



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	PO 3A: Improving Together Framework
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Catherine Evans Head of Strategic Performance Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Improving Together Framework sets out the Health Board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within the Hywel Dda area.

Cefndir / Background

Improving Together is part of a key planning objective for the Health Board.

Planning Objective 3A: Over the next 3 years (with 2022/23 being year 1) implement a quality management system which uses improving together as a delivery vehicle. This will support and drive quality and performance across the organisation aligned to our strategic objectives and Board Assurance Framework outcomes. The system will embed an improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will also include the development of a culture of continuous improvement and the systems and tools needed to support such a culture. The aim will be to motivate and support colleagues at all levels to strive for excellence.

In order to deliver on this planning objective, the Improving Together Framework has been developed (Appendix 1) and was presented to Executive Team in December 2022. The framework is supported by key organisational-wide dashboards "Our Performance" and "Our Safety". These dashboards have been developed over the last year to allow everyone across the organisation to have easy access to performance, quality, workforce, risk and finance data. The dashboards aim to help support performance improvement discussions at all levels and to drive service change with the ultimate aim of improving outcomes for patients, staff, visitors and those living within the Hywel Dda area. The Framework also outlines the key performance improvement arrangements at each level in the organisation which are summarised below:

Board and Committees:

- **Board Assurance Framework (BAF):** Monitor progress against our Strategic Objectives through the BAF which reports on Board outcomes and proxy measures aligned to the strategic objectives.
- **Integrated Performance Assurance Report (IPAR):** Review the IPAR which reports on key nationally and locally agreed performance indicators.

Executive Team (ET)

- **Board Assurance Framework:** The Executive Team reviews the BAF and agrees actions to ensure a positive impact on outcomes and proxy measures.

Directorate Improving Together Session

The Directorate Improving Together sessions outlined within the Framework, aim to provide dedicated time for Executives to meet with all teams across the Health Board to:

- Discuss challenges, opportunities and support required.
- Explore progress against key Ministerial and Health Board priorities, the actions that are being or will be undertaken, the trajectory for improvement and any support required.
- Discuss any concerns / issues relating to quality, performance, risk, workforce, planning, and finance for a directorate and any support required.
- Embed governance that provides clarity on the Health Board's priorities and also empowers and supports staff to make decisions and implement improvements.
- Monitor progress against key priorities for directorates and areas of concern

Team / Individual

- Targets agreed as part of team discussions and the appraisal process. These will be locally agreed and aligned to directorate priorities

Asesiad / Assessment

As part of Targeted Intervention, we have been asked to implement and evidence the following:

- Implement frequent directorate accountability and performance management.
- That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
- To demonstrate a strong link between ensuring quality and performance improvement.

The approval and implementation of the Improving Together Framework enables us to address each of these issues and embed them as part of our governance as a Health Board.

In the Terms of Reference for SDODC, points 2.4 and 2.5 state the following:

- *2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.*
- *2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed*

The implementation of the Improving Together Framework would help support SDODC to fulfil its role in the 2 points above. Specifically, the Directorate Improving Together sessions will help to identify potential performance issues and identify areas for deep dives where a specific issue is flagged or where there is cause for concern. If required these can be flagged within the IPAR, which will then be reported to committee and Board.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to **APPROVE** the Improving Together Framework, for onward submission to Board for ratification.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	<p>2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.</p> <p>2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed</p>
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):	<p>2. Safe Care</p> <p>3.3 Quality Improvement, Research and Innovation</p> <p>3. Effective Care</p>
Amcanion Strategol y BIP: UHB Strategic Objectives:	<p>3. Striving to deliver and develop excellent services</p> <p>5. Safe sustainable, accessible and kind care</p> <p>6. Sustainable use of resources</p>
Amcanion Cynllunio Planning Objectives	3A Improving Together
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	n/a
Rhestr Termau: Glossary of Terms:	Within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



Improving Together Framework

February 2023

Contents

	Page:
1. <u>Introduction</u>	3
2. <u>Performance Improvement Arrangements</u>	5
a. <u>Board & Committees</u>	6
b. <u>Executive Team</u>	7
c. <u>Directorates</u>	8
d. <u>Team / individual</u>	10
3. <u>Responsibilities</u>	11
4. Appendices	12
I. <u>Strategic Objectives</u>	12
II. <u>Meeting / huddle crib sheet</u>	13

1. Introduction

The Improving Together Framework sets out the health board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. Its successful implementation will help us to focus on what is important to the Health Board and enable us to provide efficient and effective services.

The Improving Together framework aims to provide a way for teams to come together to undertake the following:

- **Set Team Vision:** Identify their team's vision and goals and consider how they align to the Health Boards Strategic Objectives.
- **Set Improvement Measures:** Set key improvement measures aligned to their vision and utilise data and information to identify opportunities for improvement.
- **Improvement meeting or huddle:** Provide an opportunity for teams to come together and have regular improvement and problem solving discussions, utilising a coaching style approach to probe the data, develop solutions and embed continuous improvement.
- **Problem solving:** Teams are empowered and have the autonomy to test new improvement ideas and monitor the impact. Examples of improvement tools can be found via this link.
- **Adopt and share:** Learn and share ideas and initiatives.

Further information on the Improving Together Framework can be found on the intranet site.

A key enabler to performance improvement is our data. We can use our data to take positive action to improve. The Improving Together is therefore supported by the following main dashboards:

- **"Our Performance"** dashboard brings together performance, activity, quality, workforce, risk and finance information. This allows for rapid triangulation of data. The dashboard can be accessed here.
- **"Our Safety"** dashboard helps to identify potential patient safety issues, triangulate data at an operational level, support deep dives, compare directorates, services and wards/teams and identify any concerning outliers. The dashboard can be accessed here.
- The **Integrated Performance Assurance Report (IPAR)** dashboard is updated monthly and can be accessed through our monitoring our performance internet page.
- The **Board Assurance Framework (BAF)** dashboard which outlines the key outcomes and proxy indicators aligned to each strategic objective. This can be accessed through the Board meeting papers
- Improvement tools can be accessed via the Improving Together Intranet Site.

1. Introduction

Following its implementation, the framework will support the Health Board to:

1. Provide clarity on the performance improvement arrangements and roles and responsibilities at all levels within the Health Board
2. Assess performance against key metrics and trajectories. Areas where the Health Board must deliver improvement are outlined in the NHS Wales Performance Framework and Planning Framework.
3. Focus resources and improvement efforts in required areas to enable us to achieve our objectives.
4. Provide alignment between performance, value, activity, quality, workforce, risk management and finance to identify areas of improvement
5. Use our data to allow for early and rapid triangulation and resolution of issues from a variety of sources, including quality data, patient and staff feedback
6. Provide an opportunity to listen and learn from teams throughout the organisation and identify key steps to enact change to improve our services and patient experience

Executive Owner:	Executive lead for performance
Owning Group:	Strategic Development and Operational Committee (SDOC)

2. Performance improvement arrangements

The table below shows a summary of the key performance improvement arrangements at each level in the organisation.

Level	Purpose	KPIs	Meeting Frequency	Supporting tools
Board & Committees	Board Assurance Framework (BAF): Monitor progress against our Strategic Objectives through the BAF	Board outcomes and proxy measures	3 times a year	BAF Dashboard
	IPAR: Review the Integrated Performance Assurance Report (IPAR)	Key nationally and locally agreed performance indicators	Monthly, alternating between Committee and Board	IPAR Dashboard
Executive Team (ET)	BAF: Review BAF and agree actions to ensure we continue to turn the dials on the BAF	Board outcomes and proxy measures Principal risks	Three times a year	BAF Dashboard
Directorates	Directorate Improving Together Session: Monitor progress against key priorities for directorates and areas of concern	Ministerial priorities and KPIs set by Directorate	Dependent on agreed monitoring arrangements	‘Our Performance’ dashboard and ‘Our Safety’ dashboard
Team / individual	Targets agreed as part of team discussions and the appraisal process	Locally agreed and aligned to directorate priorities	Set by team	‘Our Performance’ dashboard and ‘Our Safety’ dashboard

Further information on each can be found on the next pages.

2a. Performance improvement arrangements: Board and Committees

Board

The Board has overall oversight of the Health Board's performance.

- The **Board Assurance Framework** outlines the key outcomes and proxy indicators that we are trying to achieve as a Health Board. They provide an understanding of whether our actions as a Health Board are having the desired impact on the Strategic Objectives. The Board Assurance Framework is presented to Board three times a year.
- The Board and key committees also review the **Integrated Performance Assurance Report (IPAR)** monthly, alternating between Committee and Board. The IPAR outlines our performance against key national and locally agreed performance indicators. The national performance indicators are outlined in the NHS Wales Performance Framework: [NHS Wales performance framework 2022 to 2023 | GOV.WALES](#)

Committees

- Committees hold a governance/assurance role on behalf of the Board, and pull out areas of concern which need to be drawn to the Board's attention. This includes critical areas which affect the Board's role to provide safe and cost-effective healthcare for its population and the Board's reputation.

2b. Performance improvement arrangements: Executive Team

Board Assurance Framework (BAF)

- The Executive team will review the BAF prior to Board meetings. This will provide an opportunity to consider the key data presented in the BAF and have a discussion around what actions need to be implemented to drive us forward on our journey to our Strategic Objectives. The following will be discussed as part of the review:
 - Measures: Look at measures to decide if they are moving in the right direction. Consider whether they are the right measures and whether there are any new ones to incorporate or any to enhance
 - Principal Risks: Review and consider the risks and their mitigation
 - Discuss the need for further planning objectives to address any matters arising from the measure or risk discussion, to ensure we continue to turn the dials in the BAF

The Executive Team may also request performance updates on any matters of strategic significance and identify actions for improvement. They may also allocate additional support where required.

2c. Performance improvement arrangements: Directorates

Directorate Improving Together Session

These sessions will focus on the following:

- A recap of the team's vision, goals and the key areas for improvement and trajectories
- An overview of the improvement programmes underway, what is working well and any issues / challenges that need to be addressed (including resource requirements)
- A coaching discussion to explore any concerns / issues service leads or corporate teams may have relating to quality, performance, risk, workforce, planning, and finance for a directorate (see table on next page). The data to inform this element of the discussion will be provided by "Our performance", "Our safety" and IPAR dashboards. Planning objective information will be available within PACE.
- Agree any actions and any support required. If additional support is required, then this will be discussed with Executive colleagues to agree actions and support within the meeting and if necessary a referral Executive Team.
- At the end of the meeting a discussion will be held to determine the frequency of the Improving Together session with each directorate. These will be determined based on the level of support deemed appropriate to ensure timely improvement on key issues.

A meeting / huddle crib sheet can be seen in [appendix II](#)

- The meetings will be used to inform IQPD, JET and any escalation meetings.
- Existing finance, performance and planning meetings will be analysed to streamline meetings, reduce duplication and therefore the burden on staff.

2c. Performance improvement arrangements: Directorates

The management metrics listed below should be monitored and managed within the relevant team and directorate. If the directorate or a team are concerned with any of their performance, workforce, quality, finance, risk, audit and inspections or planning data, they can raise or escalate any concerns to the Directorate Improving Together session. If a directorate is considerably away from the national / Health Board target for any of the metrics, improvement trajectories should be set by the relevant directorate and monitored accordingly.

	Areas for consideration	National / Health Board metric and target	
Performance	Performance against trajectories for WG ministerial measures and BAF proxy measures	Improvement trajectories for Welsh Government’s ministerial measures established and delivering in line with trajectory month on month	See the <u>Integrated Performance Assurance Report (IPAR)</u> for further details
Workforce	Workforce metrics inc. staff feedback	% Staff sickness absence rate	4.79%
		% Staff who have had an appraisal in the previous 12 months	85%
		% Staff completing level 1 competencies of the Core Skills and Training Framework	85%
		% Consultants and SAS doctors with a current job plan (updated in the previous 12 months)	90%
		Agency spend as a % of the total bill	4.79%
Quality	Quality metrics within target	Number of incidents found to have caused moderate, severe or catastrophic harm after investigation	Reduction
		% Complaints receiving a regulated reply within 30 working days from the date received	75%
Finance	Agreement and progress made towards a finance improvement trajectory	Manage spend within allocated budget	Allocated budget
Risk, audits and inspections	Timely review of risk, audit and inspection actions	Risks above tolerance	Clear actions described and being progressed to reduce risk score to agreed tolerance
		Assigned actions from audits and inspections	Progressed in a timely manner
Planning	Alignment of plans between operations, workforce and finance	Planning objective actions	On track

2e. Performance improvement arrangements: Team / Individual

Each directorate and team will be responsible for considering their own performance, demand and capacity and setting future trajectories to identify opportunities for improvement.

Improving together provides a framework and some practical tools to help guide and support teams to establish their own performance improvement arrangements. The elements of Improving Together can be seen in the table below. The table also poses some key questions that you might like to consider.

‘Our Performance’ dashboard will help support the provision of data. Directorates can escalate any issues to the Directorate Improving Together Session. Once a directorate has agreed their key ambitions for the year, these should be cascaded down into team and individual objectives.

Improving Together - elements		Key questions
<u>1. Vision & improvement measures</u>	Agreeing the team’s one shared vision, goals and improvement measures, aligned to the strategic objectives and relevant standards	<ul style="list-style-type: none"> • Are you aware of the Health Board’s strategic objectives? • Do you have team objectives and do you understand how your team objectives link with this vision?
<u>2. Information centres</u>	Central point to display the teams’ improvement measures, data, intelligence, progress and successes	<ul style="list-style-type: none"> • Do you have team improvement measures? • Is the performance against the measures accessible for you and the team? • Do you know how you are performing in your area and whether you are improving?
<u>3. Improvement huddles</u>	Opportunity for teams to come together to discuss their information in an effective way	<ul style="list-style-type: none"> • Do you have an opportunity to get together with your team to discuss your information (e.g. huddles)? • Do you discuss improvement opportunities? • Are you encouraged to suggest better ways of working? • Do you have a way to raise or escalate issues / concerns?
<u>4. Problem Solving</u>	Standard approach to problem solving and creating the problem solving mindset. Teams will be able to access tools and support when required.	<ul style="list-style-type: none"> • Do you have the freedom to make small changes that improve the way the service or department do things? • Do you know how to access any improvement tools or support?
<u>5. Adopt & share</u>	Identify and develop a common approach to how we can adapt, adopt and share good practice in a systematic way.	<ul style="list-style-type: none"> • Do you have anywhere to share/promote the changes/improvements you have made? • How do you share successes with colleagues in other parts of the Health Board? • Are you able to access best practice from elsewhere? • Is there a standard process for completing tasks?

3. Responsibilities

Chief Executive

The Chief Executive Officer is responsible for the management of the organisation including ensuring that financial and quality of service responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.

Executive Team

The Director of Finance is the executive lead for performance, supported by the Director of Nursing, Medical Director and the Director of Therapies and Health Science in relation to clinical matters and quality. The Director of Finance is the named Executive Director with responsibility for establishing and managing the Performance Framework.

Each executive is responsible for delivering their performance targets within their respective directorates. They will also chair their own Directorate Improving Together Session(s). These sessions will be supported by the following Executives:

- Director of Finance (Executive lead for Performance and Digital)
- Director of Nursing, Quality and Patient Experience
- Director of Workforce and OD
- Director of Strategic Development and Operational Planning
- Director of Corporate Governance / Board Secretary

Other Executives maybe asked to attend directorate improving together sessions if required.

All Executives will be asked to attend the monthly assessments of the key in year annual plan delivery commitments.

Corporate Performance Team

The data for the Directorate Improving Together meetings will be provided via “Our Performance” dashboards. Additional management information may be required and this will be co-ordinated by the Corporate Performance Team.

Senior Management

All senior managers within each directorate will be responsible for considering their own “Our Performance” dashboards and putting in place appropriate performance improvement arrangements to review the data, trajectories and identify opportunities for improvement.

SROs for key change programmes within the organisation will be invited to attend, relevant monthly assessments of the key in year annual plan delivery commitments to ensure clarity on delivery.

All staff

This framework applies to all managers working within the Health Board. Managers at all levels within the Health Board must take an active lead to review their performance and implement improvement actions when needed. All staff members have a role to play in performance improvement and identifying opportunities for improvement. Staff need to work together to improve services, outcomes and health for patients, staff and the people living within Hywel Dda.

4. Appendix I: Strategic Objectives



4. Appendix II: Meeting / huddle crib sheet

Meeting / huddle crib sheet

Questions

Reflections

- How did our actions go?
- Were they successful?
- What impact has it made on performance?
- Did we achieve our outcome?
- What have we learnt?

Today's meeting

- What is happening right now?
- What choices do we have?
- What actions will we take?
- What support do we need if any?
- What will be the focus for the next period?

Agreeing actions & escalation

- Agree priorities, confirm actions, owners and dates
- Escalation: agree issues to be escalated and feedback from previous escalations

New action / Improvement project	Owner	Date due	Update
1			
2			

Reflection

Reflect on the effectiveness of this meeting:

- What went well?
- What didn't go so well?
- What do we need to do differently at the next meeting?
- Thank everyone for their input and close the meeting

Tips:

- Highlight problems quickly
- Make problems visible
- Act with humility – being open to change and improve
- Blame the process, not the people
- Work together
- Tackle the root cause