



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance - Planning Objectives Update
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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

During the summer of 2020, between the first and second waves of the COVID-19 pandemic, the Health Board's (HB) Chief Executive led a piece of work to take stock of the decisions made by the Board over the past three years, progress to date in achieving the HB's strategic vision, and learning from the first wave of the pandemic.

From this, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation *ie.* the horizon that the HB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years. Each of the Planning Objectives has an Executive Lead, and this paper is to provide Strategic Development and Operational Delivery Committee (SDODC) with an update on the progress made in the development of the Planning Objectives relating to Performance under the Executive Leadership of the Director of Finance that are aligned to the Committee.

Cefndir / Background

Planning objectives 3A and 2F have been merged into the following:

To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31st March 2022.

Asesiad / Assessment

As a result of this planning objective a concept titled *Improving Together* has been created. 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 HB teams.

This includes the development of a culture of continuous improvement, together with 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.

Progress to date includes:

- Governance established for *Improving Together*;
- High level framework agreed;
- Board engagement on vision and draft outcome measures aligned to Strategic Objectives;
- Baseline assessment undertaken against each component of the framework;
- Discussions have commenced with operational teams to look for opportunities to co-design the implementation;
- Planning for the launch of the Strategic Objectives to senior leaders.

The priority for the next two months is:

- Co-design the implementation with operational teams to develop a toolkit for wider cascade;
- Finalise the Board outcome measures;
- Co-develop the language and communication through engagement with operational and clinical leaders;
- Plan and deliver the launch event for the Strategic Objectives.

Further details of key phases relating to Planning Objectives 3A and 2F are included at Appendix 1.

Argymhelliad / Recommendation

SDODC is asked to **NOTE** the current position in the progress of the Planning Objective.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all relevant Planning Objectives.
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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives:	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 year plan and annual plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Public Board - September 2020

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix 1

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 Boardb. Develop the definition of each measurec. Explore and agree data capture for each measured. 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 – September 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 – September 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						
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>			7. Introduce concept through an event and co-design implementation plan			Huw Thomas / Mandy Rayani	September 2021	KEY DATES & DELIVERABLES	
				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		
				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		
RISKS	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									