



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Improving Together (encompassing Planning Objectives 3A and 2F)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Catherine Evans, Head of Transformation Programme Office (TPO)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to the People Planning and Performance Assurance Committee (PPAC) on the Improving Together work as at June 2021.

Cefndir / Background

The aim of Improving Together is to implement a wide-ranging strategic improvement approach, including quality and performance, which is clear on expectations and accountability arrangements from Board to all Hywel Dda University Health Board (HDdUHB) teams.

This includes the development of a culture of continuous improvement; and the systems and tools required to support such a culture. The focus will be to motivate and support colleagues at all levels to strive for excellence.

Improving Together will be implemented from June 2021, and rolled out across HDdUHB over the next three years.

Improving Together encompasses Planning Objectives 3A and 2F.

Aseiad / Assessment

The attached 'Plan on a Page' provides an update on the governance arrangements, risks and outcomes and identifies key milestones in the delivery of Improving Together.

Progress to date includes:

- Governance established for Improving Together.
- High level framework agreed.
- Board engagement on vision and draft measures aligned to Strategic Objectives.
- Baseline assessment against each component of the framework.
- Development of roadmap for rollout in progress.

The priority for the next two months is to:

- Further develop the language, concept and support requirements through engagement with operational and clinical leaders and to develop an indicative package of support for teams, including improvement, project management, organisational development and finance support.
- Continue to develop the outcome measures for Board.

Argymhelliad / Recommendation

This paper is presented to PPPAC for discussion and assurance that actions are in accordance with the agreed plan.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda. 2.2 Provide assurance to the Board on the implementation of the UHB's Workforce & OD Strategy and Enabling Plan, ensuring it is consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 3.3 Quality Improvement, Research and Innovation 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Strategic Objectives and Planning Objectives Lean methodology
Rhestr Termiau: Glossary of Terms:	Not applicable

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Executive Team Board
--	----------------------

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues addressed in report or Plan on a Page
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues addressed in report or Plan on a Page
Gweithlu: Workforce:	Any issues addressed in report or Plan on a Page
Risg: Risk:	Any issues addressed in report or Plan on a Page
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Planning Objective – merged planning objective 3A & 2F: Implement a wide-ranging strategic improvement approach, including quality and performance, which is clear on expectations and accountability arrangements from Board to all Health Board teams. This includes the development of a culture of continuous improvement; and the systems and tools needed to support such a culture. The focus will be to motivate and support colleagues at all levels to strive for excellence. This will be implemented from June 2021, and rolled out across the whole organisation over three years.

PROJECT SCOPE	<p>Improving Together is a framework which aligns team vision to strategy and empowers teams to set key improvement measures aligned to their team vision.</p> <p>Visualisation of key data sets including improvement measures and regular team huddles helps drive decision-making.</p> <p>The approach embraces coaching discussions and supports staff to develop solutions, embedding the principles of continuous improvement. The framework will offer a common approach to how we can adapt, adopt and spread good practice in a systematic way.</p> <p>Improving Together will embrace and embed some of the positive lessons learnt through the pandemic.</p>	<ul style="list-style-type: none"> • Staff know their goals and how they're improving • Problem-solving and testing changes is a part of daily work • Improvement directly aligns to improvement measures and vision • Decision-making is driven by data • Coaching approach to problem-solving is embedded • Positive impact on Board primary measures 				OUTCOME	
		KEY PHASE		BY WHOM	BY WHEN	KEY DATES & DELIVERABLES	
		1. Develop initial concept which draws on theory and international best practice		Huw Thomas / Mandy Rayani	March 2021		
		2. Primary Board measures <ul style="list-style-type: none"> a. Develop primary measures aligned to Strategic Objectives with Board b. Develop the definition of each measure c. Explore and agree data capture for each measure d. Agree the ambition and interim steps for each primary measure 		Huw Thomas / Mandy Rayani	September – December 2021		
		3. Sense check language, concept and support requirements through engagement with operational and clinical leaders.		Cath Evans / Mandy Davies / Sarah Jenkins	July 2021		
		4. Based on engagement feedback, develop an indicative package of support for teams centred around the framework		Cath Evans / Mandy Davies / Sarah Jenkins	July 2021		
		5. Develop the following enablers to the Improving Together approach: <ul style="list-style-type: none"> • Setting Improvement Measures • Data Visualisation (including Lightfoot & dashboards) • Improvement Support • Adopt and Spread 		Cath Evans Anthony Tracy / Tracy Price Mandy Davies Elin Brock	September 2021		
		6. Work with teams to agree team improvement measures which align to the primary measures		Huw Thomas	September 2021 onwards		
		7. Introduce concept through an event and co-design implementation plan		Huw Thomas / Mandy Rayani	September 2021		
		8. Test and iterate approach with initial teams & amend approach if required		Huw Thomas / Mandy Rayani	October 2021		
		9. Agree communication plan		Cath Evans / Mandy Davies / Yvonne Burson	November 2021		
PROJECT GOVERNANCE	<p>Responsible Officers: Executive Lead: Huw Thomas, Director of Finance/Mandy Rayani, Director of Nursing, Quality and Patient Experience Strategic Lead: Catherine Evans, Head of Strategic Performance Improvement Delivery Lead: Mandy Davies, Assistant Director of Nursing and Quality Improvement</p> <p>Programme oversight through: Strategic Enabling Group</p> <p>Governance through: Improving Together Governance & Strategic Enabling Group</p> <p>Delivery through: Operational teams, Workforce, Quality Improvement, Project Management</p>	10. Roll out to agreed teams as per the implementation plans		Huw Thomas / Mandy Rayani	January 2022		
		11. Evaluate testing phase		Mandy Davies	October – March 2022		
		Description		Likelihood	Impact	Score	Mitigating Actions
		Lack of team engagement due to change fatigue		Medium	Delay to roll-out	15	Engagement with operational teams to co-design implementation
		Availability/capacity of teams		Medium	Delay to roll-out	20	Monitor capacity and raise issues through governance
		Availability of data		Medium	Ability of teams to align improvement to strategic vision	15	Consider requests for data through governance
Golden Thread/ Cultural Intention:	<ul style="list-style-type: none"> • To cascade, embrace and embed our Strategic Objectives and primary board measures • Key enabler to embedding our values • Focus on quality and outcomes for our staff and our population 						

