

# Planning Objective Deep Dive

## 3A: Quality Management System (QMS) and Improving Together

August 2022

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### Planning Objective 3A

To develop a quality management system approach 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 outcomes. The system will encourage a strategic improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will include 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. Work will commence from June 2021 and rolled out across the whole organisation over three years.

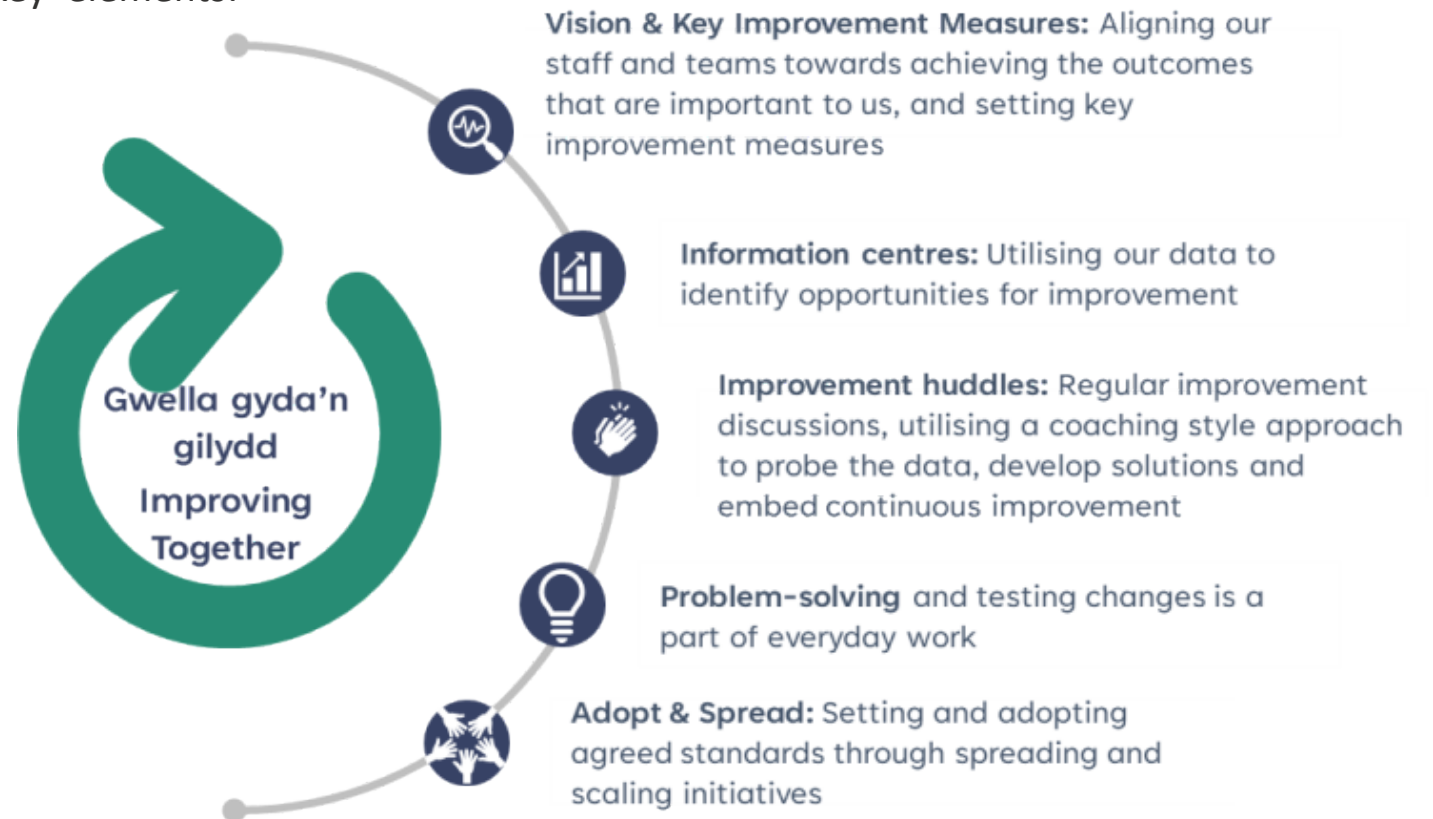
## What is Improving Together?

We have been through the most challenging time as an organisation. Some of the key lessons that we have learnt from the pandemic is the importance of having:

- A clear goal to unify and provide a clear purpose
- Having an opportunity for teams to come together to problem solve
- Having the empowerment and autonomy to test and implement improvement ideas
- The power of a collaborative and can-do culture
- The ability to embrace technology
- The importance of using our data to drive decision making

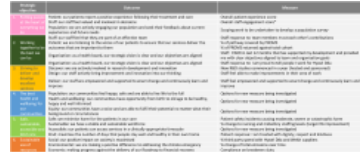



### Improving Together

Improving together aims to provide a framework and some practical tools to embed the key lessons learnt through the pandemic. The framework is composed of these key elements:



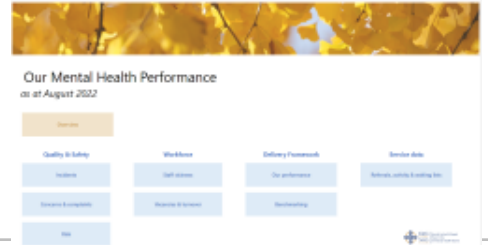


The following slides show the progress that has been made against each of the elements shown in the diagram above.

# Improving Together – Aims and achievements

Aims	What has been achieved to date	Examples of supporting tools
<p><b>Element 1:</b></p> <p><b>Vision and Key Improvement Measures</b></p> <p>Aligning our staff and teams towards achieving the outcomes that are important to us</p>	<ul style="list-style-type: none"> <li>At the <b>strategic level</b>, we have developed <b>19 key outcomes and measures</b> aligned to our 6 strategic objectives as an organisation. These have just been reviewed and refreshed for 2022/23.</li> </ul>	<ul style="list-style-type: none"> <li>Refreshed Board Outcomes</li> </ul> 
	<ul style="list-style-type: none"> <li>To enable us to report on staff feedback, we have developed <b>a monthly staff survey</b> which is managed by Organisational Development to capture staff feedback against the 6 strategic objectives.</li> </ul>	<ul style="list-style-type: none"> <li>Questions asked in the staff survey</li> </ul> 
	<ul style="list-style-type: none"> <li>We have agreed <b>key Executive Team improvement measures</b> aligned to prioritised planning objectives. This confirms our key aims as an organisation for delivery for 2022/23</li> </ul>	<ul style="list-style-type: none"> <li>Exec team key Improvement Measures</li> </ul> 
	<ul style="list-style-type: none"> <li>Teams are also setting their own vision and key performance indicators (KPIs). This helpful tool developed with the <b>Women's and Children's directorate</b> helps to ensure the alignment with our Strategic Objectives.</li> <li>We have a <b>workshop planned for the 7th September 2022 with senior leaders across the Urgent and Emergency care system</b>. This will be focussed on what measures are important to them, and how can they be visualised in a way that helps support improvement discussions.</li> </ul>	<ul style="list-style-type: none"> <li>Tool to help support teams set priorities aligned to the strategic objectives</li> </ul> 

# Improving Together – Aims and achievements

Aims	What has been achieved to date	Examples of supporting tools
<p><b>Element 2:</b></p> <p>Information centres</p> <p>Utilising our data to identify opportunities for improvement</p>	<ul style="list-style-type: none"> <li>Our <b>19 key outcome measures</b> are presented to Board through <b>Power BI</b>. The measures are presented in an SPC format where possible to easily spot concerning, normal and improving variation.</li> </ul>	<ul style="list-style-type: none"> <li><b>Board Assurance Framework</b></li> </ul> 
	<ul style="list-style-type: none"> <li>The <b>Executive Team improvement measures</b> aligned to prioritised planning objectives is reported within our IPAR.</li> </ul>	<p>Key Improvement Measures in our IPAR</p> 
	<ul style="list-style-type: none"> <li><b>Directorate Key Performance Indicators and Dashboards:</b> Key measures have been agreed with each directorate. We have developed the Mental Health directorate dashboard. We will be working on developing directorate dashboards over this coming year.</li> <li><b>Ward level: real time demand and capacity (RTDC) work</b> in Glangwili General Hospital– key data focussed on flow</li> </ul>	<p>Mental Health Dashboard – landing page</p> 

# Improving Together – Aims and achievements

Aims	What has been achieved to date	Examples of supporting tools
<p>Element 3:</p> <p><b>Improvement huddles:</b></p> <p><b>Regular improvement discussions, utilising a coaching style approach to probe the data, develop solutions and embed continuous improvement</b></p>	<ul style="list-style-type: none"> <li>Organisational Development have coaching questions to support team meetings and huddles. The aim is to provide an opportunity for teams to come together to discuss their information in an effective way.</li> <li>RTDC roll out has been focussed on the use of discussing data within huddles</li> <li>The <b>workshop planned for the 7th September 2022 with senior leaders across the Urgent and Emergency care system</b> will explore the use of Improvement Huddles</li> </ul>	<p>Crib sheet – key questions</p> <p><b>Coaching Questions</b></p> <p>Through Improving Together, we encourage questioning the data utilising coaching style questions to drive improvement. Some suggested questions are listed below:</p> <p><b>Reflections</b></p> <ul style="list-style-type: none"> <li>How did our actions go?</li> <li>Were they successful?</li> <li>Did we achieve our outcome?</li> <li>What have we learnt?</li> </ul> <p><b>Today's meeting</b></p> <ul style="list-style-type: none"> <li>What is happening right now?</li> </ul> <ul style="list-style-type: none"> <li>What choices do we have?</li> <li>What actions will we take?</li> <li>What support do we need if any?</li> </ul> <p><b>Escalation</b></p> <ul style="list-style-type: none"> <li>Issues to be escalated and feedback from previous escalations</li> </ul>

# Improving Together – Aims and achievements

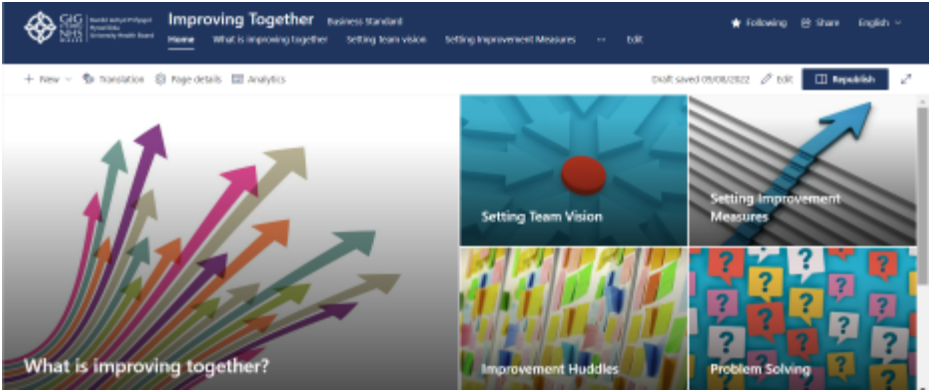

Aims	What has been achieved to date	Examples of supporting tools
<p><b>Element 4:</b></p> <p><b>Problem-solving</b> and testing changes is a part of everyday work</p>	<ul style="list-style-type: none"> <li>The Improvement team offers training through the mini collaborative, Enabling Quality Improvement In Practice (EQIIP) and other means to help support problem solving within our teams across the organisation. The Improvement team utilises standard tools available from the Improvement Cymru website. These tools and support are available to access as and when required.</li> <li>There are specific ‘deep dives’ as part of the Senior Operations Business Meetings. We have been utilising an A3 improvement tool to provide concise project updates for senior oversight individuals and drive faster input and feedback. This has helped to break down key improvement areas and utilise data to focus on what will make the biggest change. These improvement tool templates will be available via the sharepoint site.</li> </ul>	<p>A3 Improvement Tool</p> 

# Improving Together – Aims and achievements

Aims	What has been achieved to date	Examples of supporting tools
<p><b>Element 5:</b></p> <p><b>Adopt &amp; Spread:</b> Setting and adopting agreed standards through spreading and scaling initiatives</p>	<ul style="list-style-type: none"><li>The Innovation team are working on a common approach to how we can adapt, adopt and spread good practice in a systematic way.</li></ul>	



# Improving Together – Aims and achievements

Aims	What has been achieved to date	Examples of supporting tools
<p><b>General</b></p>	<ul style="list-style-type: none"> <li>We are in the process of developing an <b>Improving Together framework which will be launched through Sharepoint</b>. This will provide an overview of the theory and tools to support implementation.</li> </ul>	<p>Sharepoint site</p> 
<p><b>Joint working</b></p>	<ul style="list-style-type: none"> <li>A number of teams have been involved in the work to date, and ongoing support for the programme will come from the teams in the diagram opposite</li> </ul>	<p>Aligned support and programmes of work</p> 

# Improving Together – Aims and achievements

Aims	What has been achieved to date
General	<ul style="list-style-type: none"> <li>Improving Together is composed of a number of elements. The table below shows the key elements of Improving Together and some questions teams can work through as part of a self-assessment. This will help pinpoint where the Improving Together concept may add the most value.</li> </ul>

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

# Alignment of Improving Together to the QMS

The overarching aim of the quality management system (QMS) is to provide a coherent and integrated means of ensuring quality runs through all our services.

The components which will be positively impacted by Improving Together can be seen in the table below:

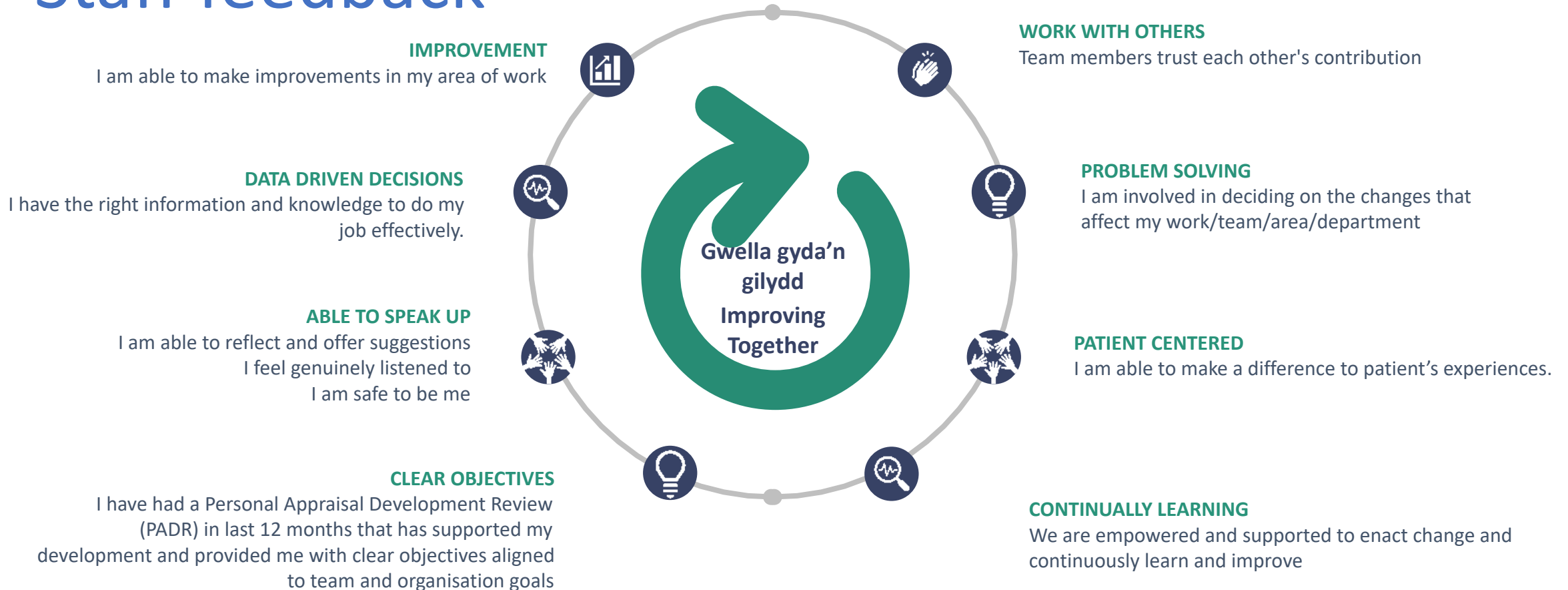


QMS Element	What does it mean	How is this delivered through Improving Together
Quality control	Embedding excellent operational management. This would incorporate a set of measures, chosen by the team, which monitors service quality & performance. These measures should be tracked transparently in a visual management system. Regular team huddles should review and respond to changes in the data as needed, with clear escalation protocols when the team can't solve something	This is a key element of Improving Together. Improving Together aims to create governance structures which align to our strategic objectives as an organisation, and enables our teams to identify what our strategic objectives mean to our teams, and set aligned improvement measures. These measures will be monitored transparently in a visual management system.
Quality improvement	A systematic process to improve performance and quality, deeply involving those closest to the issue.	Small scale improvements will be discussed and agreed at improvement huddles and larger improvements that require more time investment, will form part of solutions that work for us

## How will we know if we've made a difference?

Through Improving Together and the aligned programmes of work, we are keen to put our staff at the heart of everything we do. We will be monitoring staff feedback to the following areas to understand whether we are heading in the right direction.

# Staff feedback



## How will we know if we've made a difference?

# Performance

The operational directorate established senior operational business meetings (SOBM). One part of these meetings has been a focus on the 'must do' planning objectives for 22/23 and aligned key improvement metrics which have been set by the Executive Team.

Mental health was the first area identified as an area for a 'deep dive' with a specific focus on the % of mental health assessments being undertaken within 28 days. From speaking to the directorate, the key issues they were struggling with were:





- Having a helicopter view of their information (In the style of an information centre)
- Having a clear way to capture all improvement actions which could then be fed into the various reports for committees

In response, a 'Mental Health Dashboard' has been created which provides key information (as selected by the directorate) in one place. This will be used to inform key governance meetings in the directorate.

The Mental Health teams have also completed a suite of A3 improvement slides, which clearly outline the issues, root causes, future goals and improvement actions. This are now being utilise by the directorate to monitor progress.

Although it is still early days, from the Statistical Process Control (SPC) charts, you can see a marked improvement in the % mental health assessments undertaken within 28 days.

SOBM has agreed a forward work programme to look into the other key improvement metrics aligned to the 'must do' planning objectives for the coming year.

Alignment with the 'must do' planning objectives	COVID Response	Planned Care Recovery	Integrated localities		Urgent and emergency care	Staff vacancies	Staff engagement	Finance
			Community Care 	Mental Health 				
<b>Rationale</b>	COVID-19 vaccination is key in reducing the spread of the virus and the risk of becoming seriously ill.	During the pandemic our waiting lists have grown considerably. We know this is of great concern to our public and affects the quality of life for those waiting.	Providing care closer to home is a key aspect of our strategy. A strong and integrated community team is key to achieving this aim.	The demand for children's mental health services has increased during the pandemic, with an estimated 1 in 6 children now having a probable mental disorder	Extended hospital stays can result in patients experiencing muscle loss and deconditioning. The risk of catching an infection also increases.	Our Nurses provide exceptional care and treatment for our patients. They are vital to our recovery. We are committed to recruiting and retaining nurses.	The opinion of our staff matters. Throughout 2022/23 we will be surveying 1,000 staff members each month to seek their views.	All health boards in Wales have a statutory requirement to break-even.
<b>Executive Team Key Improvement Metric</b>	Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board*	In 2022/23 we will reduce the number of patients waiting more than 104 weeks for referral to treatment in line with our improvement trajectory*	Work is underway to identify a suitable improvement measure for community nursing. We aim to agree a measure and report on it in our IPAR in October 2022	In 2022/23 we will increase the proportion of children and young people (aged under 18) receiving a mental health assessment within 28 days*	In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days*	We will increase the number of nurses and midwives we have in post by 3%	Throughout 2022/23 we aim to increase the number of staff reporting through our surveys that they feel engaged and satisfied in their role. The aim is a score of 3.8 out of 5*	We will reduce our in-year and underlying financial deficit from our plan resubmission

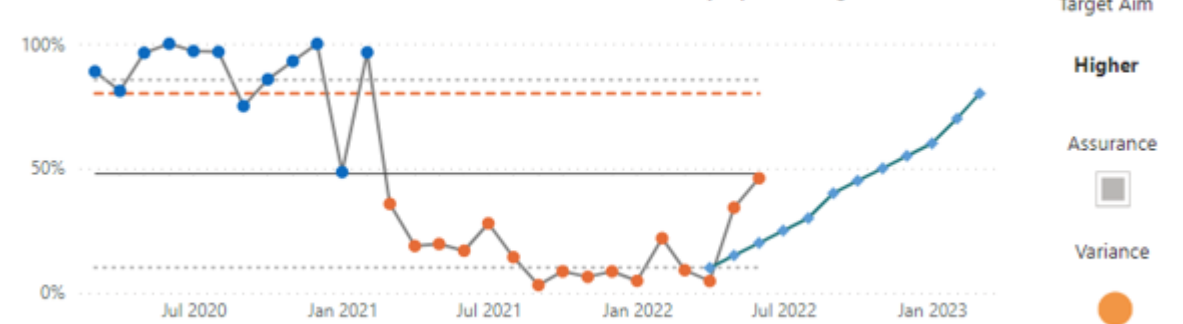
\* This shows that the measure is also a Ministerial Measure



### Our Mental Health Performance as at August 2022



% mental health assessments undertaken within 28 days (persons age 0-17) (5G)



## Next Steps

The key phases below have been outlined in the plan on a page for this planning objective. Communication and engagement with our operational teams are key components of the next steps.

KEY PHASE	BY WHOM	BY WHEN
Review our strategic outcomes and alignment with the vision	Cath Evans	August 2022
Develop an approach to cascade the vision through the organisation and promote the support available.	Alwena Hughes-Moakes / Cath Evans	March 2023
Co-design the improvement huddle format and roll out and support huddles within 'Transforming Urgent and Emergency Care'. This will help teams to: <ol style="list-style-type: none"> <li>Set their vision / objectives which aligns to strategy</li> <li>Identify, understand and use key data sets to inform how they are progressing and identify opportunities for improvement</li> <li>Use the QMS approach to continually improve quality</li> <li>Adopt and spread learning from improvements through an agreed and tested mechanism</li> </ol>	Mandy Davies / Cath Evans / Sian Passey	December 2022
Develop the branding and communications of Improving Together Branding and comms	Alwena Hughes-Moakes / Cath Evans	December 2022
Establish quality and performance reporting arrangements so that there is a clear mechanism for oversight and assurance within Directorates / Counties and escalation when necessary	Cath Evans / Sian Passey / Tracy Price	December 2023

# Recommendation

- For the Committee to note the progress on Planning Objective 3A