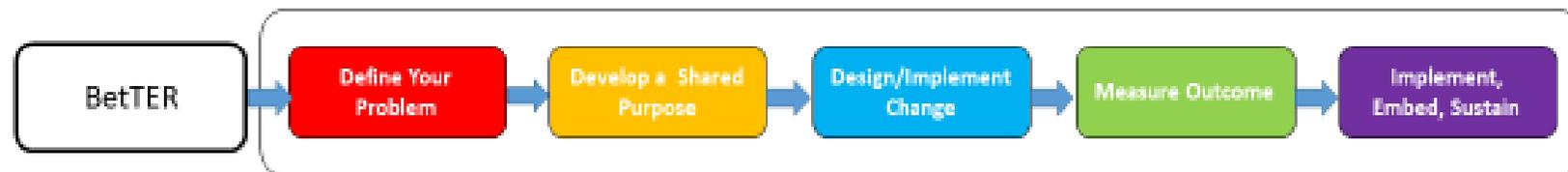
Turnaround Core Structure
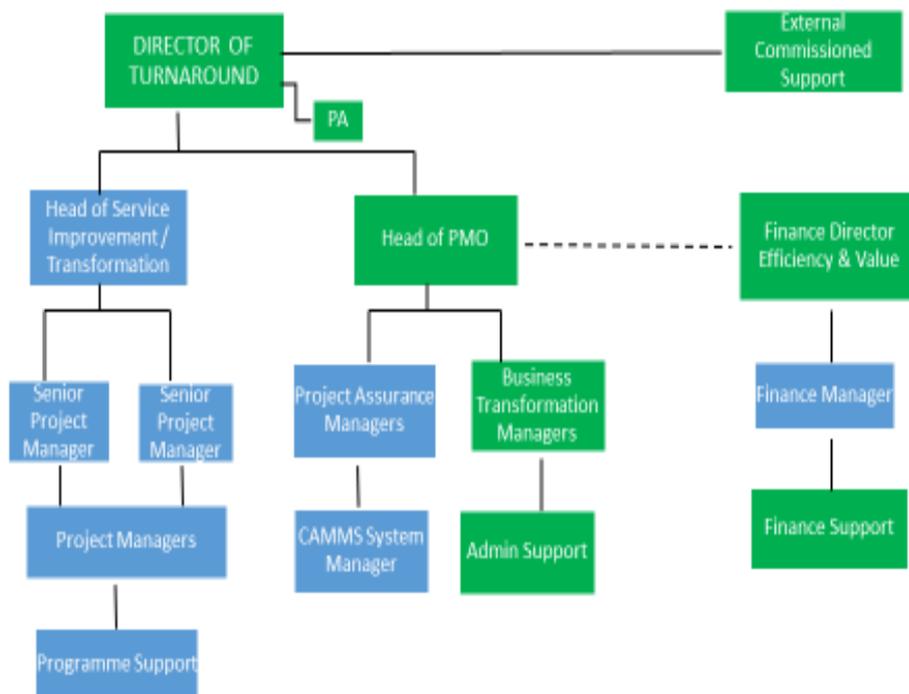
Betsi Transformation & Efficiency Resource (BetTER)

Click on a phase below to navigate to that section of the toolkit.

| BetTER | → | Define Your Problem | → | Develop a Shared Purpose | → | Design/Implement Change | → | Measure Outcome | → | Implement, Embed, Sustain |

Welcome to the **Bet**si Transformation & Efficiency Resource (**BetTER**). This improvement resource has been created to provide all staff with a high quality, structured and evidence-based training package for implementing change within BCUHB. This will provide the organisation with a common and consistent approach to improvement, which will help the design and spread of innovation and improvement throughout the North Wales Health Economy quicker. BetTER is derived from local, national and international expertise.

Clicking on the individual stages above will take you immediately to the relevant section of your improvement journey.

| Define Your Problem | → | Develop a Shared Purpose | → | Design/Implement Change | → | Measure Outcome | → | Implement, Embed, Sustain |

Timescales
30 days

Purpose

This is the first and arguably most important stage of your improvement journey and requires a discipline to spend sufficient time understanding your problem. The temptation at this stage is to jump immediately to solution generation, however time spent scoping your problem will prevent you from spending time and effort generating and testing the wrong solutions, or solving problems based on anecdotal evidence.

What does this phase involve

Identifying your problems or service shortcomings

Methods/Tools

- Voice of the System/Staff/Customer
- Gemba Walk
- Process/Value Stream Mapping
- Root Cause Analysis (Fishbone, Affinity Diagrams, 5 Whys)
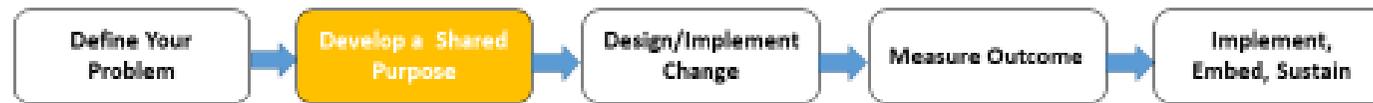- Understanding Data (Pareto Analysis)

Outputs

- Boxes 1 & 2 of the A3 Report

| Define Your Problem | → | Develop a Shared Purpose | → | Design/Implement Change | → | Measure Outcome | → | Implement, Embed, Sustain |

Timescales
7 days

Purpose

This second stage is where you develop clear aims for any subsequent improvement project that, aligns actions with your previous diagnostic evidence. It is at this stage that you make the case for the improvement to the extent that a broad coalition for improvement emerges.

What does this phase involve

Developing a team of enthusiasts who are passionate about the problem you are trying to solve
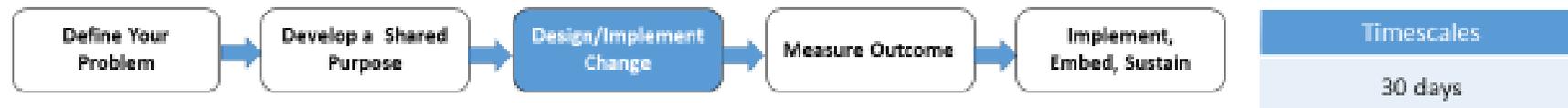
Methods/Tools

- Stakeholder Engagement

Outputs

- A formal stakeholder mapping and analysis

| Define Your Problem | Develop a Shared Purpose | Design/Implement Change | Measure Outcome | Implement, Embed, Sustain |

| Timescales |
| 30 days |

Purpose

This is the first and arguably most important stage of your improvement journey and requires a discipline to spend sufficient time understanding your problem. The temptation at this stage is to jump immediately to solution generation, however time spent scoping your problem will prevent you from spending time and effort generating and testing the wrong solutions, or solving problems based on anecdotal evidence.

What does this phase involve

Formulating, prioritising and testing solutions, with clarity on the proposed benefits of implementation

Methods/Tools

- Model for Improvement
- Aim Statement
- Driver Diagram (Logic Model)
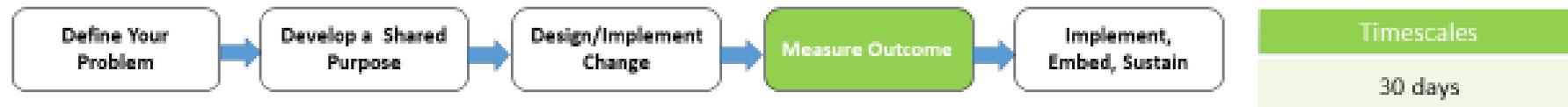- Baseline Measurement
- Generating New Ideas
- PDSA Cycles

Outputs

- Boxes 3 - 5 of the A3 Report
- Commencement of Project Brief

Define Your Problem	Develop a Shared Purpose	Design/Implement Change	Measure Outcome	Implement, Embed, Sustain

Timescales
30 days

Purpose

This stage continues to interrogate the second question of the **Model for Improvement**, "How do we know that change is an improvement"?, as continuous testing and measurement will show you whether the solutions you have identified demonstrate that your change has delivered an improvement. This is why the development of baseline data and a robust measurement plan is important as it provides a clear road map as to "Where you Were" and "Where you are now". **Do not be afraid of failure at this stage, as continuous review and redesign of your ideas is an acceptable part of this stage**.

What does this phase involve

Testing, review and re-testing of your improvements in order to find a solution that is successful

Methods/Tools

- Model for Improvement
- Run Charts
- SPC Chart

Outputs

- Boxes 6 - 9 of the A3 Report

Define Your Problem	Develop a Shared Purpose	Design/Implement Change	Test & Measure	Implement, Embed, Sustain

Timescales
On Going

Purpose

To ensure your successful and evidence-based improvement project is embedded into routine practice and spread more widely as appropriate. This stage should use formal project management methodology (Lessons Learnt Report etc) to formally close the initial PDSA

What does this phase involve

Implementing improvement more widely

Methods/Tools

- Dissemination v Diffusion

Outputs

- Lessons Learnt Report
- Spread & Diffusion