NHS
Castle Point and Rochford
Clinical Commissioning Group

Essex County Council

Castle Point & Rochford People Powered Results 100 Day Challenge

Review and learning from the first 100 Days

Contents:

health lab
Powered by Nesta

rapid results institute

Summary of the Report

CPR/ECC's first round of Rapid Results Initaives (RRIs) showed that it is possible for everyone working across the health and social care systems in to adopt a frame of mind in which they own responsibility for addressing chlalenges that negatively affect patients, work across boundaries to deliver joined-up care and seek out innovation.

Key outcomes of the first round include:

- Teams made substantial progress advancing shifts towards a more integrated culture, including breaking down silos and learning how be more proactive when addressing weaknesses in the system of care.
- Impacts on admissions are inconclusive due to small sample sizes.
- Teams undertook a signficiant number of activities, many of which are easily scalable innovations. We have organised this work into three themes.

Our suggested next steps for the overall effort include:

- Scaling-up the prioritised innovations from the First Round
- Aligning Stakeholders around the CPR/ECC Transformation Agenda
- Leveraging the People Powered Results to help deliver the CPR/ECC agenda

Network Development: Teams developed links & (re)learnt how to work across silos. Specific innovations include:

- 'All about me' form
- 'Who's who?' For professionals
- Directory of Services

New pathway development – teams highlighted avenues to reduce GP pressure. Ideas include:

- Upskilling pharmacy delivery drivers
- Who cares? local leaflet for patients

Hydration as a local priority - Teams engaged the population with resources (new & already available). Innovations developed include:

- 50 shades of pee campaign
- Local hydration awareness events
- UTI test strip training

Overview of the Work

Castle Point & Rochford CCG (CPR) and Essex County Council (ECC) have set an ambitious agenda for transforming its health and care systems. It is not any easy task, but one that requires changes to policies, processes and behaviors throughout the system.

In May 2015 you reached out to *People Powered Results* to assist in the implementation of this agenda. Working in partnership, we designed an innovative program for accelerating progress by stimulating action by front-line staff on a key objective: Reducing non-elective unplanned admissions. The focus was not only on improvementing processes, but also shifting behaviors and culture in ways consistent with the transformation agenda.

This work program took the form of four 100-day *Rapid Results Initiatives- or "RRIs" (see summary below), along with Coach support for each*. ***Whilst it is too early to tell with confidence the impact of the teams on key performance metrics, there are indications that substantial shifts in behavior and culture have been stimulated.*** The RRIs empowered the teams to generate innovations, while the Coaching support helped teams simultaneously (re)learn how to work across silos and take a more proactive stance towards challenges that negatively impact patient care.

The report summarises the work and innovations of the teams, as well as the numeric results and qualitative shifts they produced. For ease of communication, we have consolidated the innovations and recommendations of the teams into three key themes. The appendices provide an overview of the support provided to the teams and learning/reflections on what could be improved with future work.

Organizations Represented in the Leadership Group

LPC

NHS Castle Point and Rochford Clinical Commissioning Group

GP Healthcare Alliance

ecl The Care & Wellbeing Company

Local Services, Local Solutions SEPT

Castle Point Association of Voluntary Services and Volunteer Centre

Essex County Council

Team Members and Sponsors

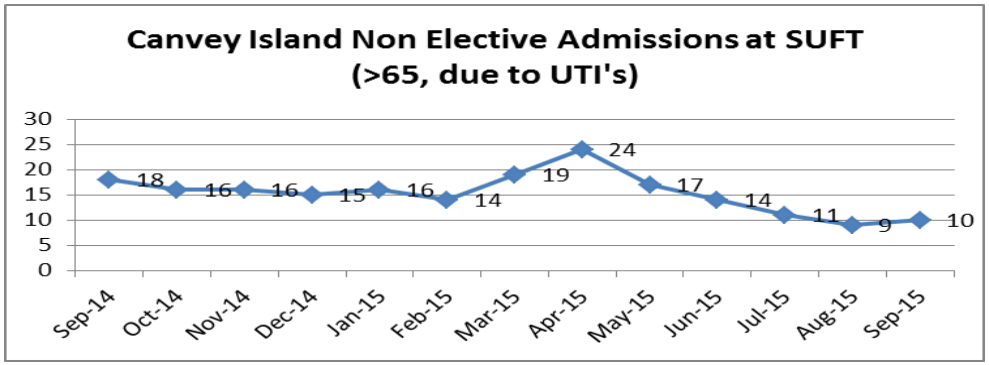
Overview of RRI Teams CPR/ECC Wave 1 (Jun-Oct 2015)				
Exec. Sponsors Kevin McKenny, Dir of Integration & Transformation CPR: Helen Taylor, Dir. Integrated Commissioning & Vul. People, ECC				
	Rayleigh	**Benfleet and Hadleigh**	**Canvey Island**	**Rochford**
Sponsors	Mousumi Basu (ECC) & Ash Pandya (LPC)	Karen Sadler (GP Alliance)	Janis Gibson (CAVS) & Louise Hemborough (SEPT)	Mike Boyle (ECL) & Jon Findlay (Southend Hospital)
Organizations Represented on the teams	ECL, Audley Mills Surgery, SEPT (community services), Red Cross, Essex Social Care, Audley Mills Pharmacy, Patient Reference Group (ECC)	Patient Reference Group (ECC), Rochford District Council, Local Pharmacy, SEPT (community services and mental health), Essex Social Care, Southend Hospital	Well Pharmacy CP&R CCG, Oaklands Surgery Essex Social Care, SEPT, ECL, Red Cross, Patient Rep Ambulance Service, First Responders, Southend Hos.	Wakering Medical Practice, Local Pharmacy, SEPT, ECL Essex Social Care, RRAVs Community Dentistry/ Patient Ref Group (ECC), Rochford District Council
100-Day Goal: During Month of Sept….	...reduce readmissions, (w/in 1 mo. of discharge for patients) 65+ by 25%, across all Rayleigh GP Practices	...reduce hospital admissions for patients 75+ (ID'ed by unplanned admission DES) for 5 Canvey practices by 16%	...reduce admissions of vulnerable individuals aged 65+ due to UTIs & falls by 25%, across all GP practices in Hadleigh	...reduce A&E admittances for the target group by 60%
Key Innovations (See below for details)	• "All About Me" form • Hyper-local Directory of Services • Info. sheet for vul. patients distributed via pharmacy drivers	• Hydration Campaign (including video)	• 'Drink more water' • Patient advice forms to visit their GP forms • UTI strip training • Directory of services	• 'Who's who?' for professionals • 'Who cares?' for patients and carers • Hydration awareness event model

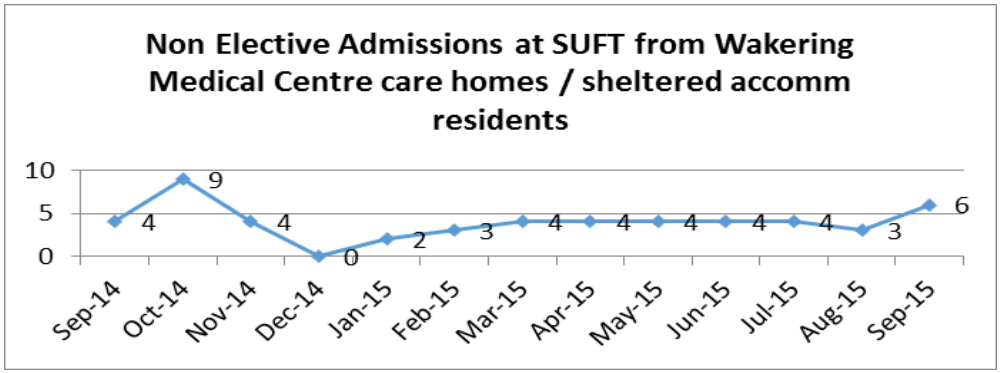
Numeric Results

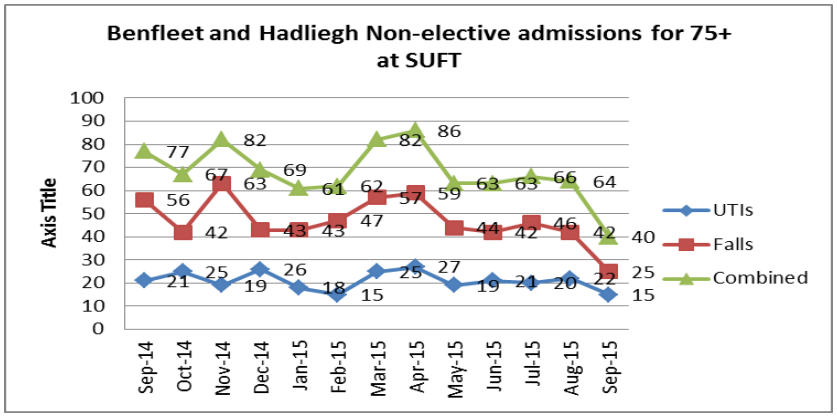
Team progress towards the 100-day goals was assessed by comparing Southend Hospital's non-elective admissions (or readmissions) for September 2015 for each team's targeted subpopulation to a comparable sample from September 2014.

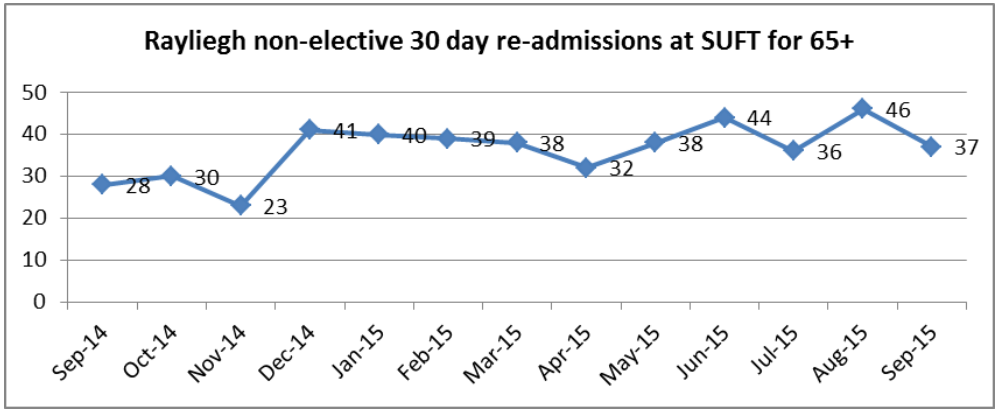
Analysis of this data shows that year on year non-elective admissions went down in two teams and up in two teams.

However, **it is not advisable to conclude anything from this data at this point**. Broader trends and natural variation may explain these changes. The ideas would need to be tested over a longer period, and generate a larger sample size, before we can assess any numeric impact on the local population.









Impact & Innovation Theme 1: Improving Communication across the system

At the launch it was clear that participants, despite working in the same communities, did not know each other nor fully understand the services each provided. Participants quickly identified several ways this lack of connectivity negatively impacts on the quality and efficiency of care, including

- Ineffective sign-posting of patients to the appropriate local services
- Delays in referrals due to misunderstandings of remits & referral routes
- Duplication of work due to lack of clarity about services already in place
- Time wasted by professionals, carers, families and patients due to duplication

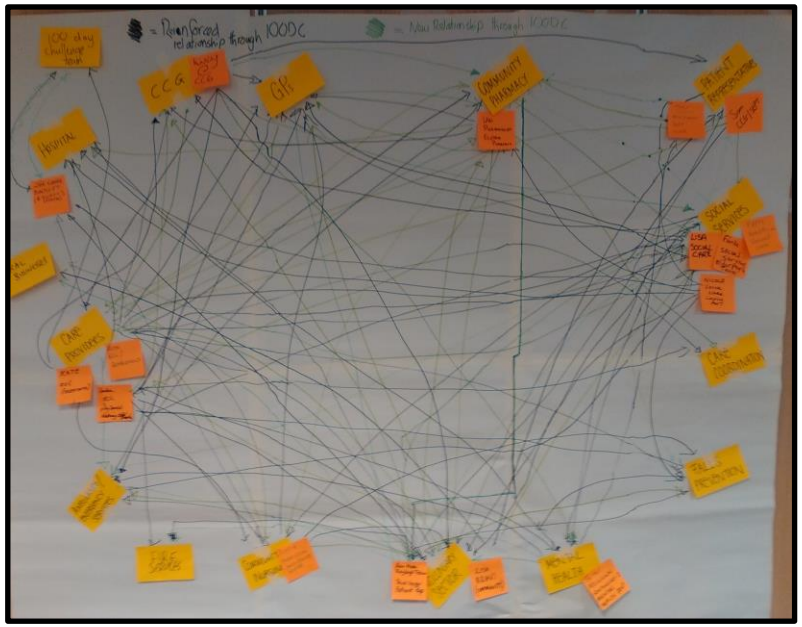
Key Outcome: Network building - Joint working on the teams and the group workshops broke-down barriers to more effective communication and coordination across wide range of services. The repeated nature of intra- and inter-team meetings, filled in knowledge gaps and broke downs “silos” at the individual and organizational level. The picture below, created by the teams, illustrates these improvements. Each line represents a connection between organizations that was either created or significantly strengthened during the 100-days.

Key Innovations for building/strengthening communications: The teams also developed several innovative approaches to facilitating the creation of more connections:

- **All About Me Form** - A simple form, free of sensitive information, listing services being provided to an individual. This will facilitate information sharing and serve as a point of reference for the indviduals and orgnaizations that are supporting a patient.

- **Who’s who? -** A leaflet for <u>professionals</u> that provides a contact name/number for local services. This enables easier contact with services -especially for GPs- and facilitates MDTs. RRAVs have committed to keep local data updated.

- **Directory of Services** - A database listing organisations, contact details and what services they provide. This database is easily searched, and data can be extracted and printed on given criteria. Professionals will have access to a vast list of organisations specific to their patient’s needs with a named person to enquire through.



Impact & Innovation Theme 2: Collaborating to reduce GP pressures

By day 50 of 100, there was consensus about the untapped potential and opportunity to deliver services differently by increasing patient and professional knowledge of what is available locally. Team's discovered the extent to which citizens and professionals were referring needlessly patients to GPs, believing it was the only way to connect with other services. Equally, many GPs were unsure of how best to refer patients to non-clinical support. The negative effects of this include time wasted on inappropriate referrals, long waiting lists for appointments and A&E attendances which could have been avoided if clear inter-agency referral routes put in place earlier.

Key Outcome of the RRIs: As a result of the RRIs there is greater understanding of alternative pathways to care for patients. Additionally, the teams have created new pathways (both formal and informal).

Innovations from the RRIs for creating alternative Pathways to Connect Patients to Services:

- **Upskilling Delivery Drivers** - often only contact point for vulnerable people within the community, Drivers can do light monitoring of health and wellbeing and deliver information about local resources with prescriptions.

- **Who cares?** - A single page leaflet containing the relevant contact numbers for patients and carers, including national and-hyper local contacts.

- **Hyper local info/resource sheet sent out with pharmacy prescriptions** - A one - page document sent out in medication bags with the pharmacy delivery driver with key local contact numbers for resources and activities for older people in Rayleigh.

Impact & Innovation Theme 3: Building a hydration movement to prevent UTIs

At the Midpoint Review (Day 50) several teams realized that they were working to address two related issues: The first was the need to increase knowledge across the system about the importance of hydration and promote behavior changes among patients and care providers that would improve hydration. The second was how to prevent several conditions (falls and UTIs) linked to dehydration. The work of the team produced several important insights including:

- Early signs of UTIs were often overlooked, even by GPs, leading to delayed treatment & avoidable attendances
- Early signs of dehydration (e.g. confusion/disorientation) were often misdiagnosed, leading to unnecessary referrals to services
- Care home patients knew the dangers of dehydration but rarely knew how much water was needed to prevent it.
- Patients, carers, and even GPs, were unaware they could get hydrated by eating foods and not just by drinking water.

Key Outcome of the RRIs: Data from the hospital and CCG indicated that dehydration was a common element in a large number of readmissions into hospital for all cohorts the teams focused on. However, it was only through exchange and conversations, that they realized how important hydration was, that it is possible to generated impacts in this area, and how to do it.

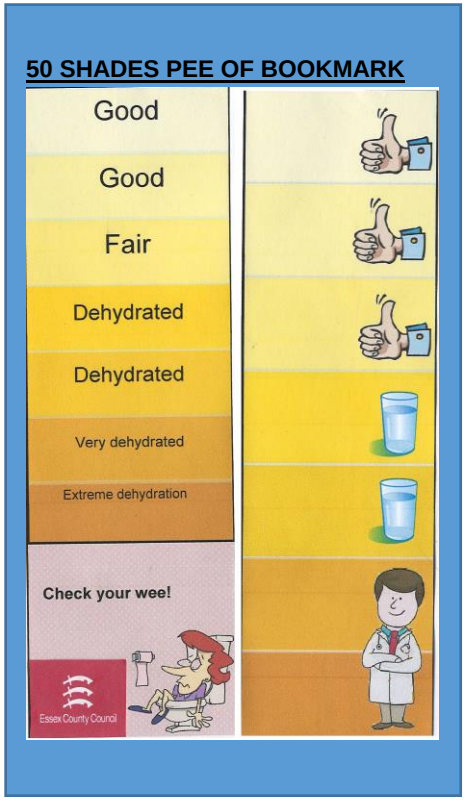
Key Innovations for preventing dehydration and UTIs: The teams developed several innovative approaches to spread knowledge and effect behavior change in this area:

- **50 Shades of Pee:** A hydration campaign targeting people aged + 75, including a bookmark, leaflet and a video.

- **Local 'hydration' events:** Teams created "Drink More Water" leaflets and gave talks at local sheltered and residential accommodation for people + 60. A video was also produced at one of these events, which can be shared with other local organisations as a tool to engage people with the campaign.

- **UTI strip testing and training:** A campaign to raise awareness amongst carers of the risks of UTIs and train carers to be able to test for UTIs.

***Video can be found at https://vimeo.com/140252397 (password = "drink")**



Cultural Shifts Generated by the teams

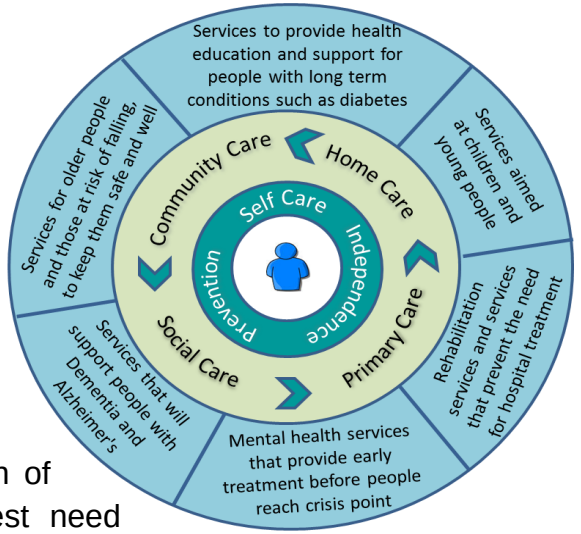
Throughout the 100 day challenge, teams continued to learn, experiment and build on innovations. At Day 50 there was powerful evidence of positive cultural shifts in the teams.

Observations and comments from the teams, and the leadership group, indicated that there was significant cultural shift amongst those involved in the challenge. The sense of collective ownership of the issues and challenges associated with unplanned admissions is much higher. Additionally, participants are now more fully aware that cross-organisational collaboration that was missing from the care they provided and feel confident they can continue to improve.

While it is not possible to 'quantify' these impacts in a traditional way, their importance should not be underestimated. These types of changes contribute significantly to the CPR/ECC transformation agenda, helping to build the culture needed to consistently and efficiently deliver joined-up, patient-centered care. Here are some comments and observations from team members that illustrate these changes

- "We need to commit to this…the system is broken…we need to do things differently", GP attending leadership design event 17 April 2015
- "Our greatest asset is the team itself…how we have understood how we work and how useful we can be for each other", Team member, Mid-point review, 6 August 2015
- "This [the 100 day challenge] is the best experience of my working career", Team member, 75 day event 3 September 2015
- "This work has been fantastic in helping up learn how to work differently, in a more joined-up way" Rapid Results Initiative Sponsor, October 2015

Contributions & Connections to the CPR/ECC Agenda



Aside from the cultural and behaviour shifts, the teams also produced important evidence and learnings that can advance on-going efforts to build a community-wide model integration and care coordination, as outlined in the draft CPR "Delivery Document." Key insights genereated by the teams include:

- **Care coordination and hubs:** A key element of integration efforts is the creation of neighborhood-based hubs that deliver holistic, mulit-discinplanry care for highest need patients. The 100-day teams were essentially a mini-verison of this strategy. Their success and challenges showed that here is appetitie for this way of working and that it can quickly generate signficant, positive shifts in patient care.

- **The cultural shifts needed for joined-up care:** The experience of the 100-day teams also showed that, in order for a multiidisciplinary and multi-sector approach to work, signficant work on cultural and behaviour elements is needed. While the stuructures for such work can be designed on paper, leaderhship will need to help indvidiuals and organisations re-orient their beliefs and goals so that the can see beyond more narrow indvidual contractual obligations.

- **Supporting self-care and independence:** The teams created several tools that will enable patients and their carers to take more control over their care (i.e. All About Me Form, "Who Cares?"). This highlighted the role professionals can have in creating such tools as well as the receptiveness of patients to their use.

- **Promoting prevention and early intervention:** The hydration work is an example of type of multidisciplinary, multi-pronged effort at prevention and early-intervention. The work showed the power of combing education efforts for patients, carers and professionals (i.e. the hydration video and "50 shades posters") with the creation of tools ("50 Shades" poster) and process changes (quick referrals route for UTIs from pharmacists to GPs)

- **Being driven patient outcomes:** The work highlighted the power of monitoring patient outcomes, but also the difficulty of getting the types of data-sharing needed for this to happen across organizations.

Plans for sustaining and scaling innovations and impacts

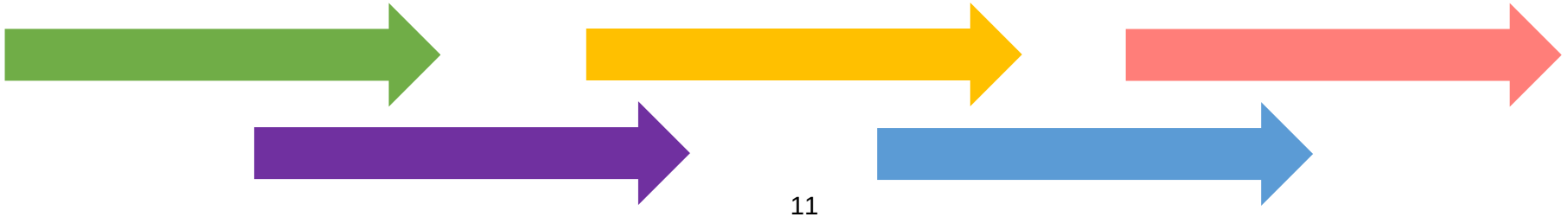
At the end of the 100-days, the teams and senior leadership created plans for scaling proven innovations and sustaining the behavioral and cultural impacts. The group decided to form four informal work groups, with an initial "report back" after 30 days. Here is a summary of the focus areas and objectives of each work group:

- **Resource Contact Information (Helen Taylor, Katherine Wilmette, Lisa Swallow and Ann-Marie Fordham):** Explore how we get contact information out to service providers and service users. Key questions to answer are: What is the best way to get information to each audience (Online? Flyers? Other?)? How 'local' can the information be? How to keep the information current? What other initiatives are similar? Team innovations that feed into this process include: Directory of Services (team Rayleigh); "Who's Who" and "Who Cares" (team Rochford).

- **Patient Held Record (Malcolm McCann, Lisa Swallow, Ruth Wingrove-Smith):** Explore the various tools currently being used to empower patients to ensure more effective communication between everyone involved in their care. Key questions to answer are: Where else is it being done? What is the true purpose of the form/who its is for? How do we ensure uniformity across CPR/ECC? For should should it take (Physical? Electronic?)? The group will build on the "All About Me" form (team Rayleigh)

- **Hydration Campaign (Kevin Mckenny, Katharine Wilmette, Tony Wright, Sam Glover & Lucy Porterfield):** Create a campaign around hydration, and ensure every contact counts in identifying and responding to UTI symptoms.

- **Rapid referrals (Ash Pandya, Janis Gibson, Kevin McKenny, Lucy Porterfield, Uri Patel):** Test the rapid referral approach where pharmacists identify patients with UTI symptoms who need urgent GP attention to avoid an admission. Key questions to answer are: How to get GPs excited by the service? How should the communication happen (Electronic vs Paper, Formal vs Informal? Could the service be expanded beyond UTIs?



Insights for Future Rounds

The RRIs produced powerful cultural and behaviour changes, and a notable number of potenitally scalable innovations. However, there are some chagnes to processes for designing and supporting teams that can help generate more impact in future. Appendix III outlines our learning and reflections of what worked and what could be strengthened moving forward. Here is a summary:

- **Narrowing the Challenge Area:** The preformance challenges given to teams (reducing unplanned admissions in their geography) was wider in scope than the norm. This produced several knock-on effects that slowed progress (see below). Future RRIs can have a narrower challenge, adding in a focus on a specfic sub-population, condition or element of the care model.

- **Ensuring the Right Stakeholders are on Board:** The wide scope also made it difficult to identify and onboard key groups early enough--especially from GPs. The broadness of challenge also made it difficult to be stragetic in selecting Team Members and Sponsors. Consequently, many inviduals were invited to RRIs that focused on areas outside their expertise and organizaional prioirites. This produced a higher 'drop out' rate then is the norm. A narrower challenge will allow for more targetted (and effective) onboarding and recruitment efforts, and ensure that the priorities of those work invited to be team members and sponsors are alligned with the work.

- **Ensuring Goals are Measurabie and Influenable**: We can be more intentional in helping teams navigate towards goals that can be influenced in 100 days. This can be accomplished by adjustng our faciltation techniques and frameworks for work focused on unplanned admissions. Additionally, Sponsors can be more assertive in ensuring needed data sharing agreements are in place earlier in the process. With (near) real-time access to data, teams can more rapidly determine when innovations working and acclerate the pace of experimentation and learning.

- **Gaining clarity on the role of PPR Staff**: Some Team Members and Sponsors, at first, incorrectly assumed the PPR team were project managers and not Coaches there to support the teams' shift into a new way of working. This misperception slowed uptake of team leadership duties among selected indviduals. This contributed to gaps in support for the teams. Moving forward, we can ensure a fuller understanding of the roles of Sponsors, team leaders and PPR coaches and make further progress on building capacity and capabilities amongst teams and sponsors.

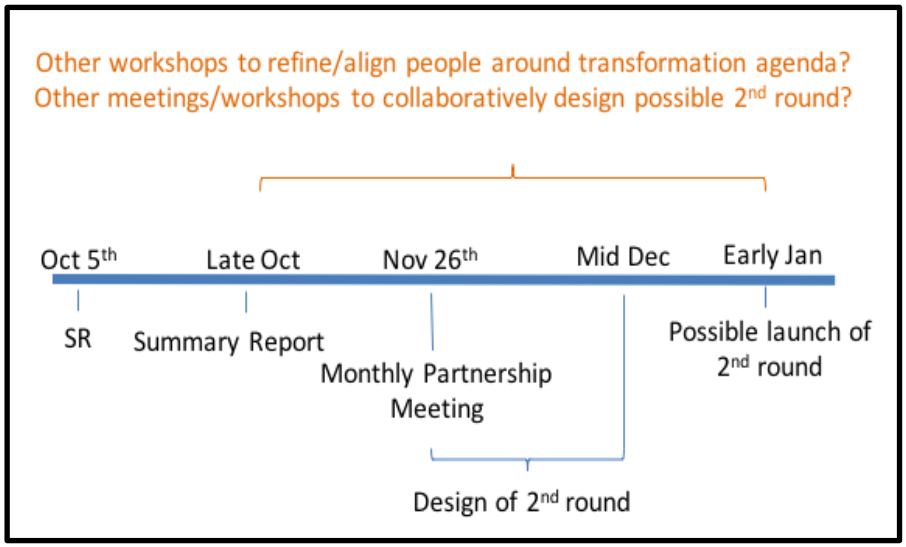
How to move forward

There is a spectrum of possibilities for leveraging the work that you all got underway to advance this transformation. Described below are three aspects to take into consideration as you craft your strategy for moving forward.

- **Scaling-up innovations from the First Round:** At the very minimum, we believe that it is critical that the leadership group focuses on supporting the four workgroups formed at the Sustainability Review (see above). PPR coaches will be supporting each of the work groups at the start of the work to help ensure they get off to a strong and rapid start.

- **Aligning Stakeholders Around the Transformation Agenda:** The Leadership Group expressed a desire to align more stakeholders around the agenda. While there are several ways to structure such work, we suggest a series of forums in which key players from all levels work in real-time to refine the agenda. Based on previous experience, this process could be done in 1-1.5 months and completed in a way empowers leaders to drive the agenda forward rapidly.

- **Leveraging People Powered Results:** The RRIs generates the types of policy and process innovations and "soft changes" needed to advance your agenda. We believe the approach can be more fully leveraged once there is greater stakeholder alignment around the agenda and any possible use of the PPR within it. One possibility would be to combine efforts to increase alignment around transformation agenda with discussions focused on a possible 2nd round. This work could be integrated into the initial timeline for decision making developed by the Leadership Group (see graphic). This would help ensure that momentum is maintained, and that needed work on the transformation agenda continues. Please see Appenix I for draft list of possible focus areas.



Appenix I: Draft List of Possible Focus Areas for Future Rounds

The RRIs showed there is **tremendous potential in the system** can be tapped when the right people are challenged in to solve specific problems. Being busy is not an obstacle. People find the time when they feel inspired and supported. Additonally, the teams showed that, **despite the demands on the system, there is space (and appetite!) for innovation.** Here are some possible focus areas for continued use of RRIs. Please note that these would need to be refined and prioiritized with a wider group of stakeholders, before proceeding further:

- **Building on Work Groups form the 1st Round:** The key innovations from the first round can have significant impact on effectiveness of efforts to prevent and/or treat illness. RRIs can help make rapid progress on
    - building a system for “Rapid Refferal” between Pharamacy and GPs
    - reducing dehydration/UTIs through an efffective hydraton campaign
    - getting universal adoptation of the “All About Me” form

- **Building/Formalizing hubs:** 100-day teams could be formed for hub, createing opportunities to quickly build the supports, rules & behaviors needed for these hubs to start using shared budgets and admistrative proceedures

- **Advancing Coordinated Care**: CPR has an on-going effot to create coordinated care mechanisms and MDTs. 100-day teams could be integrated into this effort, accelerating and deepending the impact of these efforts

- **Reducing Administrative Burdens on GPs**: There may be potential for streamlining and acclerating certain “back office” functons and burdens needed to fund, monitor and commision GPs services. For example, rteams could work on reducing the time it takes to reimburse surgeries or consolidating reporting mechanisms.

- **Supporting Care Homes:** Teams identified a host of opportunites for better integrating and leveaging care homes in effort to prevent illness and intervene early. Multidisciplnary RRI teams, focused on care homes, could be used to quickly build the connections and processes need to capitalize on these opportuities.

Appendix II - support provided to teams

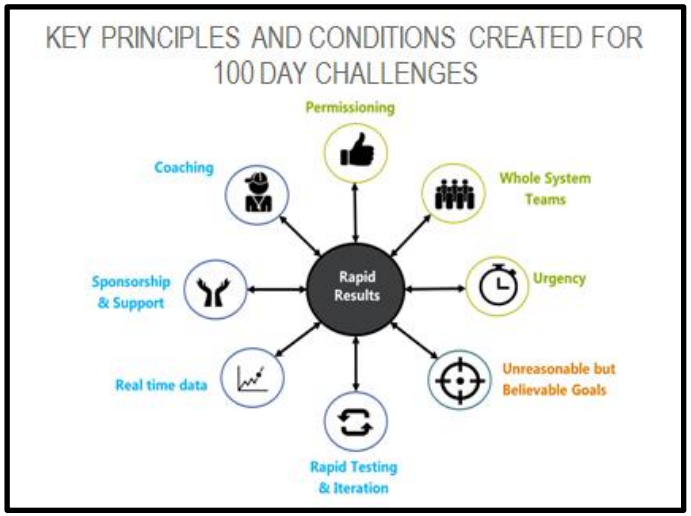
Throughout the 100-days the teams and the leadership group were supported by Nesta/RRI team as they worked to created supportive conditions for innovation and cross-system collaboration. Key forms of support are summarised here:

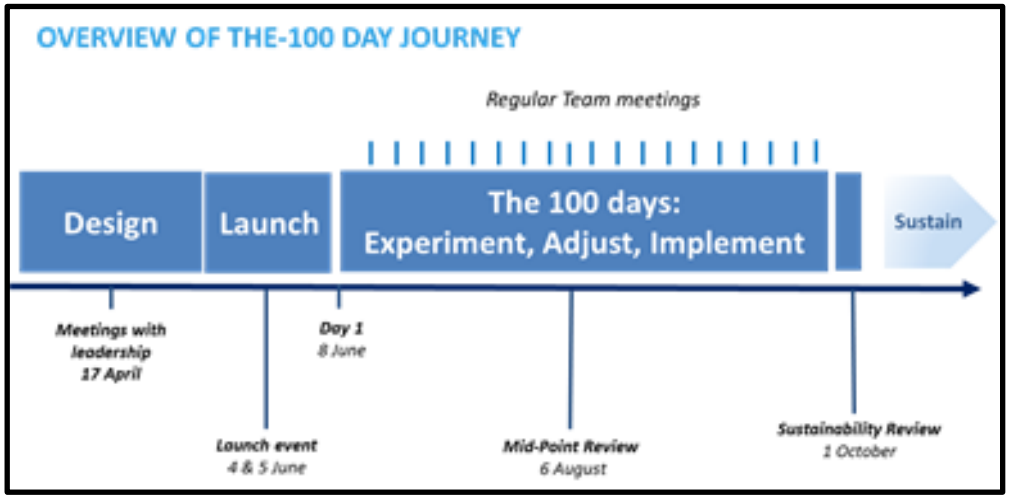
- **Support to Team Meetings**: Coaches supported Team Leader's efforts to design weekly team meetings, and provided discussion facilitation support as needed. CPR's teams required more Coaching support then is the norm. Possible reasons for this are discussed below.

- **Coaching support to Team Leaders**: PPR staff coached Team Leaders on how to employ tools and tactics for a) strengthening team-work dynamics b) mobilizing key stakeholders to support the team' efforts c) project management.

- **Support to Leadership Group:** One-on-one and small group advisement on a) designing the overall effort b) adopting new tools & tactics for promoting proactive problem solving by frontline workers c) identifying how team innovations and lessons-learned could be integrated into ECC/CPR integration strategy.

- **Design and facilitation of Key Workshops**: PPR staff designed and facilitated seven workshops during the 100 days. This included at Day 1 (design workshop for teams), Day 25 & 75 (peer-exchange), Day 50 & 100 (progress reviews).





Appendix III - Principles and conditions for 100 day challenges - learning and reflections of what worked and what could be strengthened moving forward

Condition	Ideal	What was achieved	Learning & insight for future rounds
 Permissioning	The RRI teams are empowered by Authorizers to design controlled experiments aimed at strengthening the system. Teams feel that this a chance to change the system	A majority of team members show extremely high levels of commitment and passion for the effort. However, teams would have benefitted from clearer and more consistent authorization from the senior managers of team members, allowing them to put in more time and energy into the effort. More consistent communication from system leaders on the depth and breath of change the teams could possible create would have also help amplify impact.	Sr Managers of key orgs. can be oriented more to ensure that involved staff have a clear remit. The overall effort can be designed with more input from key orgs, ensuring the work aligns priorities.
 Whole system teams	Teams are formed of frontline workers from the 8-10 most essential orgs involved in the challenge, plus representatives of user/client groups.	Team members came from the correct organisational levels and had high levels of expertise and passion. However, the breadth of the overarching challenge meant selection could not be strategic enough. Hence, many people we asked to be involved in RRIs that ended up not focusing on their priorities. Consequently, a higher number of team members than usual dropped out of the process.	Narrowing the challenge area further (before the Launch workshop) will allow for more focused and strategic selection of team members
 Urgency	Teams, Leadership Group & stakeholders feel the challenge has urgency and must be addressed immediately	There was a sense of urgency around reducing unplanned admissions. However, the broadness of the challenge meant the RRIs did not connect to day-to-day pressures. Therefore some participants saw the RRI as a 'nice to have' that was secondary to more immediate pressures	By developing a more challenge, more closely linked to day-to-day pressures, the feeling of urgency will be stronger.
 Focus and goals	Teams develop easily-measurable goals that feel, to them, unreasonably ambitious, but still achievable	Goals were ambitious and yet possible and developed in away that lead to high-ownership by the teams. However, measurement proved difficult due (see below). The metric used also produced a smaller than expected sample size, making determination of team impact impractical	More research, prior to the launch around what is easily measurable. More focus, pre/post-launch to arranging data-sharing.

 Coaching	Coaches help teams achieve more by through coaching on a) team work, creative-problem solving & project management. b) communication w/ leadership; Coaches provide support w/o crowding out team member development.	Coaches successfully helped teams be more cohesive and built the project/team management skills of Team Leaders. Coaches also helped ensure clearer, more insightful communication between teams and Sponsors. In several instances, Coaches were slower than optimal when responding to emergent issues on teams. Additionally, there was a misconception among some participants that Coaches were to play the role of project manager, making it lowering motivation of Team Leaders to assume this role.	The role of Coach can be more clearly articulated. Additionally, PPR will adjust procedures for Coaches so that the are more likely to identify and act on emergent problems more rapidly
 Sponsorship & Support	Leadership group provides institutional support (i.e. unblocking) as well as motivational words to teams.	A significant portion of the Sponsors were available "on-demand" as needed for the teams and provided motivational words and support. Several Sponsors, which were to serve as liaisons to key groups struggled to prioritize the work, limiting teams' ability to connect.	Better communicate Sponsor role, ensuring invitees have enough time and that their priorities align with work
 Real-time data	Teams have at least weekly updates of data indicating progress towards their 100-day goal & other metrics	Not available until the end of the 100-days. This reduced the ability to teams to track progress and engage in real-time iterative learning	More focus on measurability of goals at the start; Greater focus on arranging data sharing early in the process.
 Rapid testing & innovation	Teams engage in robust and rapid testing of ideas, deciding as quickly as possible which ideas need to be refine, dropped or solidified into procedures	Teams tested and thoroughly developed a high number of ideas after a slow start. Rapid learning about these ideas was slowed due to a lack of data. However, teams focused and drove forward using their (highly accurate) intuition and observations to refine ideas. At the end of the 100-days stakeholders created a strong plan for moving forward with promising/proven ideas	Ensure availability of real-time data. Provide more Coaching support to Sponsors so that they can move teams more quickly into rapid testing.