

## SANDWELL AND WEST BIRMINGHAM NHS TRUST

### Report to the Public Trust Board held on 11<sup>th</sup> January 2023

#### Chief Executive's Report – Appendix 5

### Developing a Continuous Quality Improvement (CQI) System: Assessing CQI maturity to inform the option appraisal

#### 1. Introduction or background

- 1.1 On 7<sup>th</sup> September 2022 the Trust Board authorised a mandate to develop a CQI option appraisal with outline costs and a subsequent full business case to describe the model, capacity, capability and cost of implementing a CQI system that's: 1] suited to SWBH and 2] capable of supporting the delivery of the organisational strategic objectives.
- 1.2 The option appraisal is in development and will be considered at Trust Board in the Spring of 2023. The full business case will be considered at Trust Board in the Summer of 2023.

#### 2. Update on progress to date

- 2.1 A Steering group of key senior stakeholders has been established to support the project group in:
  - Developing the option appraisal and full business case
  - Building CQI engagement
  - Understanding current state
- 2.2 Multiple peer NHS organisations, who already have a CQI system in place, have given advice, and guidance on development of a variety of CQI system approaches.
- 2.3 Visits to a number of these sites have been and will be completed during December and January, involving the Improvement Team, CQI project team, CQI steering group members and some members of the Executive.
- 2.4 A soft market testing (SMT) exercise, involving CQI steering group members, has taken place and enabled us to gather key advice and guidance, from both private and NHS potential partner organisations, who offer a variety of CQI model approaches.

#### 3. Understanding our current state of CQI Maturity

- 3.1 As we seek to understand where we are on our CQI journey and, therefore, what support we need to build a sustainable improvement system, we can use maturity questionnaires to help us.

- 3.2 During our research into premier CQI organisations we have found 3 that we will help us. The first is a Board Level Maturity questionnaire. The second is for senior leadership. The third is about Respect for people (one of our values).
- 3.3 Working with our Library Services team we have automated these questionnaires. Our plan for the Board questionnaire is to issue it to Board members in January so that we can receive responses and play back findings at the Board workshop on CQI in February.
- 3.4 In doing this we are trying to achieve two purposes: the first is to get a baseline of where we are; the second is to prompt the Board about their development plan, the long-term thinking of the organisation and in fact the succession planning of Board members. This is fundamental to the sustainability of the improvement system.
- 3.5 Away from the Board we will use the second questionnaire (senior leadership) in a similar way once we have established the right group (we expect that this will be broader than Trust Management Committee alone).
- 3.6 There was strong support for the third questionnaire at Executive level. It is about Respect and operates like a 360 degree feedback tool. Working with the People and OD team, this will be integrated into the organisation. Whilst doing this we will explore whether a similar survey can be created for Ambition and Compassion.

#### **4. The Board Maturity Questionnaire**

- 4.1 The Board maturity questionnaire consists of 17 questions (shown in Annex 1). The Board are asked to rank each question on a maturity scale of 1-4.
- 4.2 This will be distributed via email in the week after the January Trust Board meeting. The Board are asked to complete it by the end of the following week.

#### **5. Recommendation**

- 5.1 The Public Board is asked to note the maturity questionnaire, its two purposes and commit to its completion to fit with the timelines set out.

Melanie Griffiths/Dave Baker  
Head of Improvement/Chief Strategy Officer

14 December 2022

#### **Annex 1: CQI Trust Board Questionnaire**

# Continuous Quality Improvement (CQI) Board Assessment Questionnaire

## Instructions

This questionnaire is to be used to rate Sandwell and West Birmingham's progress (maturity) in the CQI journey. Rate statements on a maturity scale of 1-4 as follows:

- 1) **Not Started** - No continuous improvement programme.
- 2) **Beginning** - Planning has begun; activities may have started, but no significant engagement and no significant progress.
- 3) **Growing** - Teaching, engaging, succeeding, struggling and failing are all occurring as the teams make slow, steady, and sometimes painful progress forward. Leaders, physicians and associates alike are becoming progressively more involved, more committed, and more capable of learning from both successes and failures.
- 4) **Sustaining** - The organisation's principle-driven CQI behaviours can be described as teaching, mentoring, supporting, encouraging, enabling, humbling, steady, predictable, teachable, engaged, committed, and disciplined. Cultural behaviours drive many successes and also occasional failures with A3 thinking (or an equivalent structured problem-solving method) being applied in all cases.

## Questions

1. Board members been trained and participated in three Gemba (in the workplace) visits per year and have practiced asking open-ended questions. Board members have participated in at least one education session on improvement thinking this year.
2. Board members have been offered opportunities to tour best practice improvement organisations. Some Board members participate every year.
3. The Board has clearly defined in writing and practice the role of Good governance versus management.
4. The Board evaluates improvement plans and organisational performance at each board meeting with a set of clear top-level metrics (True North) for quality, safety, cost, patient satisfaction and staff engagement.
5. The Board works with management on a regular basis (at least three times a year) to define and re-evaluate the strategic direction of the organisation.
6. The Board understands and reviews management's A3 presentations at each board meeting.
7. The Board exhibits ideal behaviours in the practice of governance as outlined in a written Board code of conduct.

8. The Board has defined the behavioural expectations for Board members.
9. The Board has at least one member that has extensive experience with CQI/improvement.
10. The Board has a system to assure board members succession planning includes questions regarding potential members' willingness to learn the CQI method and practice it at the governance level.
11. There is a process to on-board new members to the organisations improvement methodology.
12. The Board has developed an internal CEO succession plan that includes identifying potential successors, regular updates on their progress and experiences, and a focus on the behavioural traits that would allow the person to be an effective CQI CEO.
13. At a minimum of once per year, the Board reviews the organisations commitment to CQI methods, outcomes of CQI management, and leader development across administrative and medical staff.
14. Board members regularly identify areas for improvement in governance practices.
15. At least one committee is practicing some aspect of CQI thinking in their governance activities including but not limited to improvement projects identified by board members using PDSA (Plan-Do-Study-Act) thinking for problem solving or Pareto analysis of board problems.
16. Some portion of every Board meeting is devoted to improving the board's practices.
17. Board performance and improvements are visual, displayed where all can see them.