Meeting of ICB Board

Date: Thursday 6th March 2025
Time: 12:15 – 15:30
Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.3
Title:	Update on the BNSSG Innovation, Improvement and Transformation Framework (IITF)
Confidential Papers	**Commercially Sensitive** – No **Legally Sensitive** – No **Contains Patient Identifiable data** – No **Financially Sensitive** – No **Time Sensitive – not for public release at this time** – No **Other (Please state)** – No
Purpose: Discussion	
Key Points for Discussion:	

This paper updates the ICB Board on the BNSSG approach to innovation, improvement, and transformation. The Innovation, Improvement and Transformation Framework (IITF) is designed to address the root causes of why our transformation efforts often fail to have the impact we need.

The purpose of the IITF is to increase the likelihood of the system changes we invest in actually achieving the expected outcomes and being sustained into the future. Supporting us to work together and achieve shared goals using our collective assets to best effect. It should be noted that the framework is designed to support the process of how we deliver not define which initiatives we focus on.

At the ICB Board in October we were asked to continue to develop the 12 point plan taking the framework into a practical delivery mode.

The paper describes the areas of the Improvement, Innovation and Transformation Framework where good progress has been made including Developing a leadership

compact, development of a benefits framework, and work with the Southcentral Foundation in Alaska to develop our approach to user centred design.

The IITF approach has not yet been communicated widely enough across the system. This will be an important next step as we start to identify the key initiatives where we are going to apply the learning and adopt the framework. This will need mutual prioritisation by system partners and a significantly improved communications and engagement approach through HCIGs and ODGs.

Two key strategic priorities to further develop the framework have been highlighted and are in development:

- Integrated Neighbourhood Health Systems as a component part of HT 2040: Proposal remains in development and will be subject to approval by SEG.
- Urgent Emergency Care (UEC) Flow: Proposed by PEM as an area of focus

Recommendations:	ICB Board is asked to: • confirm ongoing support for this work • note the need to improve communications and engagement • agree the need for the IITF to be an important focus to aid our system wide improvement ambitions • endorse next steps including the two proposed focus areas (Integrated Neighborhood Health Systems and Urgent and Emergency Care Flow)
Previously Considered By and feedback :	• A system away day was convened in September 2024 to co- produce the core components of the framework outlined in this report. • ICB Board open session October 2024: The Board endorsed the development of a 12 point approach framework and agreed the development of a system compact as the first step. The board asked for an update on progress in 6 months (March 2025: ICB Board) • Regional Leadership Team February 2025: Deep dive with regional directors and leaders who have identified the value and potential of the framework as an example of best practice. • This paper has undergone virtual review by system transformation leads.
Management of Declared Interest:	No conflicts of interest identified.

Risk and Assurance:	There is a risk that innovation, improvement and transformation activities are not successful as they are not adopting best practice or being informed by the learning and advice from our system improvement and transformation experts. This paper proposes the development of a framework designed to address these risks.
Financial / Resource Implications:	The proposed approach will have resource implications. These include: Opportunity costs of refocusing our activities, training and development, project management
Legal, Policy and Regulatory Requirements:	This paper identifies the statutory duties and policy requirements associated with this area. The recommendations in this paper comply with these areas of ICB responsibility .
How does this reduce Health Inequalities:	Use of evidence based innovation, improvement and transformation techniques can help reduce health inequalities by understanding and addressing disparities in access, quality and outcomes. This is by identifying and addressing gaps, tailoring interventions to meet the specific needs of populations and measuring whether the projected benefits and outcomes are delivered.
How does this impact on Equality & diversity	Evidence based innovation, improvement and transformation techniques promote equality and diversity by understanding and addressing bias and discrimination, creating culturally competent practices, reducing disparities in access and outcomes and enhancing accountability and transparency.
Patient and Public Involvement:	No requirement for public involvement in the paper, but human centred design is an integral part of innovation, improvement and transformation practice and a core part of the IIT framework. As such, strengthening user focus is a key recommendation of this paper.
Communications and Engagement:	This proposed approach is the result of collaborative efforts by system transformation leads, who have drawn upon their expertise and insights. Additionally, the development of this paper has been informed by findings from exploratory conversations with stakeholders conducted over the summer.
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Sponsoring Director / Clinical Lead / Lay Member:	Deb El-Sayed – Chief Transformation and Digital Officer, BNSSG ICB

Item Number : 6.3

Report title: Update on Innovation, Improvement and Transformation Framework

1. Background

Defining and understanding the problem

The BNSSG Innovation, Improvement and Transformation Framework (IITF) has been designed to focus on the underlying causes that impact our system improvement efforts. It is founded on why, despite the best efforts of staff leading transformation work, our improvement efforts often fail to have the impact we need. Our shared hypothesis is that the root of this problem is not a lack of funding for transformation; it is our tendency, as a system, to commit to too many projects at once, rushing into action without fully understanding the problem we are solving or how the improvement will meet the needs of our users and staff.

We start projects without full assessing their benefits. When we do consider benefits, we often overestimate them and underestimate the action required to transition from hypothesis to actual realisation. We neglect measuring and managing the delivery of these benefits and fail to connect schemes with similar goals. Additionally, need to consider how we support our leaders to balance system-wide and organisational interests when working together on complex and challenging change programmes. When benefits do not materialise quickly, we lose strategic patience, worsening the problem by adding even more new initiatives. *(Discovery Report, Innovation, Improvement and Transformation Framework, 2024)*

The Innovation, Improvement and Transformation Framework (IITF) is not about 'what' we do, but rather 'how' we do it. It has been developed for system wide improvement based on international best practice, evidence based improvement science, and aligns with NHS IMPACT. But importantly it is reflective of the specific learning from **our system** and understanding what has been missing in **our** previous system wide improvement endeavours.

Purpose of the Innovation, Improvement and Transformation Framework (IITF)

The purpose of the IITF is to increase the likelihood of the system changes we invest in actually achieving the expected outcomes and being sustained into the future. Supporting us to work together and achieve shared goals using our collective assets to best effect.

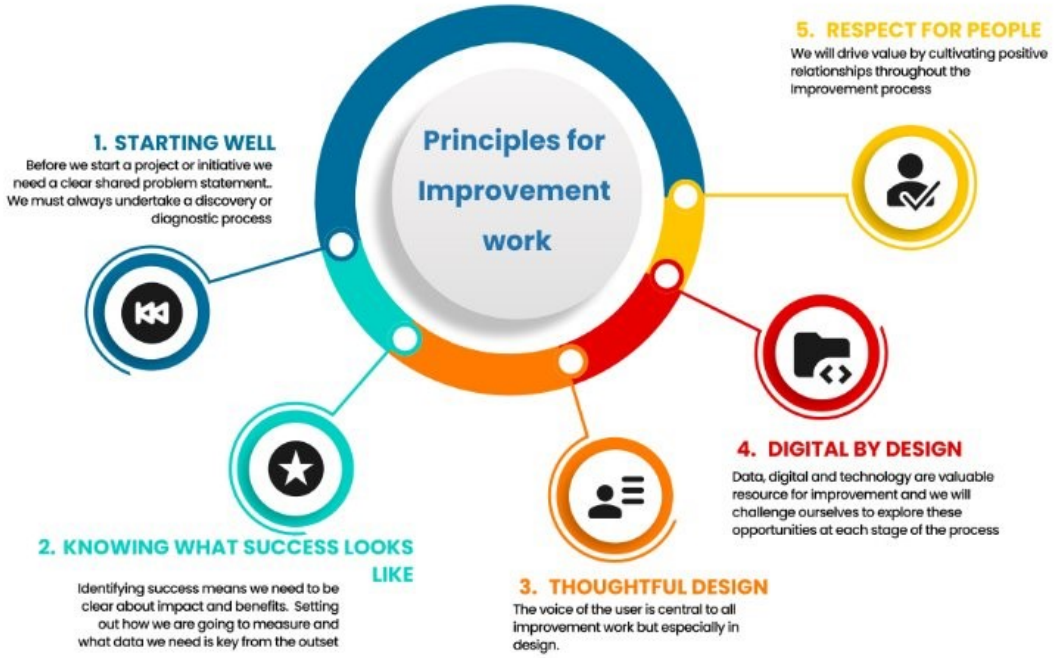
NHS England launched NHS IMPACT (Improving Patient Care Together) to providing greater leadership focus on improvement and innovation. NHS IMPACT helps organisations identify areas for improvement, implement changes, and track progress. Transformation

Directors and leaders across BNSSG collaborated to develop the NHS IMPACT guidance into an innovation and improvement approach that could be adopted tailored to the specific needs of BNSSG and include broader system partners. This began with the development of the core transformation principles, which the ICB Board agreed in May 2024.

The purpose of the principles being to set out series of high level design principles that we are all able to commit to across all of our improvement activities both in organisations and across the system. By adopting these simple principles we agreed that we would be creating a common system wide foundation for high quality improvement practice.

The role of our ICB board and committees being to ensure that these are evident in all aspects of improvement and becomes an integrated part of our assurance processes.

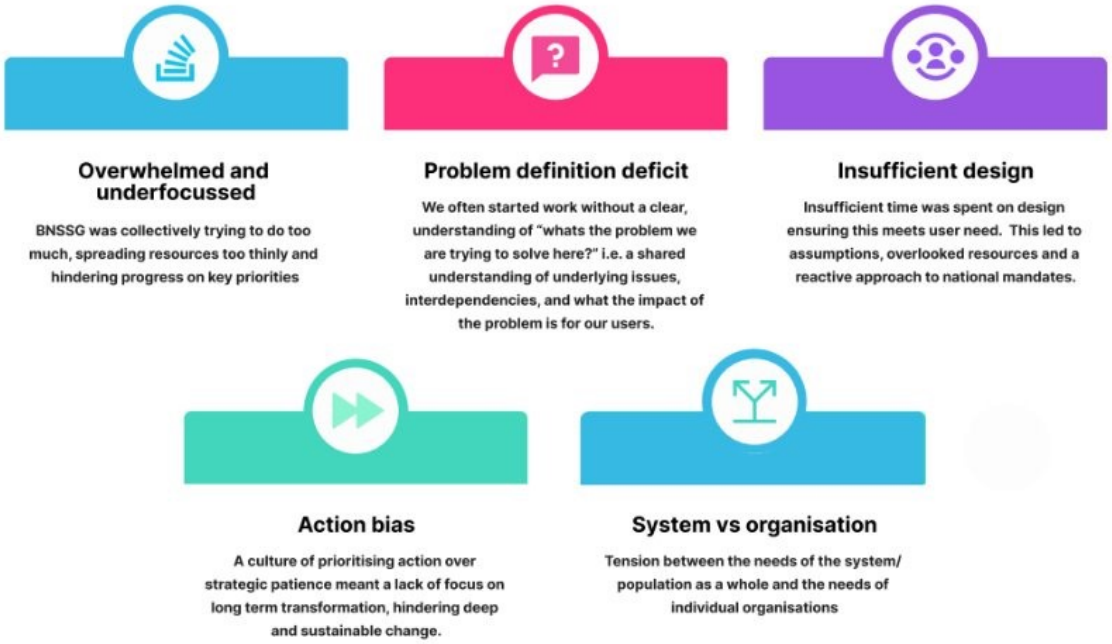
Figure 1 BNSSG Transformation Principles



Developing the Innovation, Improvement and Transformation Framework (IITF)

Whilst the BNSSG Principles for Improvement being agreed was a solid foundation that alone was not sufficient to drive success and the scale of system transformation required. The mandate from the ICB Board was to consider how these principles would shape and inform the work we do. In short developing the practical application or how to guide. The next phase of work was to undertake primary research (discovery) to understand more deeply the barriers to successful transformation within our system, identify necessary changes, and determine what needs to be in place to achieve our goals. The discovery process revealed a clear case for change with strong alignment across the whole system. These are set out below in Figure 2.

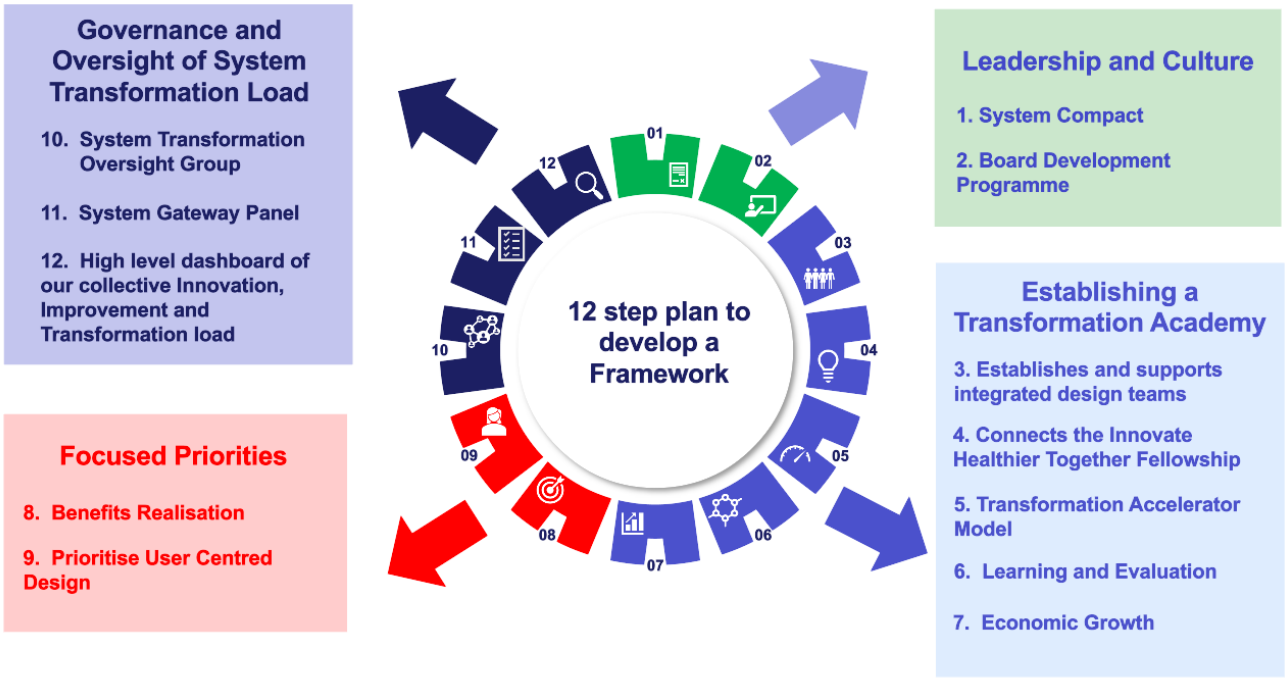
Figure 2 : Overview of Problem Statements



1.1 IIT Framework overview

Transformation Directors and leads from across BNSSG reviewed the outputs of the research and worked in partnership to design an approach to address the underlying issues. This resulted in the BNSSG Innovation, Improvement, and Transformation Framework. This plan, comprising 12 components grouped around four themes, was endorsed by the ICB Board in October 2024. The premise being that without focus on all these areas we put the individual and collective success of our transformation efforts at risk of failure.

Figure 1



This approach enables us to deliver the expectations of the NHS Impact guidance in a way that is understood and reflective of our strengths and assets in BNSSG. It is important to note this is not linked to the improvement methodology being adopted within each provider partners but resides at a system level enabling us to derive benefit from collective joint endeavours. This approach has been further reinforced by the publication from the NHS Improvement Board acknowledging the importance of joined up improvement methodology to the delivery of the new 10 year health plan.

> *"The Darzi report shows* WHY *this is needed. the new 10 year health plan will set out the* WHAT *and a joined up system for improvement is the* HOW*".*
>
> (The Missing "How", The Contribution of Improvement to Delivering the New 10-Year Health Plan, National Improvement Board, 2024)

Engagement with the SW regional team in NHS England has identified that BNSSG is a perceived as a being significantly ahead in developing this systemwide approach across transformation teams within a system.They are keen to support us to go further faster.

We have also been recognised by the Health Foundation as an exemplar ICB system nationally for the work that we have been doing to embedded innovation as part of this framework. We are now part of a network of 8 ICBs working with the health foundation to share knowledge and learning on embedding and gaining value from innovation practice.

Next steps agreed by Board in October was to develop the approach using key strategic priorities to create a more tangible model of practice which can be refined, enhanced and spread across the system.

2. Update on Progress

As we are delivering this within existing resource constraints and programme commitments progress has been slower than we may have hoped, and it has not been possible to advance all areas of the framework simultaneously. We have therefore focused on the fundamental areas that will drive the most progress.

Since October, the work of the transformation leaders network has focused on the following areas

- Co-designing the process for leadership compacts
- Creating the BNSSG benefits realisation framework
- Developing our Human Centred Design Approach connecting with South Central Foundation in Alaska

Theme	Item	Update
Good progress: Key areas of focus since October		
Leadership and Culture	Develop system compact	The process to develop this has been co-designed with system transformation leads and is detailed in the compact development section 3. Proposal to apply to the two focus priorities.
	Leadership/ Board development programme	Working with Southcentral foundation in Alaska. System leadership events scheduled for 1st and 2nd April facilitated by President

		and CEO of Southcentral Foundation April Kyle. We are exploring dedicated Board development with Andy Hardy CEO of NHS Providers and Deputy chair of NHS Improvement Board. ICB Board seminar will be schedule for later in the year TBC
Focussed priorities	Benefits realisation	Approach developed and products to be prototyped (benefits realisation section 5) Proposal to apply to the two focus priorities.
	Prioritise user centred design	Working with Southcentral foundation in Alaska to learn from their approach. Proposal to apply to the two focus priorities.
In progress: Some progress since October		
A Transformation Academy	Establishes and supports integrated design teams	This element will be developed as part of a specific Priority Initiative
	Connects the Innovate Healthier Together Fellowship	This element will be developed as part of a specific Priority Initiative
	Transformation Accelerator Model	This element will be developed as part of a specific Priority Initiative
	Learning and Evaluation	Successful in being selected for the Health Foundation ICB network connecting us to 7 other ICBs who are deemed to be advanced in this area will drive additional collective learning for us as a system
	Economic Growth	Developing greater connections with the BNSSG ICB Research Unit identifying where we can drive greater opportunities alignment for research

		funding and connection with academic work. Partnership with Newcastle University has been established as part of the Benefits realisation development. To connect expertise and access to academic experts
Delayed: Awaiting resources and focus		
Governance and oversight of system transformation load	System transformation oversight group	Not yet established – focus on communications and stakeholder engagement.
	System gateway panel	Not yet established – focus on communications and stakeholder engagement.
	Development of system transformation Dashboard	It is intended that this will be in place for the new FY aligned to the system planning processes

3. Progressing the development of a leadership compact

We have worked with system transformation leads to codesign a process to develop a leadership compact. We have determined that without a specific area of focus, the content may be too generic to be of practical use. It is proposed that focus could be applied using the Integrated Neighbourhood Health Systems and UEC Flow priority areas described in section 7. A leadership compact will build a strong foundation for collaboration and identify the challenges which will need to be overcome together as part of the improvement programmes.

3.1 What do we want from a leadership compact?

A shared, and meaningful commitment to transformation, which will help to facilitate innovation and system-wide improvements. We envisage the compact will be a statement of intent that encourages collective responsibility rather than competition. The process of developing the compact will enable senior leaders to reflect on what they have to 'give' to the process, what they have to gain from working in this way, and enable time and space to work through the fundamental challenges we know will emerge from this approach, and agree in advance how we will confront them when they arise. We hope that a meaningful Compact will enable leaders to hold themselves and each other to account, and set a clear direction for their teams across organisations working together on complex and challenging change programmes.

We anticipate there may potentially be sub compacts for complex transformation programmes where these are felt to add value and are supported by stakeholders.

Appendix 1 shows an example of a compact which is shown to have been successful in driving large scale change and transformation for the benefit of users.

3.2 Proposed approach to developing the Leadership Compact

It is anticipated that the process of developing a leadership compact will involve three phases as described:

Compact development phase	Detail
Phase 1	To be undertaken with SEG members, focusing on answering questions and addressing both difficult and positive answers, with an attempt to 'get it out on the table' Through a collaborative approach to agree the questions to elicit this response, the current questions to answer are, framed around current work and responsibilities: • What are the challenges/ risks? • What are we held to account for? • What's challenging you in the here and now? • What's exciting? Following collation of these outputs, there will be a 'skeleton' / draft compact, which will confirm what system stakeholders are going to give to the process.
Phase 2	This will involve a practical application of the 'skeleton' compact. It will enable the overarching compact to be tangible and specific, when applied to example projects or programmes. The focus areas identified are suggested to be: • Integrated neighbourhood health systems • UEC Flow *(HT2040 Cohort 1 will be a further focus later in the year).* <u>Benefits of this approach, delivered in parallel:</u> • The feedback gained will be incorporated into the original overarching compact agreement • Enable the development of a 'sub compact' for the focus areas identified above.

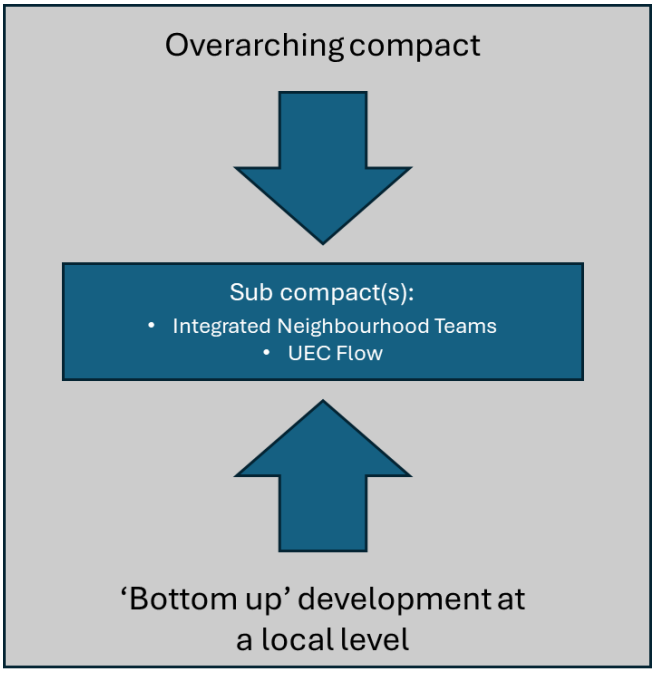
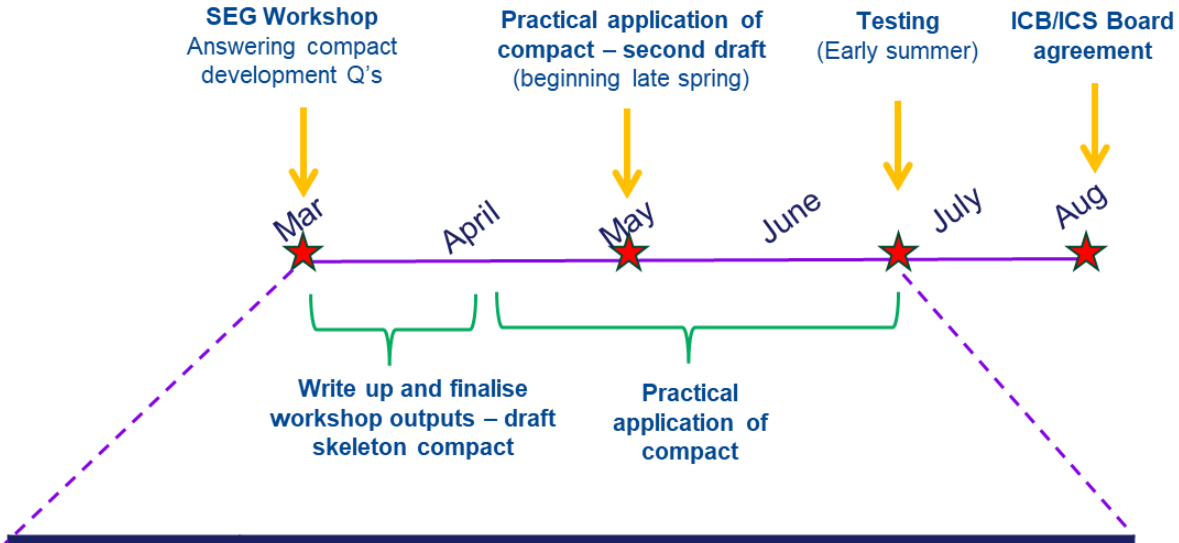
	○ 'Bottom up' development to achieve additional granularity, autonomy of local design, whilst also linking to an overarching agreement *Figure 2*  This innovation process will remain circular and iterative ahead of preparing a further draft, for socialising with teams across the system who will enable change (phase 3)
Phase 3	Testing through engagement with teams across the system who enable change. This phase aims to further refine the content of the compact and make it specific enough to be helpful. Indicative groups are: • Locality partnerships • DOF's • Governance leads • HCPE • GPCB • IHT fellows This phase of the process will conclude with a further / final draft of the compact, for proposing to ICB / ICS boards for sign off.
Final	Sign of by ICB board and then ICS boards

Figure 3 – Compact development timeline



Phase	Detail
Phase 1	To be undertaken with SEG members, focusing on answering questions and addressing both difficult and positive answers, with an attempt to 'get it out on the table'
Phase 2	Practical application of the 'skeleton' compact (Integrated neighbourhood health systems, UEC Flow)
Phase 3	Testing through engagement with teams across the system who enable change.

4. Embedding User Centred Design drawing on expertise from the Southcentral Foundation in Alaska

April Kyle, President and CEO of Southcentral Foundation, will be facilitating a systemwide leadership event for BNSSG on April 1st and 2nd. The event will focus on the user-centred design element of the model. Individual conversations with SEG members have already taken place.

The Nuka system of healthcare in Alaska is an approach to health and wellness provided in Southcentral Alaska, USA, which has transformed the relationships between residents and healthcare providers and reduced inequalities. It is based on user centred design, meaning it starts with the needs of the user and designs interventions to meet these needs. The outcomes that have been achieved include;

- The Alaska Native population had previously been in the bottom 5th percentile in almost all health outcomes, and it is now in the 75th and 90th percentile in almost all health outcomes (US national HEDIS benchmarks)
- The community served has measurable low high-acuity utilisation, low emergency department and hospital use, low specialty care referrals and total costs to care well below the national average.

- The strong “customer-owner” relationship” proved invaluable during the Covid-19 pandemic. Key decisions relating to the vaccine rollout were carried out directly by the community, leading to high vaccine uptake rates.

(Literature Review: Neighbourhood Working, NHS Confederation and Local Trust, 2024)

This impressive and sustained success, is attributed to their world leading approach to user centred design and improvement practice. Southcentral Foundation have designed their services around what patients, or ‘customer owners’ said they wanted, for instance ending the separation of physical and mental health services, and significantly reducing reliance on referrals, which make sense from a pathway perspective, but not from a person’s perspective. Southcentral Foundation have developed an engagement approach to work with their customer owners to decide how funding should be spent on and what the priorities really are. This doesn't mean we should adopt this exact approach, but incorporating some form of deliberation could add value to our most complex transformation programs.

5. Developing and embedding a benefits framework

A significant amount of work has been done since October to review and improve our approach to benefits realisation management. Recognising the inefficiencies in current methods, the aim is to ensure that both cash-releasing and non-cash-releasing benefits proposed in business cases are effectively realised. This is particularly crucial given the current financial climate. Our current approach in BNSSG involves a brief summary of benefits in business cases, followed by an evaluation at the project's end. However, this method often neglects the necessary changes during the project's lifecycle, leading to benefits not being fully realised. The ICB's initiatives, which span multiple stakeholders and agencies, are complex and costly, yet lack robust monitoring and evaluation processes. This results in benefits, especially cash-releasing ones, not being achieved as initially proposed, causing financial and reputational consequences.

To address these issues, a "work backwards" model for benefits realisation is proposed. This starts by defining the desired benefit and then works backwards to identify all prerequisite changes and conditions. Two tools have been developed to support this approach: an investment decision framework and a probability matrix. The investment decision framework assigns a quantitative value across six core domains to assess the likelihood of benefits being realised, while the probability matrix maps out required changes and their success probabilities.

A partnership with Newcastle University has been established to develop a quantitative model that will aid in decision support. This model, which is currently in draft form, will be piloted in March, with the final stage of development involving the creation of a digital tool to support users in decision-making. The ultimate goal is to produce a usable tool that aids in defining, measuring, and realising benefits for initiatives within the system.

6. Renewed focus on engagement and spread

A prerequisite of successfully embedding the innovation, improvement and transformation approach across BNSSG is engagement with system stakeholders, taking time to share the case for change, the proposed approach and how it is relevant, and meaningful staff across involved in delivery and change.

It is known that spreading and embedding improvement approaches is slow and requires continuous effort and engagement and we have reflected that we are still early in the process of convincing stakeholders of the value of the BNSSG Innovation, Improvement and Transformation Approach. This involves addressing scepticism and demonstrating tangible benefits.

One of the key messages we seek to convey is that the answer to the significant performance and financial challenges we are currently facing is not exerting more control or "grip". Instead, we need to foster a culture of collaboration, innovation and shared responsibility. By doing so, we can create a more supportive environment that fosters continuous improvement and sustainable change.

A communications and engagement strategy that involves Health and Care Improvement Groups (HCIGs), Operational Delivery Groups (ODGs) and other key stakeholders is being developed. The strategy will include regular updates and opportunities for discussion to get as many stakeholders on board as possible. It also involves tapping into other mechanisms, such as Innovate Healthier Together to grow the message.

7. Proposed focus areas

As described in section one, an important next step in the development of the BNSSG Innovation, Improvement and Transformation approach is to identify key strategic priorities where the emerging framework can be applied to create a more tangible model. The areas of work which have been identified are;

- Integrated Neighbourhood Health Systems and Improving Urgent
- Emergency Care (UEC) Flow.

These are important and challenging programmes, where we won't achieve our aims using the approaches of the past. Focussing on these two areas will enable our system improvement and innovation approach to be developed through both a Horizon 1 (UEC flow), Horizon 3 (Integrated Neighbourhood Health Systems) lens.

As described in the October 2024 Board paper innovation, improvement and transformation approach will also a be a core part of the Healthier Together 2040 programme methodology. However, this will take place slightly later in the year due to the revised timeline resulting from the anticipated publication of the 10-year plan.

Priority	Integrated Neighbourhood Health Systems	Urgent and Emergency Care Flow
How does this link to the case for change described in section one?	ICBs and local authorities are asked to jointly plan a neighbourhood health and care model for their local populations and that all parts of the health and care system – primary care, social care, community health, mental health, acute, and wider system partners will need to work closely together to deliver this. There may be pressure to jump into action and focus on the 'what' relying on familiar thinking patterns. This could lead to replicating secondary care approaches in communities or focussing on pre-existing work, rather than focussing on meeting the needs of the person. It is also possible to measure the wrong things. Measures proposed nationally may not provide adequate information about whether the benefits anticipated have been delivered, leading to unreliable decisions. A comprehensive discovery is likely to identify actionable insights. By following the described improvement approach it is more likely that the development of this programme will be innovative, data driven and aligned with both neighbourhood needs and national priorities.	Urgent and Emergency Care Flow improvement can face barriers including financial constraints, risk considerations, processes, long term contract commitments, and interface challenges. These issues can make it difficult to make decisions which benefit the population, as seen with the surge planning work in late 2024 which, despite best efforts, couldn't reach an agreement. When system pressure escalates there can be a tendency to revert to reactive actions that prioritise organisational needs over system wide benefits, hindering long term improvements. Even with well-established UEC improvement plans the scale of the challenge can be overwhelming, particularly during escalation. Leaders are often pushed to ask "what else can be done" which inadvertently layers further improvement schemes, potentially making it more difficult for teams to succeed in the work already agreed upon. Important to take the time to get the right partners involved such as ops leads as well as wider system partners including VCSE and patients. Enable emphasis on managing risk across the whole system with risk in the immediate moment within hospitals but there is also a longer term risk to independence and longer term outcomes as well as costs due to reactive measures – emphasis being this this about all system partners and ultimately improved outcomes for the BNSSG population.

What are the anticipated benefits of approaching the work this way?	Starting with the person and ensuring the design is informed by insight increases the likelihood of creating an approach which delivers real benefits. Developing a leadership compact that emphasises the need to focus on this, considering the pressures of elective and emergency care, and ensuring accountability will help to maintain focus and mutual accountability when challenges emerge. Creating benefits that are meaningful to individuals and can be effectively measured, regardless of national reporting requirements.	Senior stakeholders within UEC suggest that a leadership compact and a transformation mindset could be beneficial in responding to these challenges. More broadly the improvement approach aligns with UEC leaders commitment to collective effort and data driven decision making. It will give us an opportunity to unpick how we understand UEC flow from all lenses – and come to a common understanding. This is an important precondition of meaningful progress as flow will only happen if happen approached as an end to end pathway (i.e from home to home/other place of residence)
What will be involved?	The goal is to establish a shared understanding of the problems through the lens of our users and staff. This doesn't mean starting from scratch but considering what insights we already have that we can draw on and where the gaps are. Defining the benefits to be achieved and agreeing the data to monitor and manage their delivery is crucial. Identifying what success looks like before commencing design ensures that outcomes and kept in mind. Considering the reliability and validity of measurement data allows for responsive adjustments if anticipated benefits are not achieved. Assessing what needs to be in place for benefits to be delivered will help to focus the benefits realisation plan. Agreeing leadership compacts for the two areas of focus, describing leaders commitment to the process, the benefits of the work and how they will work together to overcome barriers. Committing to work in this way will support leaders to take a citizen focussed approach rather than an organisational focussed one.	

8. Financial resource implications

Resource will be required within focus areas. In addition to project management there will be resource requirements, and therefore opportunity costs associated with this approach for leaders and key staff within the focus areas identified in this paper.

It is estimated that organisations involved will need to dedicate 3-4 days per month of existing resources to this improvement work, potentially involving up to 10 roles. However until the detailed work has been undertaken these remain indicative.

9. Legal implications

Aligns to ICB statutory duties, including responsibility to promote innovation, quality improvement and community engagement as set out in the NHS Act 2023.

10. Risk implications

Risk	Impact	Planned Mitigations
There is a risk that there will be insufficient resources to deliver the framework.	This could lead to benefits described not being realised or being realised at a smaller scale or slower pace.	Resource constraints are acknowledged and will be revisited as required.
There is a risk that the commitments outlined in the framework will not be met due to capacity pressures and competing priorities.	This could lead to benefits described not being realised or being realised at a smaller scale or slower pace.	Through the agreement of a compact, the expectations will be clear at Board level. This will inform decisions on prioritisation of work.
There is a risk to delivery of organisational benefits through the shift to focus on ICS benefits.	This could lead to a lack of confidence in the focus on ICS innovation, improvement and transformation, and potentially lead to disengagement and withdrawal of resource and capacity.	Comprehensive benefit mapping and analysis will be used to ensure organisational confidence that the benefits to the system are greater than the benefits that would otherwise accrue in individual organisations.

11. How does this reduce health inequalities

The application of evidence-based innovation, improvement and transformation techniques can play a pivotal role in mitigating health inequalities. The Nuka system of healthcare in Alaska, which as described in section 3 we intend to draw directly on learning in this work, provides an example of how a transformed approach to health and wellness has fundamentally shifted the relationships between people and healthcare providers and measurably reduced healthcare inequalities. (NHS Confederation and Local Trust, Literature Review: Neighbourhood Working, 2024)

Many factors that contribute to health inequalities are beyond the control of our current health services. By applying our emerging innovation, improvement, and transformation

approach, we aim to empower people to regain control over their own health and wellbeing. The NHS can act as an effective partner in this change, addressing the social determinants of health and wellbeing at a neighbourhood level in collaboration with its statutory and VCSE partners. (NHS Confederation, The Case for Neighbourhood Health and Care, 2024)

12. How does this impact on Equality and Diversity?

Innovation, improvement and transformation techniques are essential tools for promoting equality and diversity. By seeking to understanding biases and discrimination and address these in the design of transformation initiatives, we can create a more inclusive and equitable environment.

This approach will enable us to:

• Address Bias and Discrimination: Identify and eliminate discriminatory practices, ensuring that all individuals are treated fairly and equitably.

• Reduce Disparities: Implement strategies to address disparities in access, quality, and outcomes, ensuring that all individuals have equal opportunities for success.

• Enhance Accountability and Transparency: Increase accountability and transparency by increasing openness about the issues, design and measuring impact. This will contribute to building trust and fostering a culture of integrity.

There are now two key areas proposed as initiatives that would benefit from adopting the IIT framework. However, it is important to acknowledge that there is still a long way to go, and a need to work hard to connect people outside of the improvement and transformation community of the case for change and the merits of the IITF approach.

13. Consultation and Communication including Public Involvement

No requirement for public involvement in the paper, but codesign is an integral part of innovation, improvement and transformation practice. As such strengthening the user focus is one of the key principles described.

Glossary of terms and abbreviations

Innovation	This involves creating something entirely new or significantly different that adds value. It could be a new product, service or process that didn't exist before.
Improvement	This focusses on making existing processes, products or services better. It involves incremental changes that enhance efficiency, quality or performance
Continuous Improvement	The is an intentional process that builds improvement into day to day work.
Transformation	This is a comprehensive change or set of changes that fundamentally alters the way a system works. It often involves a major shift in culture, strategy and processes to achieve long term goals.
Innovation, Improvement and Transformation Framework	This is the BNSSG approach codesigned by Transformation Directors and Transformation leads across our system. It encompasses Innovation, Improvement, Continuous Improvement and Transformation.
NHS IMPACT	NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS improvement approach.

Appendices

Appendix 1: Virginia mason compact

VIRGINIA MASON MEDICAL CENTER BOARD MEMBER COMPACT

Organization's Responsibilities	Board Member's Responsibilities
Foster Excellence • Facilitate the recruitment and retention of superior board members • Provide a process for regular, written evaluation and feedback through annual board self-evaluation • Provide a thorough orientation process for new board members • Support governance excellence with adequate board resources **Listen and Communicate** • Share information regarding strategic intent, organizational priorities and business decisions • Offer opportunities for constructive dialogue • Report regularly on implementation of strategic plan and achievement of specific board objectives • Disclose to and inform board on risks and opportunities facing the organization • Provide materials to members necessary for informed decision making sufficiently in advance of board meetings **Educate** • Provide information and tools necessary to keep members informed and educated on local and national health care issues • Provide educational and training opportunities to maintain a high level of board member effectiveness and knowledge • Educate board members about organization, its structures and its guiding documents **Lead** • Manage and lead organization with integrity and accountability • Create clear goals and strategies • Continuously measure and improve patient care, service and efficiency • Resolve conflict with openness and empathy • Ensure safe and healthy environment and systems for patients and staff	**Know the Organization** • Know the organization's mission, purpose, goals, policies, programs, services, strengths and needs • Keep informed on developments in the Health System's areas of expertise, and on health care policy and future trends and best governance practices **Focus on the Future** • Spend three fourths of every meeting focused on the future • Consistently maintain a current and vital strategic plan **Listen and Communicate** • Actively participate in board discussions • Participate in educational opportunities and request information and resources needed to provide responsible oversight • Provide and accept feedback • Represent the board to the organization and be an advocate for the organization in the community **Take Ownership** • Attend meetings • Ask timely and substantive questions at board and committee meetings consistent with your conscience and convictions • Prepare for, participate in, and support group decisions • Understand and participate in approving annual and longer range financial plans and Quality & Safety oversight • Make an annual, personal financial contribution to the organization, according to personal means • Serve on board committees or task forces **Promote Effective Change** • Foster innovation and continuous improvement • Pursue necessary organizational change