

Applied Leadership and Management in the Workplace

Module Assignment Submission

Enterprise and Intrapreneurship

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Introduction

This assignment outlines a 12-week strategy to help reduce patient waiting times from 52 weeks down to 26 weeks, in line with Welsh Assembly goals. It combines a few different approaches, including checking referrals more carefully, adding extra clinics on weekends, and bringing certain services in-house to clear a backlog of 1,778 patients. A visual timeline called a Gantt chart is used to show key activities, deadlines, and who is responsible, helping everyone stay clear on their roles.

Getting input and support from all involved groups is very important. A clear communication plan has been created to share information in a way that suits each group—including senior leaders, medical teams, outside providers, and patients. Progress will be monitored regularly through milestone reviews, visual status dashboards using colour codes, and weekly updates. There are also procedures ready to manage delays or risks if they arise. The plan uses practical tools like cause-and-effect diagrams and return-on-investment analysis to support good decision-making and make sure everything stays within the set goals, timelines, and budget.

Complex Problem

In my role as a manager within the NHS, I am currently working to solve a difficult problem following a direction from the Welsh Assembly Government: all first-time neurology waiting lists need to be cut from 52 weeks to less than 26 weeks by December. This order affects 1,778 patients waiting for their initial neurology appointments and puts responsibility on NHS leaders working with clinical teams. The issue involves several departments—neurology, admin support, and referral management—and affects both local and regional healthcare services. It influences patients, doctors, and overall system performance, leading to worsening patient health, more pressure on emergency services, and a loss of public trust in the NHS. Challenges include limited clinical staff, financial restrictions, and a strict five-month deadline. To address this, I am exploring different options such as verifying patient lists, bringing in additional clinical staff, launching Waiting List Initiatives (WLI), adjusting clinic schedules, and hiring temporary or permanent consultants. Each of these choices involves careful consideration of their practicality, costs, and ethical issues, highlighting how complex leadership in healthcare can be.

Analysing the problem

Brain Storming

In response to the Welsh Assembly's goal of cutting Stage 1 neurology waiting times from 52 weeks to under 26 weeks by December, I have carried out a planned brainstorming session (Al-Samarraie & Hurmuzan, 2018). This helped us understand the problem, evaluate its size and effects, and consider possible strategic solutions. The table below provides an overview of this analysis:

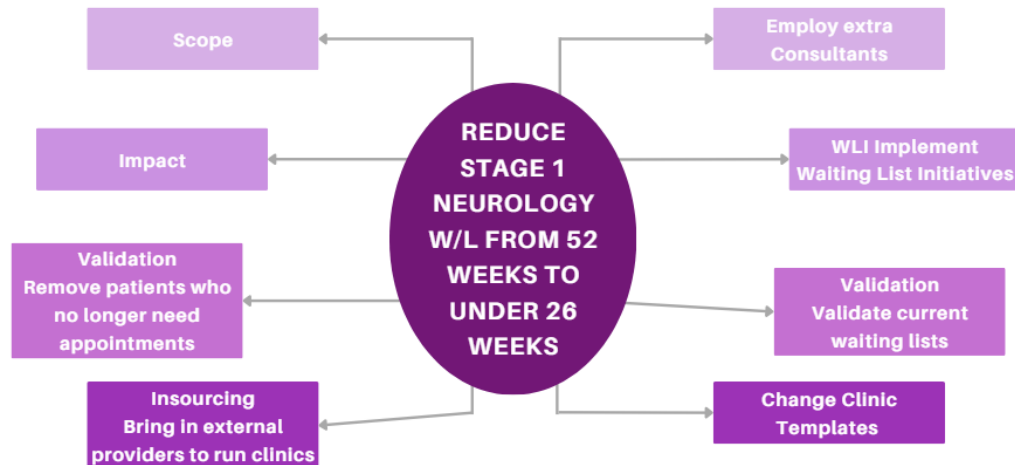
Category	Details
Central Problem	A required goal to cut the waiting time for Stage 1 neurology appointments from 52 weeks down to less than 26 weeks by December. This affects 1,778 patients.
Scope	Patients: 1,778 people Departments: Neurology, Administration, Scheduling Staff: Specialists, Temporary workers, Nurses, Managers Stakeholders: Welsh Assembly, NHS leadership, patients, medical teams
Impact	Patients: Longer time to get diagnosed, their health may get worse, and they may feel more anxious Staff: More work to do, which can lead to tiredness or burnout System: More stress on emergency services and potential damage to reputation Financial: Higher expenses for quick fixes and temporary solutions
Strategic Options	Validation: Remove patients who no longer need appointments Insourcing: Have outside providers run clinics WLI: Extra clinics organized by current staff Change Clinic Template: Make more appointment slots and change how long each appointment lasts Employ Locums: Hire temporary doctors or specialists Employ More Consultants: Hire permanent doctors or specialists
Constraints & Considerations	Budget restrictions Staff availability Ensuring patient safety and good quality care Deadlines and time constraints Getting support and approval from stakeholders

This table offers a basis for assessing the best and most sustainable way to reach the required goals while still ensuring good clinical quality and practical operations. Following on from brainstorming led me to create a mind map.

Mind Mapping

To better understand the challenge of reducing Stage 1 neurology waiting times from 52 weeks to under 26 weeks. This map shows the key areas, impacts, and potential solutions. Its goal is to make the issue easier to understand and support decision-making (Davies, 2010).

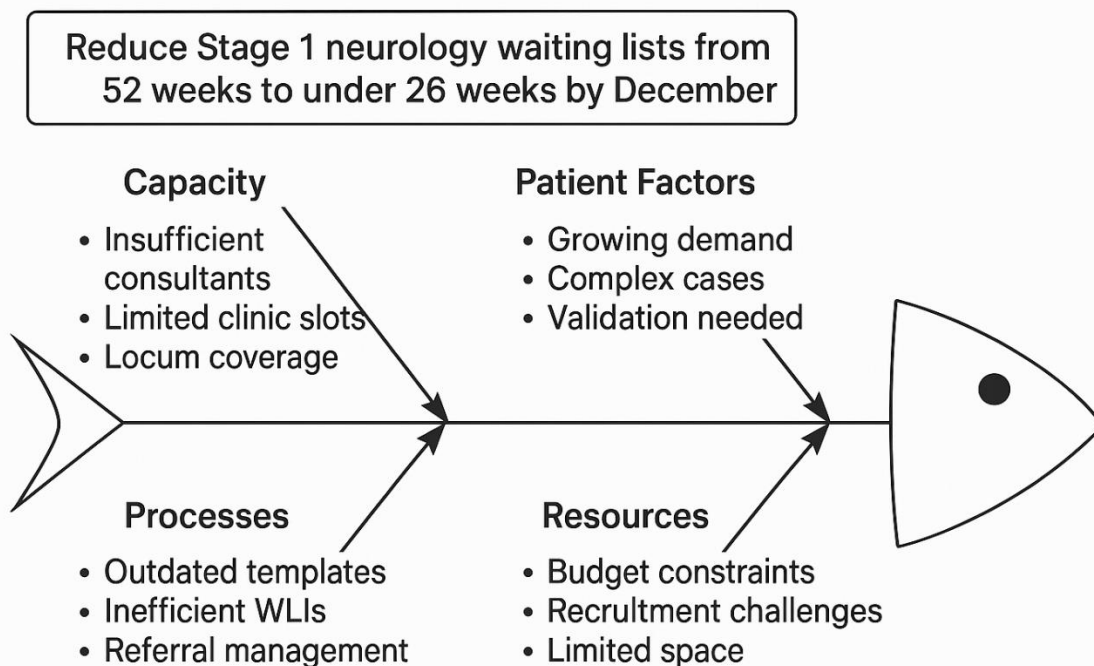
MIND MAP



This picture helps show how complex the issue is and encourages a clear plan for finding the best ways to help, while considering available staff, what patients need, and the resources we have. Building on the initial mind map, the fishbone (Ishikawa) analysis below provides a clearer and more organized way to understand the root causes. It groups these causes into main areas, helping to gain better understanding and plan focused solutions.

Fishbone (Ishikawa) analysis

To help understand why the waiting lists for Stage 1 neurology appointments are taking so long, this fishbone (Ishikawa) diagram looks at the main factors involved (Coccia, 2018). It covers areas such as available capacity, issues related to patients, how the processes are managed, and the resources available. The diagram helps to visualize the complex challenges involved in achieving the goal set by the Welsh Assembly to bring waiting times down to less than 26 weeks by December.



By showing how these different causes are connected, the diagram helps in planning targeted strategies and figuring out which actions—like hiring consultants, redesigning clinics, or confirming patient data—could make the biggest difference. This clear view is important for deciding which steps to focus on, especially when working within limited time, budget, and staff resources. After finding the main types of causes using the fishbone diagram, I used the 5 Whys technique to dig deeper into the most important problem and discover what was really behind it.

5 Whys Analysis

To find out the main reasons behind the long wait times for Stage 1 neurology appointments, we used the 5 Whys method. This simple step-by-step approach helps look deeper into the problem by identifying different factors that contribute to it (Gangidi, 2019). By doing this, we can uncover the underlying issues in the system that need to be fixed for lasting improvement.

- Why are Stage 1 neurology waiting lists more than 52 weeks long? → Because there are not enough appointment slots available to handle the current number of people waiting.
- Why are there not enough appointment spots? → Because the number of doctors available is limited, and the way clinics are scheduled has not been optimized to see more patients efficiently.
- Why is doctor availability limited and clinic scheduling less efficient? → Because hiring permanent staff has been slow, temporary workers are used inconsistently, and the clinic schedules haven't been updated to match current needs.

- Why has hiring been slow and schedules not been updated? → Because of budget restrictions, other priorities within the organisation, and not enough dedicated time to change and improve the service.
- Why are there budget restrictions and competing priorities? → Because the organisation is trying to meet multiple important goals at the same time, with limited funds and workforce planning resources.

The analysis shows that the main problem is a gap between what patients need and the limited capacity of the clinics, made worse by difficulties in hiring staff, outdated clinic setups, and money challenges. Knowing these underlying issues helps in creating better-focused plans and choosing solutions that make the best use of available resources. After using the 5 Whys technique, I looked into the main cause of the issue to confirm the results and make sure I fully understood where the problem started.

Root Cause Analysis

To effectively tackle the challenge of shortening Stage 1 neurology waiting lists, it is important to look beyond just the obvious symptoms and identify the deeper causes (Percarpio et al., 2008). This analysis examines the broader issues that contribute to the problem, helping to develop focused and lasting solutions that meet both patient needs and organisational limits.

Insufficient Clinical Capacity

Why it's a root cause: There aren't enough doctors or appointment slots to keep up with the number of patients being referred.

Impact: Patients have to wait longer for their first appointment, which can delay diagnosis and increase the chance that their condition worsens.

Evidence: Difficulties in hiring staff, dependence on temporary doctors, and a shortage of permanent team members limit the number of patients that can be seen.

Inefficient Clinic Setups

Why it's a root cause: The current clinic templates might not be best suited for handling a large number of quick assessments or deciding which patients need immediate attention.

Impact: Appointment slots could be wasted or not match what patients really need, which lowers the overall efficiency of the clinic.

Evidence: It was found that the template needs to be updated as part of your overall planning choices.

Poor Referral Validation

Why it's a root cause: Without solid checks, incorrect or outdated referrals stay on the list.

Impact: This leads to longer waiting lists, wasted appointments, and fewer chances for urgent cases to get help quickly.

Evidence: Validation is one of your suggested solutions, indicating the current process is not working well enough.

Limited Ability to Plan Strategically

Why it's a root cause: The operational teams might not have enough time, resources, or decision-making power to make meaningful improvements to services.

Impact: Services tend to respond to issues as they arise instead of preventing problems in advance, which means chances to improve the overall system are often missed.

Evidence: Your analysis indicated that teams are juggling many priorities and do not have enough time dedicated to redesigning and improving services.

Budget Restrictions

Why it's a main reason: Limited funds make it hard to hire new staff, do work in-house, or put WLI into place.

Impact: Good solutions might be postponed or simplified, which makes the problem last longer.

Evidence: Money concerns were mentioned both in your explanation and in the fishbone diagram.

Disorganised Stakeholder Alignment

Why it's a fundamental issue: Different teams (such as clinical, administrative, and operational) may not be fully on the same page about priorities or procedures.

Impact: This can cause delays in making decisions, inconsistent work, and less clear responsibility.

Evidence: The issue affects multiple departments, and the complexity of involving many stakeholders is a key part of the problem.

These main reasons directly lead to the core problem: not being able to meet the Welsh Assembly's deadline. This affects the entire system—patients' health gets worse, staff become overwhelmed, and the organisation risks damaging its reputation and facing penalties for not performing as expected.

Proposed Solutions

Solution 1: Simplify Referral Checks Using Standard Lists and Dedicated Staff (Validation)

Description: Create clear, standard checklists for referrals and assign specific staff members to review and verify that referrals meet clinical requirements before proceeding (Mullen, 2003).

Resources Needed:

- Additional staff or reassigning current staff to handle validation tasks.
- Time to develop specialty-specific checklists.
- Training staff to apply these checklists consistently.

Potential Challenges and Barriers:

- Possible delays if validation staff are unavailable or busy.
- Differences in how team members interpret the checklists across specialties.
- Changing current processes and culture to ensure everyone follows the new validation steps.

Feasibility: High, especially in organisations with existing administrative teams. It can be implemented quickly and easily expanded to different departments.

Solution 2: Increase Clinical Workload by Adding Weekend Clinics (WLI)

Description: Set up clinics on weekends or hold extra sessions using Waiting List Initiative (WLI) funding to temporarily handle more patients (Oldham, 2016).

Resource Needs:

- Extra pay for doctors and support staff.
- Managing schedule arrangements and addressing possible staff fatigue.
- This approach provides a quick boost but may not be sustainable long-term.

Risks & Challenges:

- Staff may feel tired or hesitant to work additional hours.
- Some diagnostic or support services might not be available on weekends.
- There is a chance that only certain specialties benefit, leading to inequality.

Feasibility: High in the short run, especially if WLI funding is available. It works best as part of a combined strategy.

Solution 3: Bringing in External Clinical Teams to Reduce Long Waiting Lists

Description: Hire outside clinical teams to provide services inside NHS facilities, especially in specialties where patients are waiting the longest (Berry et al., 2021).

Resources Needed:

Costs for contracts and time to arrange them.

Access to facilities and working with internal staff.

Ensuring quality and safety standards are followed.

Risks & Challenges:

Difficulty in smoothly working with internal systems and processes.

Possible differences in the quality of care or patient experience.

Potential disagreements with internal staff about how resources are shared.

Feasibility: Very achievable if the hiring process is straightforward and facilities are available. This approach can quickly help reduce long waiting times.

Evaluating options using decision making techniques

To help make informed decisions, a comparison was done to examine three possible options—Waiting List Initiatives (WLI), Validation, and Insourcing—based on important factors like how quickly they can be implemented, cost, long-term benefits, how well staff support them, and their effect on waiting times. Each of these factors was given a certain level of importance based on strategic priorities.

Grid Analysis: Scoring Against Key Criteria

Criteria	Weight	WLI	Validation	Insourcing
Speed of Implementation	25%	4	5	3
Cost Efficiency	25%	3	5	2
Sustainability	20%	2	4	3
Staff Acceptability	15%	3	4	2
Impact on Waiting Times	15%	4	3	5
Weighted Total		3.25	4.35	3.05

Scoring scale: 1 = poor, 5 = excellent

Result: *Validation* scores highest overall, particularly due to cost efficiency, speed, and sustainability.

While Validation was the top choice overall, Insourcing has been chosen as the main approach because it can quickly help reduce waiting lists. Validation and WLI will be used alongside Insourcing to improve how the system works and offer targeted help where it has needed most.

2. Cost-Benefit Analysis

WLI (Waiting List Initiative's)

- **Costs:**
 - Additional pay: £500–£800 per session per clinician
 - Support staff costs: £200–£400 per session
 - Potential overtime for diagnostics
- **Benefits:**

- Immediate throughput increase
- Short-term morale boost if voluntary
- **Qualitative Considerations:**
- Risk of burnout
- Limited scalability
- **Estimate:** Moderate (short-term uplift, low sustainability)

Validation

- **Costs:**
- Support staff costs: £15-£30 per hour
- Potential overtime for diagnostics
- **Benefits:**
- Immediate increase in patient throughput
- Short-term morale boost if participation is voluntary
- **Qualitative Considerations:**
- Risk of staff burnout
- Limited scalability
- **Estimate:** Moderate – suitable for short term gains but not a sustainable long-term solution

Insourcing

- **Costs:**
- Contracted clinical teams: £300–£500 per patient
- Facility usage and coordination overhead
- **Benefits:**
- Rapid backlog clearance
- High patient satisfaction if well-managed
- **Qualitative Considerations:**
- Integration challenges
- Governance and quality assurance required
- **Estimate:** Moderate to high (effective but expensive)

3. Financial Ratios

To evaluate how financially practical each option is, we compared important numbers across Waiting List Initiatives (WLI), Validation, and Insourcing. This review shows the approximate cost for each patient, the benefit compared to the cost, and the potential profit or gain from each choice (Lev & Sunder, 1979).

Metric	WLI	Validation	Insourcing
Cost per Patient	£250–£400	£15–£30	£300–£500
Benefit-Cost Ratio	1.5:1	3–4:1	2:1
Return on Investment	Moderate	High	Moderate

While Validation provides the best financial return and the lowest cost per patient, Insourcing has been given priority because it can quickly help reduce waiting lists. Validation and WLI will be used alongside this strategy to ensure we achieve quick results while also making longer-term improvements to the system.

Final Recommendation: Mixed Approach

Although validation is the most cost-effective option, insourcing has been selected as the main approach due to its ability to deliver the fastest reduction in waiting list times. By bringing in external clinical teams, we can address the backlog more rapidly. Validation and WLI's will also be used as complementary support strategies to enhance system efficiency and provide targeted relief where needed.

Main Approach: Insourcing

Why:

- Offers rapid clearance of long-waiting patients
- Delivers high patient satisfaction when well-managed
- Enables targeted deployment of external clinical teams to address capacity gaps
- Provides flexibility to scale up quickly in response to demand pressures

Additional Support Options:

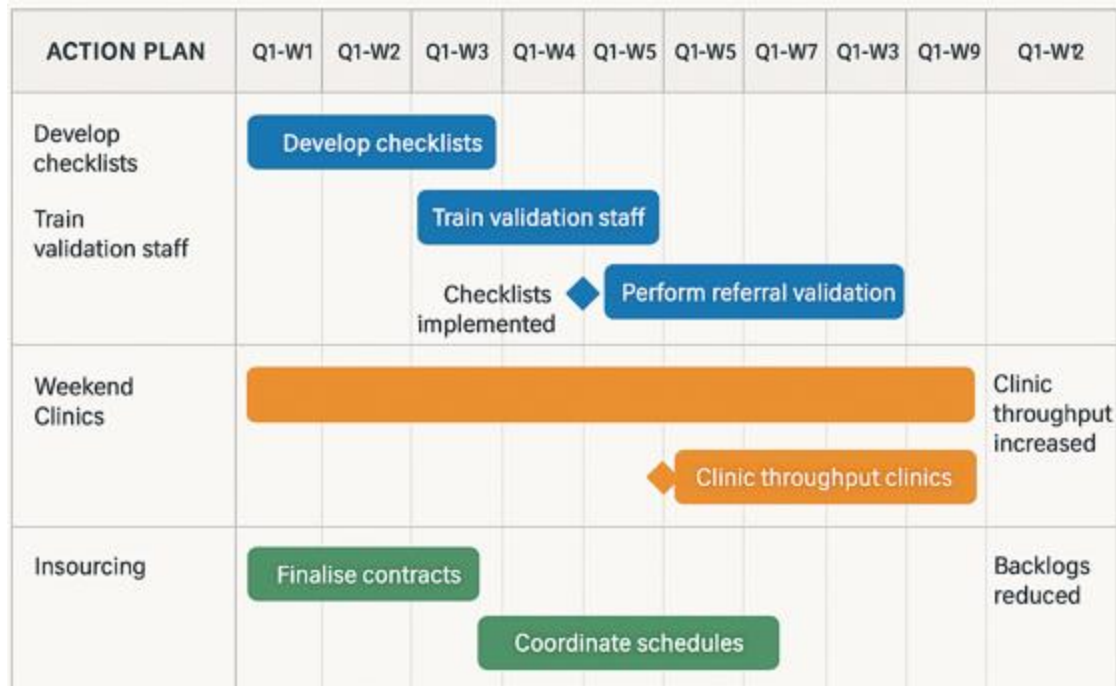
- WLI: Use strategically for busy specialties during peak times or seasonal rushes
- Insourcing: Bring in extra staff selectively for areas with very long wait times or when internal capacity is limited

Why Choose This:

A mixed approach finds the right balance between efficiency, cost, and effectiveness. Validation helps fix the core issues, while WLI and insourcing provide targeted quick help. Together, they make the best use of resources and support the goal of cutting waiting times from 52 weeks down to 26 weeks.

Developing a detailed implementation plan

This Gantt chart outlines a 12-week action plan to implement a hybrid strategy combining referral validation, weekend clinics (WLI), and insourcing. It allocates tasks, timelines, and responsibilities to ensure coordinated delivery and measurable progress (Geraldi & Lechter, 2012).



By connecting each step of the plan to specific goals—like putting checklists in place, seeing more patients each day, and reducing waiting lists—this plan helps meet the Welsh Assembly’s deadlines for clearing waiting lists. It also makes sure that the process is manageable and that patient care remains a priority.

Communicate the plan to the stakeholders

Identifying Stakeholders & Their Interests

To successfully put strategies into action that help reduce waiting times, it's important to understand what different key groups care about and their roles (Bourne, 2016). Each group has its own unique part in planning, carrying out, and overseeing healthcare services.

Stakeholder Group	Role/Interest
Executive Leadership (Chief Executive <u>etc</u>)	Strategic oversight, , meeting Welsh Assembly targets
Clinical Leads & Consultants	Operational feasibility, patient safety, clinical governance
Admin & Scheduling Teams	Implementation of validation checklists, booking processes
Finance Department	Budgeting for WLI and insourcing, cost-benefit analysis
External Providers (Insourcing)	Contractual clarity, timelines, capacity expectations
Welsh Assembly / Health Board	Policy compliance, public accountability, performance metrics
Patients	Timely access to care, transparency, quality of service

By working together and clearly sharing each group's roles and goals, the organisation can encourage smoother teamwork, provide better service, and successfully reduce waiting times.

Communication Goals

- Make sure everyone understands their roles, deadlines, and what is expected.
- Foster trust and openness about the hybrid approach.
- Respond to questions and worries early on, like clinical capacity or budget issues.
- Monitor how things are going and make adjustments based on feedback.

Communication Plan Overview

Effective communication is essential for the successful delivery of waiting list reduction initiatives. The table below outlines the planned engagement methods, frequency, content focus, and responsible leads for each stakeholder group.

Stakeholder	Method	Frequency	Content Focus	Responsibility
Executive Leadership	Email + Monthly Meeting	Monthly	Strategic updates, KPIs, risk mitigation	Project Lead (You)
Clinical Leads	Weekly Briefing + MS Teams	Weekly	Operational updates, patient safety, clinic throughput	Clinical Ops Manager
Admin/Scheduling Teams	Workshop + Email Summary	Fortnightly	Checklist rollout, booking protocols, feedback loop	Admin Lead
Finance Department	Email + Review Meeting	Monthly	Budget tracking, , insourcing costs	Finance Analyst
External Providers	Contract Meeting + Email	Bi-weekly	Capacity planning, timelines, escalation process	Procurement Lead
Welsh Assembly / Health Board	Formal Report + Presentation	Monthly	Performance metrics, patient impact, compliance	You + Data Analyst
Patients	SMS + Website Update + Leaflet	As milestones achieved	Service changes, expected timelines, contact info	<u>Comms Team</u>

This organized way of working makes sure that everyone involved stays informed, on the same page, and actively participates throughout the project. It helps promote openness, responsibility, and the prompt achievement of goals.

Meeting Stakeholder Expectations

Leadership wants clear strategies → use dashboards and return-on-investment () measures

Clinicians care about openness and safety → emphasize governance and patient results

Administrative teams need clear instructions → offer detailed, step-by-step procedures

Finance focuses on managing costs → share benefit-cost ratios (BCR) and budget predictions

External partners require dependable service → establish clear service level agreements (SLAs) and procedures for addressing issues

Patients look for reassurance → communicate with kindness and clarity

Monitor and review implementation

Progress Tracking System

We will keep track of progress using a Gantt chart, which shows important tasks throughout the 12-week implementation period. Each task has a scheduled start and end date, a person responsible for it, and connections to other tasks. This helps us easily see how things are moving along and identify any delays or issues.

Tracking Tools:

Gantt chart: Updated weekly to show the current stage of each task (Not Started, In Progress, or Completed)

RAG status dashboard: Uses Red, Amber, and Green lights to show how each work area is doing

Weekly progress reports: Sent to stakeholders via email or MS Teams to keep everyone informed

Milestone tracker: Points out important deadlines and key moments to watch for

Key Milestones & Check-In Points Table

Benchmark	Week	Purpose	Stakeholders Involved
Validation checklist finalised	Week 2	Ensure readiness for referral review	Admin Teams, Clinical Leads
First WLI clinic delivered	Week 4	Test operational feasibility and capacity	Clinical Leads, Finance
Insourcing contract activated	Week 5	Confirm external capacity is maximized	Admin Teams, Procurement, External Providers
Midpoint review	Week 6	Assess progress, risks and adjust strategy if needed	All Stakeholders
50% backlog clearance	Week 8	Validate impact of hybrid strategy	Executive Leadership and Health Board
Final review and reporting	Week 12	Evaluate outcomes, lessons learned	Health Board

Handling Problems or Delays

When problems or delays happen, we follow a clear process to resolve them:

Early Warning

- Regular weekly check-ins and a RAG (Red-Amber-Green) dashboard help spot delays early
- Feedback from stakeholders (like administrators or clinical staff) helps identify concerns

Finding the Cause

- Use simple tools like fishbone diagrams or the 5 Whys method to find the real reason behind the problem
- Involve the right people (such as Finance for budget issues) to get insights

Taking Action

- Change plans by updating deadlines or reallocating resources where needed
- Share information about these changes through the appropriate channels (like email for leaders or workshops for admin staff)

When to Escalate

- If an issue is not resolved within a week, it is raised to the Executive Leadership team
- All issues and steps taken are recorded in progress reports and discussed at the monthly meetings

Integration with Communication Plan

- Weekly updates with clinical and admin teams will help identify and resolve operational issues early on.
- Monthly leadership meetings will review major risks and approve necessary steps to address them.
- Updates on finances and procurement will ensure budgets and contracts stay aligned.
- Patient communications will be adjusted if delays affect service timelines.

Conclusion

The strategies described in this assignment closely match several well-known leadership ideas, helping explain why the chosen methods are effective in handling complex healthcare problems.

Transformational Leadership: This approach focuses on inspiring and encouraging teams to reach big goals. By clearly sharing the goal of reducing neurology waiting times and involving important people through organized communication plans, this method follows transformational leadership principles. Using tools like progress charts, dashboards, and including different stakeholders in decisions helps create a culture of responsibility and ongoing improvement.

Systems Thinking: The problem-solving approach shows systems thinking by looking at how different departments, resources, and patient outcomes are connected. Tools like fishbone diagrams and root cause analysis help visualize how various factors cause delays, leading to solutions that address both daily operations and overall strategy.

By using careful planning, clear communication with key stakeholders, and proactive risk management, this approach shows a practical and patient-focused way to reduce the backlog. This combined strategy not only helps patients get timely care but also makes the organisation more resilient and encourages better teamwork—important factors for lasting improvements in NHS services.

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