UHL Way Update

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Executive Summary

Trust Board paper M

Context

As reported to the Trust Board in April 2016, the UHL Way is the way we manage change in a consistent and sustainable way, but also in a way that engages and empowers the staff involved in, and affected by that change. The UHL Way also offers a comprehensive framework for patient and public involvement in the improvement of care.

The UHL Way is about embedding a culture of continuous improvement across the Trust which will in turn improve the quality of care we provide to patients, reduce harm, increase efficiency and effectiveness and support cost reduction.

The three components to the UHL Way as set out in the attached presentation are:

- 1. Better Engagement: Continuing Listening into Action moving into Year 4
- 2. Better Teams: Targeted improvement and development
- 3. Better Change: Adopting the best in change and improvement methodology

These components are supported by the UHL Academy

We have finalised the oversight and reporting arrangements for the components of the UHL Way, noting the need to dovetail with rather than duplicate existing structures.

Questions

What progress has been made with delivery of the UHL Way Implementation Plan (2016/17) as approved by the Trust Board during April 2016?

Conclusions

Better Engagement: We have commenced with Wave 7 LiA Pioneering Teams and our Autonomous Teams Programmes is underway. The Pulse Check has been completed over two quarters (February and May 2016) with sustained and improved performance against a number of indicators. More work needs to be done in improving the Pulse Check Response Rate and a promotional campaign has been agreed by the LiA and Better Teams Sponsor Group.

Better Teams: Our first cohort has commenced the Better Teams programme. Over 2016/17 we will support 2 intakes (approximately 20 teams) and will put on further bespoke programmes, on a targeted basis, to support major change programmes.

Better Change: We are progressing on an incrementally basis supporting our "Exemplar Projects" from each of our main areas of improvement/change activity. These exemplars are substantial projects with sufficient complexity and focusing on adopting the Better Change methodology. Working closely with Strategy and Transformation colleagues we have also

identified local quality improvement projects in ensuring that the Better Change methodology is tested against a range of large and small scale projects.

UHL Academy: Work is underway in developing a web portal and an approach to ensure that a cadre of people have a set of key skills (at different levels) in order to adopt the UHL Way effectively. UHL Way tools / techniques awareness raising sessions will take place over coming months (initially targeting members of the UHL Leadership Community).

Input Sought

The Trust Board is asked to:-

- Note progress with and continue to support the implementation of the components of the UHL Way;
- Sponsor teams / improvement programmes and assist individuals / teams with successful programme implementation and unblocking the way;
- Encourage and support staff to complete the UHL Pulse Check noting that the next survey will be live in August 2016;
- Book onto and attend future UHL Way Awareness Raising sessions; and
- Promote UHL Way within areas of responsibility.

For Reference

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]
2. This matter relates to the following governance init	tiatives:
Organisational Risk Register	[YES]
Board Assurance Framework	[YES]
3. Related Patient and Public Involvement actions tak	en, or to be taken: Patient partners
involved in progressing this work	
4. Results of any Equality Impact Assessment, relating	g to this matter: [Insert here]
E Schodulad data for the next sense on this tania	

- 5. Scheduled date for the next paper on this topic: [Next quarter]
- 6. Executive Summaries should not exceed 1 page. [My paper does comply]
- 7. Papers should not exceed 7 pages. [Presentation pack attached]





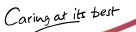
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Progress Update One team shared values



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Listening into Action

 The UHL Way, developed out of the Listening into Action programme, will be our way of delivering improvements across the Trust

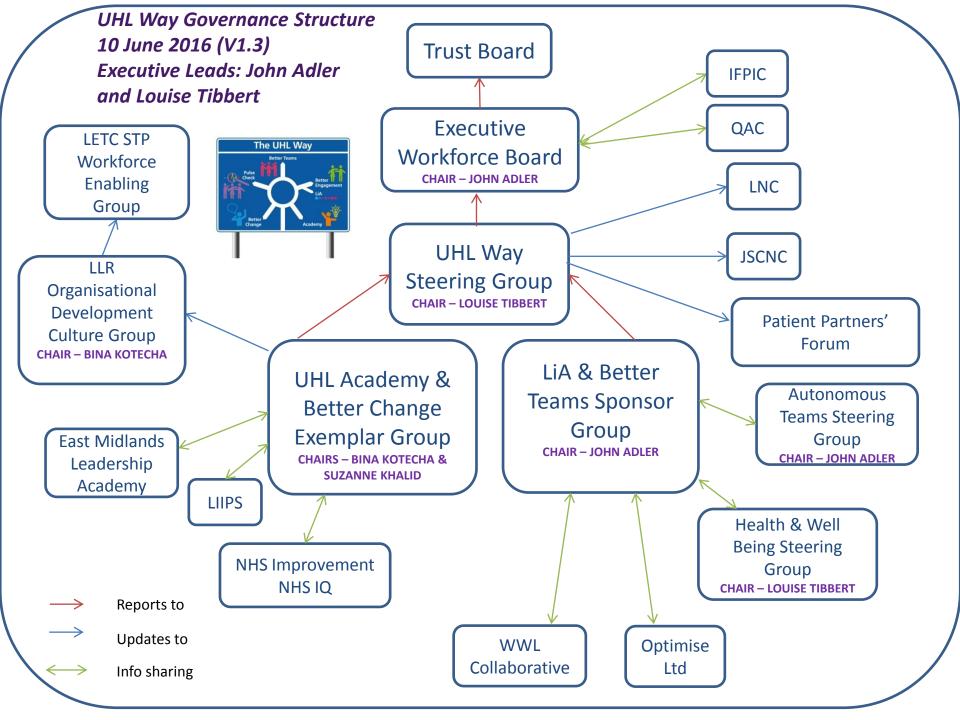
The way

change

we approach







Wave 7 Route Map Tracker

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Team/ Lead	Strapling	Mission Statement	Even Spansor
	Strapline	Wission Statement	Exec Sponsor
CHAPS in Nuclear Medicine	Nuclear medicine:- lets glow together'	Work as one team to provide excellent patient care	Matt Archer
End of Life Care in ED	'From crisis to comfort'	Getting the care of the dying patient in ED right the first time, every time	Carole Ribbins
Stroke Medicine	'SSNAP out of it!'	To ensure the quality of care for each stroke patient reaches the highest standards-reflected by an improving SSNAP score	Will Monaghan
Tissue Viability	'TV or not TV-that is the question?'	Revise the current referral pathway.	Eleanor Meldrum
ED Recruitment & Retention	Happy staff happy patient's happy days!	By improving staff experiences in the ED it will overall improve patient care and experience	Louise Tibbert
Gynaecology Assessment	'We're GAU, come on through'	Improve patient experience by improving the referral process	Ian Scudamore
Ward 15N LGH	Educate is better than medicate	Educating and giving a better understanding of renal diet for patients, carers and staff	Sue Mason
Cardiac Investigations	Reducing the Pressure, Improving the flow!	To create a physiologist led single visit follow up service for patient with stable heart valve disease	Suzanne Khalid
Fracture Clinic	'Less fractious patients in clinic'	To improve the patients post-operative (ORIF) pathway in Fracture clinic	Catherine Chadwick
Colorectal Cancer Patient	'Getting your bowels in order!'	To develop a holistic, streamlined and patient centred "preparation for surgery" pathway for bowel cancer	Matt Metcalfe

Listening into Action

Autonomous Teams

'We treat people how we would like to be treated'

- Established a 'Trauma, Orthopaedics and Theatres Leadership Board' made up of representatives of the services and staff groups within scope
- Vipul Kaushik (Consultant in Anaesthesia and Intensive Care) has been appointed as Chair of the Leadership Board and will be supported by Mittannjalee Patel (Trainee Project Manager to Chief Executive)



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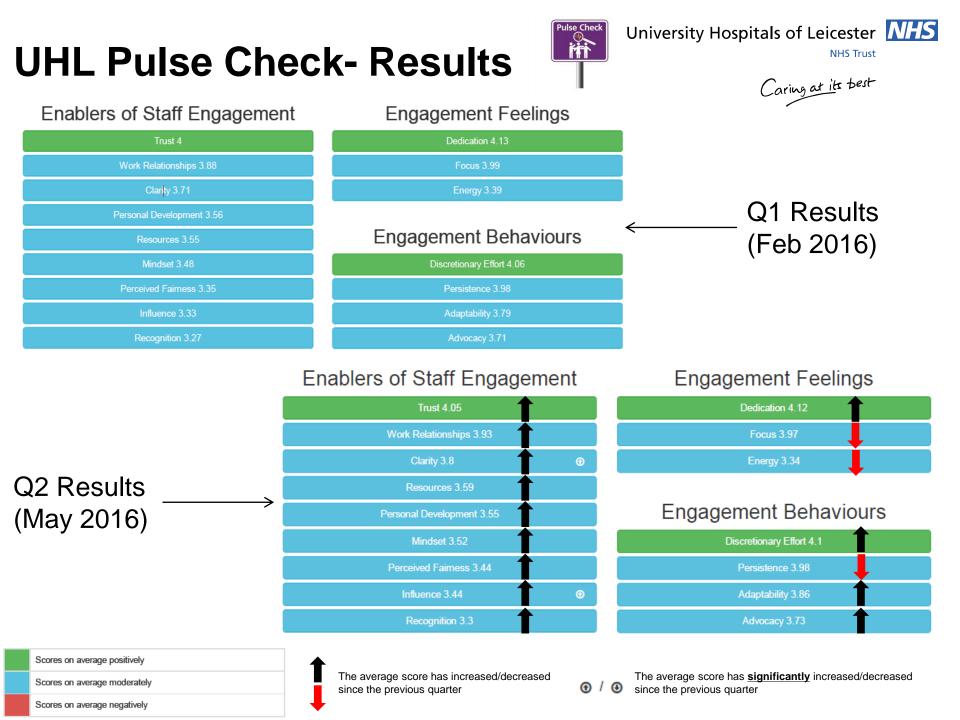
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- Kick-off meeting was held on 28 June
- Work under way in agreeing areas of autonomy, clear measurable outcomes, partnerships and reporting structures
 - Innovative in the way they will approach staff engagement, recognition and reward
- Working as a cohesive team the 'UHL way' and trialling new ways of working across boundaries

PLEASE CAN ALL AREAS GET BEHIND THIS PIONEERING PROGRAMME





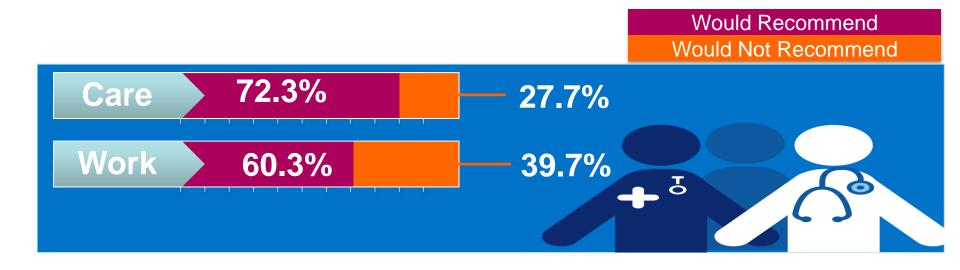
Staff, Friends and Family Test (Q1 2016-2017)



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This quarter (April-June 2016) there were <u>588</u> responses to the Staff Friends and Family Test. The following numbers show the proportion of staff responses that would recommend or not recommend their organisation to a friend or family member for care/treatment or as a place to work



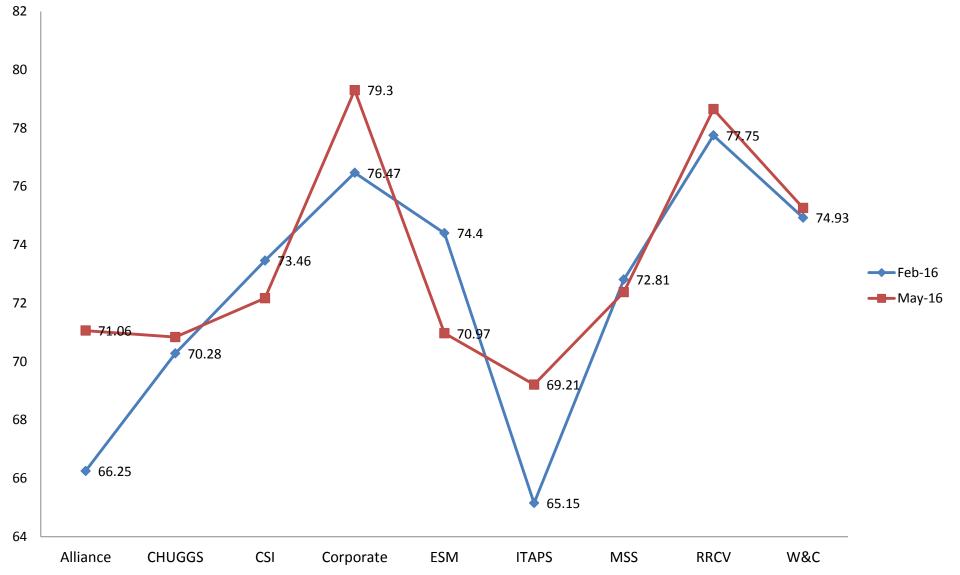


CMG Staff Engagement Scores (%)



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UHL Pulse Check-Highlights & Next Steps



Highlights

- The **response rate declined by 4%** (to 16%) as only 588 staff completed the survey.
- **Results are moderate to positive** showing a slight upward trajectory.
- **'Trust' remains the highest scorer and is likely to be the key driver for engagement**. Trust refers to the extent of staff feeling responsible and free to determine their work and methods, without being micromanaged.
- However, Recognition remained the lowest scorer, indicating that **staff only feel value to some extent**.
- Clarity & Influence increased, indicating that staff feel more clear in their roles, more aligned to the UHL Way, and more involved in wider decisions. This means they feel more comfortable sharing their ideas and thoughts, and confident they will be heard.
- Energy is also very low, signifying there may be **a high risk of burnout**. Without adequate breaks or life-work balance, well being and productivity quickly deteriorates.
- Data continues to suggest that staffing levels, high workload and frequent changes could be influencing Mindset, which is a strong predictor of energy.
- There were also a number of comments made regarding parking and sickness policy and incidents of bullying, which may also be impacting feelings of positivity in the work environment.

Next Steps

- Informal recognition scheme in development
- Health and Well Being Strategy
- Response Rate Corporate Campaign
- Next survey opens in August 2016



Better Teams- Cohort 1 Tracker



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Team	CMG	Lead	Sponsor
Endoscopy	Alliance	Martha Tickell, Di Underwood, Steph Albon	Nikki Crust
Urology Admin & Clerical	CHUGG S	Linda Dales, Trudi Harvey & Marie Cotton	Bina Kotecha
Diabetes	ESM	Laura Willcocks, Lisa Heggs & Rosie Horne	Andrew Johnson
Hearing Services	MSS	Jagdeesh Jagpal, Elizabeth Morgan-Jones	Mark Wightman
ENT Clinic	MSS	Maria Pereira & Aro Fernando	John Adler
Heart Failure Specialist Service	RRVC	Louise Clayton	Suzanne Khalid
Children's Team	W&C	Hilliary Killer, Trish Rees & Lisa Cowen	Louise Tibbert
Paediatric Cystic Fibrosis Team	W&C	Alison Claydon & Naomi Dayman	Andrew Furlong





"It's not what you do, it's the way that you do it!"



- Listening to Staff
- **Exposure Techniques**
- Team Charters & Team Building
- Communication Cells & Visual Management

One team shared values

Supplementary Tools

- Coaching
- Building Resilience/Well-Being
- Personal Development Techniques
- Celebrating Successes



Better Change- Update



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Core Toolkit

The Toolkit is available online on <u>iNsite</u>, and in the near future will be accessible through the new UHL Way Portal. 14 Tools, 12 Templates and 24 steps have been identified and collated for the Better Change Approach.

The easy-to-follow Core Toolkit will allow teams to access all information they need inside one document (simplifying project management, centralising documentation, applying best practice).

Exemplar Teams

To help test the tools, templates and approach, five projects across the Trust have been selected as Exemplars.



Creating a Movement

To help keep progress and transparency clear and effective, an online forum has been set up to obtain feedback, updates, etc.

For more information contact <u>Alexis</u>

Better Change- Exemplar



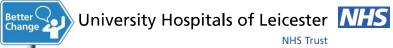
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Teams

Project Title	Activity	Executive Lead	Project Lead	Project Charter	UHL Way Steering Group Comments
Emergency Floor Transformation Agenda	Workforce	Louise Tibbert	Louise Gallagher Sharon Smeeton & Bina Kotecha	✓ Plus presentation	Suitable project and progressing well
Next Steps for Cancer patients	Performance	Richard Mitchell	Charlie Carr and Matt Metcalfe	✓ Plus presentation	Suitable project and progressing well
ICS expansion	Strategy (1)	Richard Mitchell	Sam Tancock	Presentation only	Project at Implementation Stage - Gateway Review to be undertaken by ST in testing prior stages of the Better Change Methodology
	Strategy (2)	Paul Traynor / Mark Wightman			PT/MW will respond following further discussions with newly assigned teams
Reducing delays in the inpatient process (aka "3W")	Productivity	Richard Mitchell	Sam Leak	✓ Plus presentation	Suitable project and progressing well
7 Day Services (note the connection with 3W)	Quality	Andrew Furlong/ Julie Smith	John Jameson	✓	This is a Vanguard Project and supported by LIIPS. Suitable project as this enables us to test how the Better Change Methodology aligns with the Vanguard and LIIPS Framework. Progressing well



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Stage		Core Tool	Co	ore Template	Core	Tool (cross-r	eferer	nce/s	Supplementary Tools
Initiate	Initiate 1.1 Project Charter Overview of the Project. Completed by Project Lead.		iby I	Project Charter	1.6 2.5 4.1	1.2 2.1 3.1 4.2	1.3 2.2 3.2 5.1	1.4 2.3 3.3 5.2	1.5 2.4 3.4 5.3	<u>Project Management Guide; Balanced Scorecard; 5 Whys;</u> <u>Driver Diagrams</u>
Initiate	1.2	SMART Objectives Document clarifying the objectives project. Completed by Project Lead		SMART	1.1 1.6 2.5 4.1	2.1 3.1 4.2	1.3 2.2 3.2 5.1	1.4 2.3 3.3 5.2	1.5 2.4 3.4 5.3	Identifying Problems; Performance Measures Sheet; Force Field Analysis; Glenday Sieve; Cause and Effect Diagram
Initiate	1.3	Benefits Realisation Plan Benefits/metrics included in the pr Completed by Project Team.	oject. Be	enefits Realisation Plan	1.1 1.6 2.5 4.1	1.2 2.1 3.1 4.2	2.2 3.2 5.1	1.4 2.3 3.3 5.2	1.5 2.4 3.4 5.3	<u>Methodology for Measuring Benefits; Commitment,</u> <u>Enrolment and Compliance; Clinical Engagement; Return</u> <u>On Investment (ROI) Calculator; Pareto</u>
cros Na wh the sup dev hich Stage of	that that						fer to i	in accu nge Tei Whi Cha The	urately mplate. Ich othe ange (d suse o	other tools completing er supplementary tools support this stage of Better leveloped by NHS Improvement)? f these will vary and will depend on the project ertaken.



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Stage		Core Tool	Core Template	Core	Tool	Cross-	refere	nce/s	Supplementary Tools
					1.2	1.3	1.4	1.5	
		Project Charter		1.6	1.7	2.1	2.2	2.3	Drainet Management, Cuide: Balanced Secrecord: 5
Initiate	1.1	Overview of the Project. Completed by	Project Charter	2.4	2.5	2.6	3.1	3.2	Project Management_Guide; Balanced Scorecard; 5 Whys; Driver Diagrams
		Project Lead.	i roject entarter	3.3	3.4	3.5	4.1	4.2	whys, Driver Diagrams
				4.3	5.1	5.2	5.3	5.4	
				1.1		1.3	1.4	1.5	Identifying Broblems: Derformance Measures, Sheet
		SMART Objectives		1.6	1.7	2.1	2.2	2.3	Identifying Problems; Performance Measures Sheet; Force Field Analysis; Glenday Sieve; Cause and
Initiate	1.2	Document clarifying the objectives of the project. Completed by Project Lead.	SMART	2.4	2.5	2.6	3.1	3.2	Effect Diagram
		project. Completed by Project Lead.		3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3	5.4	
			w	1.1	1.2		1.4	1.5	
Initiate	1.3 Benefits Realisation Plan Benefits/metrics included in the project Completed by Project Team.	Benefits Realisation Plan	Benefits Realisation	1.6	1.7	2.1	2.2	2.3	Methodology for Measuring Benefits; Commitment, Enrolment and Compliance; Return On Investment
initiate		Completed by Project Team.	Plan	3.3	3.4	2.0	4.1	4.2	(ROI) Calculator; Pareto
				4.3	5.4	5.5	4.1 5.3	4.2 5.4	The second of th
				1.1	1.2	1.3	0.0	1.5	
		Stakeholder Analysis	W	1.6	1.7	2.1	2.2	2.3	<u>Needs & Gets Matrix; Managing Conflict; Managing</u> <u>Stress; Staff Perception</u>
Initiate	1.4	Identifying groups or people who are		2.4	2.5	2.6	3.1	3.2	
muate	1.4	critical to ensure the success of the project. Completed by Project Team.	Stakeholder Analysis	3.3	3.4	3.5	4.1	4.2	
		project. Completed by Project Learn.		4.3	5.1	5.5	5.3	4.2 5.4	
				1.1	1.2	1.3	1.4	0.4	
		Patient and Public Involvement		1.1	1.2	2.1	2.2	2.3	
Initiate	1.5	(PPI) Getting the Public and Patients Involved		2.4	2.5	2.1	3.1	3.2	Patient Perspectives; Clinical Engagement; Whole
muate	1.5	in the project. Completed by Project	PPI Toolkit	3.3	3.4	3.5	4.1	4.2	Patient Journey
		Team.		4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
					1.7	2.1	2.2	2.3	
Initiate	1.6	Sustainability Model Measuring sustainability of the project.	Sustainability	2.4	2.5	2.6	3.1	3.2	Sustaining Momentum
muate	1.0	Completed by Project Team.	Sustandonity	3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3	5.4	
				7.5	9.1	0.2	0.0	0.4	



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				1.1	1.2	1.3	1.4	1.5	
		Milestone Checklist		1.6		2.1	2.2	2.3	Demand Management; Identifying Problems; Plan
Initiate	1.7	Also known as Action Planning- outline all the milestones required for this	Milestone Checklist	2.4	2.5	2.6	3.1	3.2	Ahead
		project. Completed by Project Team.		3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
		Listening into Action Event		1.6	1.7		2.2	2.3	Bullet Proofing; Six Thinking Hats; Affinity Diagram;
Diagnose	2.1	Listening into Action Event Helping come up with good solutions for		2.4	2.5	2.6	3.1	3.2	Fresh Eyes; Brainstorming
		the project. Completed by Project Team.		3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
		Process Mapping		1.6	1.7	2.1		2.3	Alternative Process Mapping Methods; Process
Diagnose	2.2	Helping map all required processes. Completed by Project Team.		2.4	2.5	2.6	3.1	3.2	Mapping Conventional Method; Process Templates
				3.3	3.4	3.5	4.1	4.2	<u></u>
				4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
Diagnose		Risk & Issues Log	() Datix	1.6	1.7	2.1	2.2		Discomfort Zone; 7 Wastes
Diagnose	2.3	Measuring and mitigating risks of the project. Completed by Project Team.		2.4	2.5	2.6	3.1	3.2	Disconnon Zone, 7 Wastes
		project. Completed by Project Learn.		3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
Diagnose		PPI Review Ensuring the Public and Patients remain		1.6	1.7	2.1	2.2	2.3	Patient Perspectives; Clinical Engagement; Whole
Diagnood	2.4	engaged and involved in the project.		3.3	2.5 3.4	2.6 3.5	3.1 4.1	3.2 4.2	Patient Journey
		Completed by Project Team.		4.3	5.4	5.5	5.3	4.2 5.4	
				1.1	1.2	1.3	1.4	1.5	
			W	1.6	1.7	2.1	2.2	2.3	
Diagnose	2.5	Communications Plan		2.4	1.1	2.6	3.1	3.2	Communication Matrix; Four Columns
	2.5	Planning of the communication for the project. Completed by Project Team.	Communications Plan	3.3	3.4	3.5	4.1	4.2	1
				4.3	5.1	5.2	5.3	5.4	1
				1.9	0.1	0.2	0.0	9.4	





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Diagnose			-	1.1	1.2	1.3	1.4	1.5			
Diagnose				1.6	1.7	2.1	2.2	2.3			
	2.6		1st Stage Review	2.4	2.5		3.1	3.2			
Trial		Completed by Project Lead.	-	3.3	3.4	3.5	4.1	4.2			
				4.3	5.1	5.2	5.3	5.4			
			w h	1.1	1.2	1.3	1.4	1.5			
		Plan, Do, Study, Act (PDSA) To test an idea by trialling a change and		1.6	1.7	2.1	2.2	2.3			
Trial	3.1	assessingits impact. Completed by	PDSA	2.4	2.5	2.6		3.2	Statistical Process Control (SPC); Lean		
		Project Team.		3.3	3.4	3.5	4.1	4.2			
				4.3	5.1	5.2	5.3	5.4			
				1.1	1.2	1.3	1.4	1.5			
		Milestone Check Review		1.6	1.7	2.1	2.2	2.3	Demand Management; Identifying Problems; Plan		
Trial	3.2	Reviewing milestone progress thus far. Completed by Project Lead.		2.4	2.5	2.6	3.1		Ahead		
				3.3	3.4	3.5	4.1	4.2			
				4.3	5.1	5.2	5.3	5.4			
		PPI Review Ensuring the Public and Patients remain engaged and involved in the project. Completed by Project Team.		1.1	1.2	1.3	1.4	1.5			
			Ensuring the Public and Patients remain			1.6	1.7	2.1	2.2	2.3	Patient Perspectives; Clinical Engagement; Whole
Trial	3.3				2.4	2.5	2.6	3.1	3.2	Patient Journey	
					3.4	3.5	4.1	4.2			
				4.3	5.1	5.2	5.3	5.4			
				1.1	1.2	1.3	1.4	1.5			
	~ .	Sustainability Review		1.6	1.7	2.1	2.2	2.3	Sustaining Momentum		
Trial	3.4	Reviewing the Sustainability Model ratings. Completed by Project Lead.		2.4	2.5	2.6	3.1	3.2			
		raings. completed by Project Load.		3.3 4.3	5.1	3.5 5.2	4.1 5.3	4.2 5.4			
				4.3	5.1	5.2 1.3	5.3	5.4			
Trial				1.1	1.2	2.1	2.2	2.3			
	3.5	Second Stage Review									
	3.5	Reviewing overall progress thus far. Completed by Project Lead.	2nd Stage Review	2.4	2.5	2.6	3.1	3.2			
Implement		Completed by Project Lead.		3.3	3.4	5.0	4.1	4.2			
				4.3	5.1	5.2	5.3	5.4			



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				1.1	1.2	1.3	1.4	1.5	
		Implementation Plan Illustrates in detail the critical steps in		1.6	1.7	2.1	2.2	2.3	
Implement	11			2.4	2.5	2.6	3.1	3.2	Responsibility Charting; Action Planning
implement	4.1	developing the project. Completed by Project Team.		3.3	3.4	3.5	0.1	4.2	Responsibility charting, Action Hanning
		roject ream.		4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
		PPI Review		1.6	1.7	2.1	2.2	2.3	
Implement	4.2	Ensuring the Public and Patients remain		2.4	2.5	2.6	3.1	3.2	Patient Perspectives; Clinical Engagement; Whole
		engaged and involved in the project. Completed by Project Team.		3.3	3.4	3.5	4.1		Patient Journey
				4.3	5.1	5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
		Milestone Check Review		1.6	1.7	2.1	2.2	2.3	
Implement	4.3	Reviewing milestone progress thus far.		2.4	2.5	2.6	3.1	3.2	<u>Demand Management;</u> <u>Identifying Problems;</u> <u>Plan</u> Ahead
		Completed by Project Lead.		3.3	3.4	3.5	4.1	4.2	Allead
					5.1	5.2	5.3	5.4	
	5.1	Barriers To Change Helping to prepare responses to the issues that might arise after the change. Completed by Project Team.		1.1	1.2	1.3	1.4	1.5	
				1.6	1.7	2.1	2.2	2.3	Building Trust; Resistance- Addressing Uncertainty; Resistance- Understanding It; Resistance- Working With It; Listening
Sustain				2.4	2.5	2.6	3.1	3.2	
				3.3	3.4	3.5	4.1	4.2	
				4.3		5.2	5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	<u>Sustaining Momentum</u>
		Sustainability Review		1.6	1.7	2.1	2.2	2.3	
Sustain	5.2	Reviewing the Sustainability Model ratings. Completed by Project Lead.		2.4	2.5	2.6	3.1	3.2	
				3.3	3.4	3.5	4.1	4.2	
				4.3	5.1		5.3	5.4	
				1.1	1.2	1.3	1.4	1.5	
		PPI Review Ensuring the Public and Patients remain		1.6	1.7	2.1	2.2	2.3	Patient Perspectives; Clinical Engagement; Whole
Sustain	5.3	engaged and involved in the project.		2.4	2.5	2.6	3.1	3.2	Patient Journey
		Completed by Project Team.		3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2		5.4	
				1.1	1.2	1.3	1.4	1.5	
		Lessons Learned		1.6	1.7	2.1	2.2	2.3	Learning From Change
Sustain	5.4	Outlining the outcomes and feedback from the project. Completed by Project	Lessons Learned	2.4	2.5	2.6	3.1	3.2	Learning From Change
		Lead.	cosono conned	3.3	3.4	3.5	4.1	4.2	
				4.3	5.1	5.2	5.3		