



REPORT TITLE:	Implementing an Improvement System to achieve Continuous Quality Improvement: Update and Next Steps		
SPONSORING EXECUTIVE:	David Baker, Chief Strategy Officer		
REPORT AUTHOR:	Melanie Griffiths, Head of Improvement		
MEETING:	Trust Board	DATE:	13 th September 2023

1. Suggested discussion points *[two or three issues you consider TMC should focus on in discussion]*

In June 2023 the Trust completed the work required to progress the Continuous Quality Improvement planning process, previously agreed by Trust Board, from gateway 3 “Business case and procurement of partner, to gateway 4 – “Detailed design of implementation plan”.

The business case and procurement outcome have been taken through Executive Group, Trust Management Committee, Finance Investment and Performance Committee, Quality and Safety Committee and People and OD Committee.

As per the previously agreed process we now need Trust Board approval to move to gateway 4.

As we look towards implementation planning, we are considering:

1. Timing of the Improvement Team restructure (now scheduled for 1st April 2024)
2. Timing of launch into the organisation due to MMUH commitments
3. Route to funding the support of our recommended partner KPMG. Initial discussions took place with KPMG on 4 September 2023.
4. Fit with other Black Country Provider Collaborative Trusts.

2. Alignment to our Vision *[indicate with an ‘X’ which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

2. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Executive Group June 2023, TMC June 2023, FIPC June & July 2023

3. Recommendation(s)

Trust Board is asked to:

- a. **APPROVE** the completion of gateway 3
- b. **NOTE** that we are working on the development of an implementation plan to coincide with the planned improvement team restructure, which is now scheduled for 1 April 2024

4. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>							
Board Assurance Framework Risk 01	x	<i>Deliver safe, high-quality care.</i>					
Board Assurance Framework Risk 02	x	<i>Make best strategic use of its resources</i>					
Board Assurance Framework Risk 03	x	<i>Deliver the MMUH benefits case</i>					
Board Assurance Framework Risk 04	x	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05	x	<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

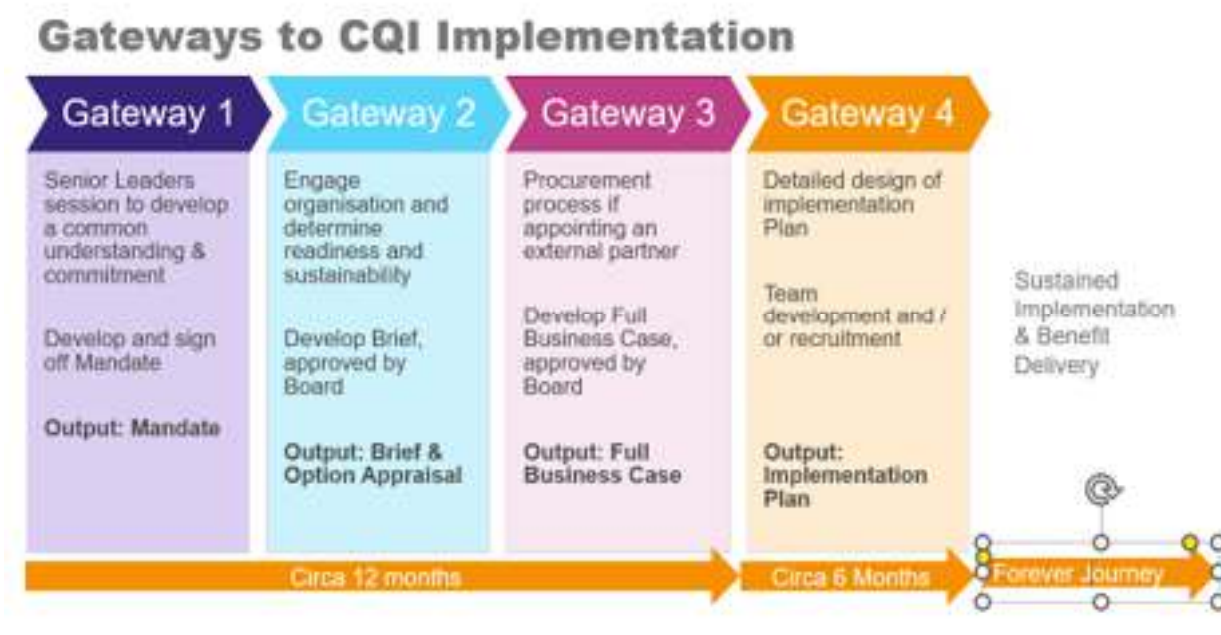
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Trust Board on 13th September 2023

Implementing an Improvement System to achieve Continuous Quality Improvement: Update and Next Steps

1. Introduction & background

1.1. In March 2023, Trust Board considered the “Developing an Improvement System: Options Report” to enable the previously agreed four stage CQI Implementation plan to move through gateway 2 into gateway 3 and:



- Affirmed their commitment to the implementation of an Improvement System to achieve CQI,
- Agreed that the preferred approach should be to work with an external partner with the understanding that this would ensure the quickest and most sustainable route to implementing an Improvement System and thus realising the benefits.
- Sanctioned the project group to procure an external partner, at risk, without a confirmed route to funding,
- Required the options report be supplemented with further evidence of return on investment (ROI) to support the pump priming investment required to fund an external partner contract.

1.2. This paper provides an update to items 1.1.3 and 1.1.4 above and details the feedback and next step recommendations received from Executive Group (EG), Trust Management Committee (TMC), Quality and Safety Committee (Q&S) and Finance, Investment and Performance Committee (FIPC), during June 23 committee rounds, to support progression to gateway 4 “Detailed design of implementation plan”.

1.3. The documentation submitted to sub board committees during June 2023 included the:

- NHS Delivery and Continuous Improvement Review Recommendations
- Improvement System Option appraisal
- Improvement System Return on Investment
- Outcome of procurement recommendation

For reference, these documents can be sourced in the Trust Board reading room.

1.4. This paper also provides an update on the preparatory work, undertaken by the team, since March 2023, to set the foundations for working effectively and efficiently with KPMG Ltd, when appropriate to do so.

2. Update on progress since Trust Board March 2023

2.1. Partner Procurement

2.2. A rigorous tender procurement process, with Procurement Department support, has been completed and as a result a recommended partner has been identified.

2.3. KPMG Ltd are our recommended partner. They work in Partnership with Catalysis (CEO Kim Barnas) who are a not-for-profit healthcare transformation organisation. In partnership KPMG and Catalysis have worked with multiple NHS Trusts and delivered significant improvement to organisational performance, notably at Western Sussex.

2.4. During the procurement process KPMG Ltd provided compelling evidence and assurance that they could work alongside us to enable us to implement an Improvement System which would deliver the controls set out in our BAF.

2.5. During June 2023 the Executive Group, Trust Management Committee (TMC), People and OD Committee (POD), Quality and Safety Committee (Q&S) and Finance, Investment and Performance Committee (FIPC) all approved the business case, the benefits case and reviewed our procurement process recommendations and supported closure of the procurement process.

2.6. As a result of the discussions held at EG, TMC and FIPC, the following funding options were suggested to support contract initiation:

- External funding sources
- Release of Balance sheet flex
- Permission to extend the Trust's deficit position for 23\24.

2.7. Gain share had also been proposed as an option, but FIPC advised against this option due the complexities of managing such an agreement.

2.8. The Chief Finance Officer is currently exploring how to fund the work using Balance sheet flex. We are also exploring whether we can leverage ICB level commissioned OD work (Deloitte) to fund some of the required Improvement system leadership development work across all Black Country partners.

3. Return on Investment

3.1. We have gathered evidence of return on investment (ROI) for the required pump prime investment which clearly demonstrates value for money over a medium- and long-term timeframe.

3.2. Executive Group, Trust Management Committee (TMC) and Finance, Investment and Performance Committee (FIPC) have scrutinised this evidence and approved the closure of the CQI business case as a result.

3.3. KPMG Ltd have provided evidence and assurance that they would work alongside us to enable us to deliver an Improvement System which would have the potential to achieve outcomes and benefits, over a 2-year time period, within the previously agreed envelope total cost of £1.5million pounds with a proposed potential 40:1 ROI

3.4. The detail of this potential/proposed return will now be explored in detail as we engage with the KPMG Ltd further from 4th September 2023.

4. National validation of our option appraisal recommendations

4.1. Since our last presentation to Trust Board in March 2023 the importance of having an Improvement System, as an NHS Organisation, has been substantiated by the publication of *NHS Delivery and continuous improvement review: recommendations (April 23)* and the launch of the NHS single Improvement approach – NHS Impact. These both further validate the recommendations of our CQI option appraisal.

4.2. We are in the process of completing a baseline self-assessment against the five NHS Impact domains which we are required to return to NHSE by 31st October 2023. Whilst we are required to return our findings to NHSE the primary value in completing the baseline assessment will be to inform our gateway 4 implementation planning.

NHS IMPACT

Improving Patient Care Together



5. Readiness for Improvement System Implementation

- 5.1. As we have been undertaking the procurement and business case tasks we have also been working with colleagues from across the Trust and wider System to understand how best to achieve future Improvement System implementation, in preparation for implementation planning with KPMG Ltd.
- 5.2. Improvement Team restructure planning has been initiated. Structuring the Improvement Team appropriately to enable the creation of an Improvement System Academy model is a vital enabler to Improvement System implementation. The revised Target operating model (TOM) for the Improvement team was authorised by TMC in January 2023 to enable this to happen. The move to this model has been deferred until April 2024 to allow existing resources to complete their assignments in other areas, in particular MMUH. It is vital that as we move the implementation planning the Improvement team Academy resource is protected for the sake of the long term.
- 5.3. We have explored how best to prepare our organisation for implementation, with health service Improvement and leadership experts from the University of Warwick Business School (Nicola Burgess, Helen Bevan) and the University of Birmingham Health services Management Centre (Steve Gulati). This insight has enabled us to recognise the importance of precursory cultural readiness work to ensure successful full scale roll out of any improvement system which we will factor into our implementation planning.
- 5.4. We recognise the importance of leadership in the implementation of an Improvement system and so have aligned with our SWBH OD colleagues to ensure we dovetail the leadership development programme, currently being rolled out, with Improvement System implementation planning.
- 5.5. Engagement with our operational and clinical colleagues will be essential as we plan implementation. We have thus taken the opportunity to initiate some early engagement exercises with Group Triumvirates to disseminate learning to date, set expectations and gather intelligence in preparation for implementation. This engagement has highlighted

the need for an approach which is locally owned, hands on, jargon free, engaging, multidisciplinary, part of the day job and understandable by all. It must not be “.. another initiative”.

- 5.6. We have initiated prototype Improvement System A3 familiarisation and training sessions with small groups of junior doctors, nurses and clinical teams to gather insight in preparation for future Academy training. Whilst this training is focused on a key tool within an Improvement system it does not cover the whole system itself. These sessions have been very well received and have highlighted the importance of freeing up time for improvement and the differing training needs for different audiences.
- 5.7. We are working closely with the Trust’s financial Improvement lead to align Improvement system implementation planning with the ongoing financial recovery planning. This is to ensure the Trust has a cohesive medium to long term approach to financial stability which is supported by the implementation of an Improvement system.
- 5.8. We are exploring how to effectively capture and document the beneficial outcomes of improvement system work as it is delivered across our organisation i.e., the value measured in Quality, safety, and financial terms. This work is also being carried out by NHS England at a national level and we will be supporting this national work to inform our own decisions and approaches.
- 5.9. We have engaged with our Black Country Provider Collaborative partners to understand how our individual improvement systems can complement each other and fulfil the NHS Impact categories without being prescriptive on approach within each organisation. This work will inform our implementation planning and will culminate in a recommendations paper to the Provider Collaborative Executive and if required the Joint Provider Committee in Q3 2023.

6. Closure of gateway 3 and move to gateway 4

- 6.1. As a result of the evidence presented in sections 2.2 – 2.4 above, Executive Group, Trust Management Committee (TMC), People and OD Committee (POD), Quality and Safety Committee (Q&S) and Finance, Investment and Performance Committee (FIPC) have supported the completion of our work in gateway 3 and we now request Trust Board approval to move to gateway 4 “Implementation planning “
- 6.2. In moving to gateway 4 we need to find a route to implementation that addresses key pressures of finance and funding, operational pressures and system wide requirements.
- 6.3. The context within which implementation planning will be built will include:
- 6.4. Timing of the Improvement Team restructure (now scheduled for 1st April 2024)

- 6.5. Identifying a route to funding the support of our recommended partner KPMG.
- 6.6. Timing of launch into the organisation due to MMUH commitments. Initial discussions took place with KPMG on 4 September 2023
- 6.7. Fit with other Black Country Provider Collaborative Trusts.
- 6.8. We will prepare our proposals for presentation to Trust Board in March 2024 (original gateway plan) to achieve agreement to proceed to the recommended timescales and funding routes.

7. Recommendations

Trust Board is asked to:

- a. **APPROVE** the completion of gateway 3
- b. **NOTE** that we are working on the development of an implementation plan to coincide with the planned improvement team restructure, which is now scheduled for 1 April 2024

Melanie Griffiths
Head of Improvement

5th September 2023