Developing a Continuous Quality Improvement (CQI) System

Mandate to Deliver a CQI Business Case

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1. DOCUMENT CONTROL

1.1 DOCUMENT LOCATION

The source of the document will be found in this location:

RXK CQI - CQI Gateways, Documents & Tools - All Documents (sharepoint.com)

Subsequent versions of this document to be saved in the same folder with numerical versions, i.e. V0.01, V0.02, V1.00, V1.01, V2.00 etc.

1.2 REVISION HISTORY

Revision Date	Version	Summary of Changes	Author
19.07.22	0.2 Draft	Input from David Baker, Marsha Jones, Meggan Jarvis	Melanie Griffiths
20.7.22	0.3 Draft	Document Iteration after comments from David Baker	Melanie Griffiths
20.7.22	0.4 Draft	Removal of Annex 1 – CQI Engagement session slide deck	Melanie Griffiths
24.8.22	1.0	Updates as a result of engagement sessions, on CQI, with members of CLE and other senior corporate Leaders	Melanie Griffiths

1.3 DOCUMENT APPROVALS

Version 1.0 and above of document requires the following approvals:

Name	Signature	Title	Date of Issue	Version
David Baker	David Baker	Chief Strategy Officer	24.8.22	1.0
Richard Beeken		Chief Executive		
Sir David Nicholson		Chairman		

Approval records are held electronically by the Project Lead.

1.4 DISTRIBUTION

This version of this document has been distributed to:

Name	Title / Responsibility	Issue Date
Daniel Conway	Associate Director of Corporate Governance	24.8.22
Richard Beeken	Chief Executive	24.8.22
Sir David Nicholson	Chairman	24.8.22

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3. PURPOSE OF THE PROJECT MANDATE

The purpose of the project mandate is to trigger the starting of a project. It formally documents the authority to use resource and budget to commence the project start up.

The mandate serves as:

- The primary document to commence the project
- A focal point throughout the project.

4. BACKGROUND

The Trust has "a long way to go" in achieving it vision and "requires improvement"

The Trust's medium-term strategy (2022-2027) outlines our vision of being "the most integrated care organisation in the NHS".

Our vision remains underpinned by the National Voices (2013) definition for person-centred coordinated care:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Patient Care thus sits at the heart of everything we do and how we do it as a Trust

The 2022-27 strategy celebrates the Trust's achievements, to date, but also highlights several issues facing us, as an organisation:

"We still have a long way to go if we are to build an organisation that achieves our aspirations. We remain rated as "Requires Improvement" by the Care Quality Commission, who regulate health and care services. For staff and patient satisfaction, we are in the bottom 25% of all NHS Trusts."

Thus, an effective improvement approach is required to successfully tackle the issues identified.

Over the coming years tackling these issues, building an organisation that achieves our aspirations, will be in the context of:

- delivering the Fundamentals of Care
- completing and opening a new hospital
- meeting the changing demands of COVID including vaccination.
- recovery and restoration of our services, in particular our planned care
- worsening health in our population, exacerbated further through inequalities.
- a workforce that is burnt-out
- integrating with other organisations in our region as a key partner in the newly formed Integrated Care System

This is a complex landscape for Improvement

As an organisation, we have historically tackled Improvement by establishing and running a plethora of Improvement projects.

A “stocktake” of Improvement projects (Hoshin Kanri), currently underway at the Trust, has identified in excess of 145 “executive level” ongoing projects of varying size and complexity. This number would be greater if local specialty-based projects were included (Data not yet known).

Historically these projects have predominantly been managed by busy and often overloaded operational and clinical staff, staff who have highly variable understanding and working knowledge of the Improvement approaches and methodology, which, if employed would increase likelihood of sustainable success for any improvement project.

To date, we have also tackled key complex projects and programmes of work utilising a resource limited, corporate Improvement and project management team with a greater understanding of Improvement approaches and methodology. This team, whilst equipped to support the more complex improvement initiatives and provide advice and guidance to others, could never be large enough to deliver every improvement project in the Trust.

Whilst this historical approach has delivered pockets of improvement, systemic improvement has not been achieved in way that can deliver the aspirations of the Trust.

Given the complexity of the landscape we, as an organisation, face over the coming years it is important that we take time, now, to reflect on the approach we will adopt when tackling the issues identified and the improvement approach we wish to take.

It’s time to ask ourselves:

“If we always do what we’ve always done will we always get what we’ve always got”

Successful Peer NHS organisations have taken a different approach to tackling their issues

If we look to other peer NHS organisations who have made the transition from the position we find ourselves in, to being rated as organisations of excellence (see example in Figure 1) we recognise that having a system of Continuous Quality Improvement (CQI) embedded in their organisation, no matter the branding or design of the Improvement system, has been a significant driving force to their improvement.

As further illustration of this point an independent analysis of those NHS Trusts who have worked with Virginia Mason over the last five years has demonstrated improvement in productivity, safety and financial stability *(Case Study | Delivering Change and Developing Cultures of Learning Across the NHS and Beyond | Virginia Mason Institute™)*

Figure 1. NHS Organisations who have adopted a CQI system

<u>CQI is recognised, by CQC, as a key enabler to a well led organisation</u>

Recognition of CQI as a significant enabler to an organisations journey to "Outstanding" is also seen in the Care Quality Commission (CQC) Well Led domain

Well Led Key Line of Enquiry (KLOE) 8 asks:

"Are there robust systems and processes for learning, continuous improvement and innovation?"

With the following prompts:

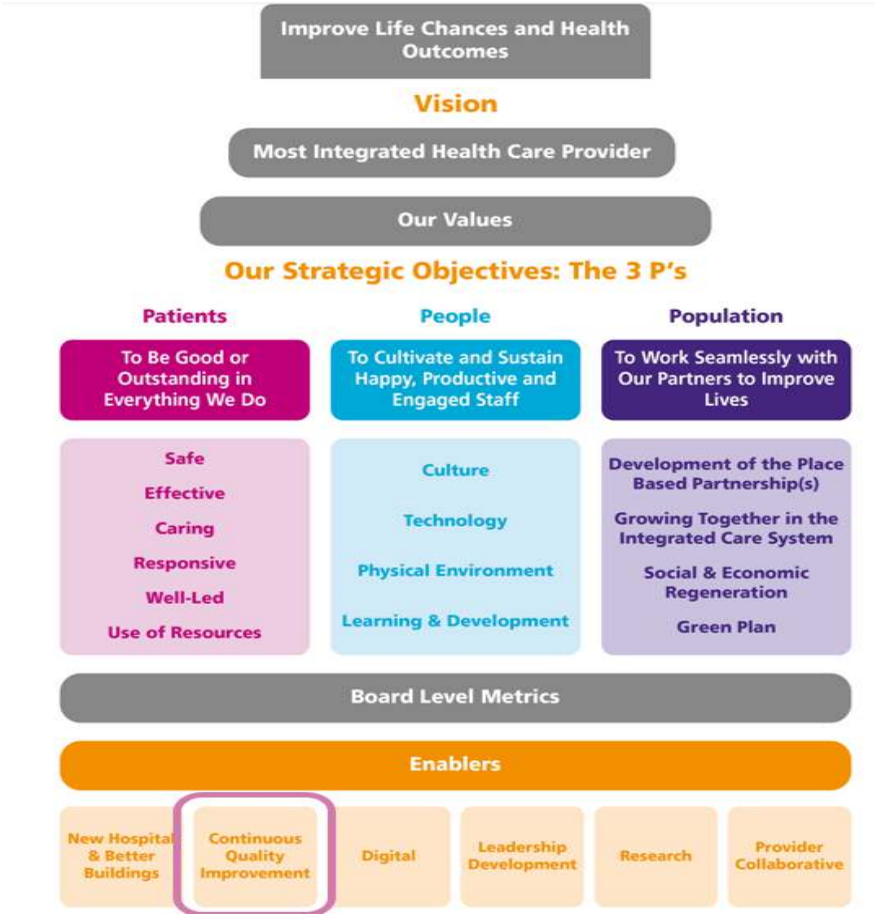
- W8.1 In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes?
- W8.2 Are their standardised improvement tools and methods, and do staff have the skills to use them?
- W8.3 How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the servicer? Is learning shared effectively and used to make improvements?
- W8.4 Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation?
- W8.5 Are their systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?

Prompting the need to ask ourselves "how would we fair?" against these domains

The Trust's recently published five-year strategy recognises the importance of CQI

The Trust Strategy 2022-2027 recognises CQI as an enabler to the delivery of its "3P's" objectives and vision (see Figure 2)

Figure 2



The Hoshin Kanri exercise, referenced previously, has progressed to identify the priority Strategic initiatives and breakthrough objectives (Likely to be Leadership and Flow (Including Fundamentals of Care)) that will be the focus of the 3P objectives.

Getting CQI right will be instrumental in the successful and sustainable delivery of these initiatives.

CQI is more than just a methodology

To deliver the CQI, we need to explore what a CQI system should look and feel like to our staff, patients and partners and how it would be implemented.

The Chief Strategy Officer, Head of Improvement, Head of Innovation and Deputy Director of Governance have been working together to explore what CQI is and how it could be implemented at SWBT.

Early research and engagement with Surrey and Sussex Healthcare Trust (SASH) and The Leeds Teaching Hospital has clarified, based on years of experience, that

".. CQI system is more than just an Improvement methodology.."

They advise, that core components of a CQI system are:

- Transparent Strategy Alignment
- A clear link with values and behaviors'
- Quality Improvement methodology and tools
- Daily Management
- Levelling of Hierarchy
- Coaching
- A change in culture
- Empowerment of all staff as problem solvers
- Clinical Leadership

and

- Will take time to become established (years) requiring a trust in the process during the early years
- needs to be designed to deliver the needs of each unique organisation with its own unique cultures, behaviours and issues

SASH Chief Executive Michael Wilson advocates the following Board CQI behaviours:

- Train alongside the staff
- Focus on waste reduction not cost reduction
- All Board and Executive team undertake Genba (workplace) visits supported by standard work
- Stick to the method and trust the process and the pace: method maturity is important in supporting robust development
- Become problem framers: stop being caped superheroes
- Be comfortable with finding out what you don't know: and respond appropriately
- Celebrate the smallest successes
- Make your strategy simple and visible

<u>The Trust Board and senior SWBH leaders have begun their journey to understanding and visioning what CQI is to SWBH</u>

The precursory work, described above, culminated in a CQI workshop with the Trust Board, at their development away day on 15th July 2022, to enable a consistent Trust Board understanding of what CQI is and what it isn't.

As a result, an earlier version of this mandate was first drafted.

The Trust Board session was followed up by:

- a presentation of draft mandate v0.4 to CLE on 26th August 2022
- CQI engagement workshop sessions on 17th and 23rd August 2022 attended by 31 senior clinical, operational and corporate leaders from across all Groups

These four engagement events have enabled a vision for CQI, at SWBH, to begin to emerge that recognises what, as a Trust, we will be achieving, doing, behaving like and feeling like in a CQI future (figure 3)

Figure 3.

CQI vision characteristics

Our next step to delivering CQI is to be able to describe what CQI is to the whole organisation and the capacity and capability required to deliver it

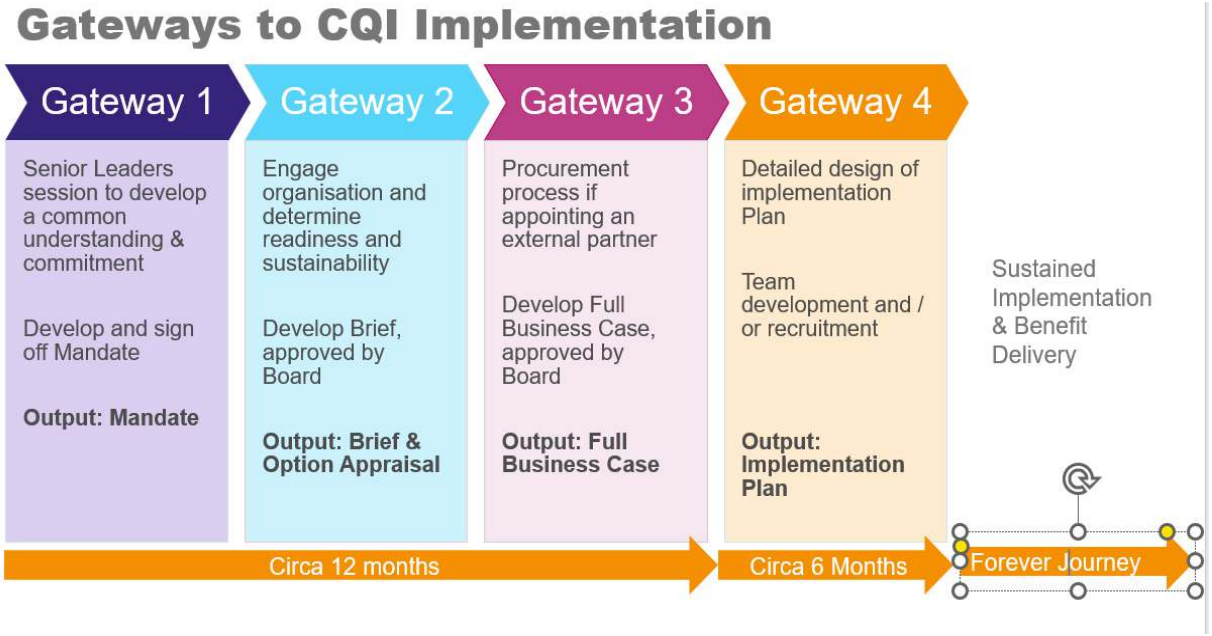
Now that the precursory work has been completed, and engagement has been overwhelmingly supportive, it is vital that our future CQI system is defined by the organisation, before we can implement it.

Thus, this mandate proposes that a project is established to define what CQI is, to SWBH, and the capacity and capability required to implement it.

The project will generate a series of outputs culminating in a business case (Figure 4) to deliver CQI

Once the business case is developed, agreed and funded this project will be completed and an implementation plan will be enacted to deliver CQI.

Figure 4. CQI Project Gateways and Outputs to deliver the CQO Business Case



5. PROJECT GOALS AND OBJECTIVES

5.1 GOALS \ CRITICAL SUCCESS FACTORS

The goals of this project are to:

- achieve a signed off CQI Business Case to move to CQI Implementation (Gateway 4)
- prepare the organisation for CQI implementation.

The following are our critical success factors to delivering this goal:

- A Sandwell and West Birmingham Hospitals NHS Trust (SWBH) workforce, from Board to Floor, committed to delivering CQI and who understand what CQI is and why it is so important to them as an employee.
- An assessment that demonstrates that the Board and CLE are ready to launch CQI and are clear on their focused priorities
- A signed off evidenced based business case for CQI that describes:
    - The capacity and capability required to move to Gateway 4 – Implementation design and planning
    - The capacity and capability required for the delivery of a long-term sustainable system of CQI at SWBH, post implementation, including any requirement for partner organisation input
    - The investment required to support implementation design, planning and long-term delivery
    - The cost benefit analysis of the investment required

This project is the precursor to implementation plan design and delivery.

The goal of implementation is to "dose" SWBH staff with the appropriate level of CQI knowledge and understanding to enable CQI to infect the organisation in a sustainable way, becoming part of its DNA.

Once we move to implementation, we would have the following critical success factors:

- Trust Board ambassadors who demonstrate CQI behaviours, daily
- A CQI training and coaching Academy in place which ensures all staff from recruitment through to induction and throughout their SWBH career journeys are supported to learn, think and behave in a CQI way
- An "tipping point" number of staff, across the organisation from Board to Floor, engaged in delivering CQI, on a daily basis, supported by allocated CQI time
- A standardised structured CQI methodology
- An CQI system that can evidence it's linked to our values,
- An "Inch Mile Wide Deep" portfolio of strategic improvement projects and programmes that positively impact on key Board Metrics
- A CQI system that can demonstrate and communicate its benefit and influence and value for money in the delivery of the Trust Strategy
- A CQI system that is embedded into every day practice helping to improve quality, safety and experience for our staff and patients

5.2 OBJECTIVES

The objective of this project is to work with SWBH staff and other key stakeholders to have a signed off business case by 30th July 2023.

Key milestones to deliver this objective are shown below:

- Form a Project Steering Group and CQI Guiding Coalition Group (Test Bed Group) with Terms of Reference signed off by the agreed governance route by 15th October 2022
- Complete Trust staff engagement by 30th November 2022
- Engage with at least 5 NHS Peer organisations, who have an ongoing CQI systems in place to gain expert insight and recommendations for the delivery of CQI at an NHS Trust, by 30th November 2022,
- Engage with and inform all System partner stakeholders, listed in the stakeholder section of this mandate (section 12.), regarding the Trust's CQI plans by 30th November 2022
- Determine, by engaging with at least 10% of Trust staff, the readiness of the organisation to proceed with CQI implementation, using a nationally recognised readiness tool (to be decided), by 31st December 2022
- Engage with at least four external provider organisations, with a track record of implementing CQI in the NHS to document recommendations and undertake outline business case modelling to inform the option appraisal, by 31st December 2023
- Produce a CQI brief and option appraisal (including readiness assessment) that has been socialised via CLE and agreed and signed off by the Trust Board by 31st March 2023
- Develop the preferred option into a full business case which is agreed by the Business Investment Group and signed off by the Trust Board by 30th July 2023

6. SCOPE

6.1 IN SCOPE

- Engagement with current Trust employees and System Partner stakeholders to inform them regarding CQI, what it is and what it isn't.

6.2 OUT OF SCOPE FOR THIS PROJECT INCLUDES:

- Engagement with partners in PLACE and the wider provider collaborative

7. ASSUMPTIONS AND CONSTRAINTS

Preparation for, and delivery of this mandate has identified a number of constraints and assumptions, listed in Table 1. These are provided for information at this stage.

These assumptions and constraints, and any additional ones identified during Gateway 2, will need to be explored in more detail, during the engagement phase of the project and mitigation plans detailed within the CQI Brief.

Table 1. CQI System Implementation assumptions and constraints to be considered

Theme	Assumption	Constraint
Trust Five Year Strategy	Trust Strategy is in place and is well communicated	The organisation has a lot of initiatives which need to be aligned
	CQI will be recognised as a “big ticket item” in the strategy by staff	
	CQI will be linked with the agreed organisational values, once the values are agreed	
Funding	Funding will be allocated appropriate to need	The Trust and local system have a deficit budget for 2022\23
	The acronym CIP will be banned as a focal point for CQI. CQI will focus on improving customer experience by eliminating waste. The waste reduction value will be calculated as a Return on Investment	Financial pressures of the organisation
Governance	Will be used as an enabler	Current staff perception is Governance as a blocker
Culture	Adopting a CQC culture will help to enable the achievement of a CQC rating of Outstanding within the next 7-10 years	Managers in the organisation are currently conditioned to behave as problem solvers rather than improvement leaders The Executive are also problem solvers rather than problem framers.
	Staff will welcome and buy in to the change to a CQI culture and will take responsibility for improvement as part of their day job	CQI language used will alienate staff if too technical
Capacity	CQI resource will be freed up from the Improvement team to support delivery of the business case in a timely manner. Other members deemed “required” will be co-opted onto a steering group.	Acute care model requirements will delay Improvement Team capacity release
	Time will be prioritised for CQI which could mean other work may need to be deprioritised	The organisation is under pressure and available time to “stop the line” would be difficult to introduce
	Workforce will be stable with substantive staff	Current vacancy position of circa 10% of establishment
	Workforce supply will support backfill to free up staff for CQI	Workforce supply is an issue for some roles within the Trust
Methodology	Will give structure and standardisation	Previous Improvement methodologies used at SWBH over time may cause confusion and scepticism with CQI

	CQI will be data driven	Funding for the Vision for information remains to be approved and the project commenced.
	Current methodologies in place across the Trust will be aligned within the CQI approach	
Adoption	Board members are committed and will be committed to making their own CQI journey	Cynicism due to organisational memory of un-sustained previous attempts
	Marginal gains will be enough to maintain continued support in the first 1-5 years	Loss of focus will cause unsustained delivery
	A transitional support system will be in place to support improvement initiatives whilst the CQI business case is being developed	Staff knowledge and experience of Improvement methodology may risk the sustainable success of projects undertaken during the transition period
Delivery	Introducing CQI will deliver the cultural changes required to improve staff and patient satisfaction and deliver quality, safety and productivity improvements	
Partner Engagement	System partners will be willing to engage with SWBH on the CQI strategy design and will be receptive to how it might inform their own CQI strategies	System partners have different approaches to Improvement methodology and CQI at present
	The zero cost engagement of external organisations, through a soft market testing approach, that helps us to understand what the market has to offer and at what price	

8. QUALITY EXPECTATIONS

Delivery of the Business case will meet the following proposed deadlines:

a. Mandate Sign off by Trust Board — 7th September 2022
b. Brief and option appraisal sign of by Trust Board — 31st March 2023
c. Business Case sign off by Trust Board — 30th July 2023

This project will deliver a business case and supporting documents to the format and standard required by the SWBH Business Investment Group (BIG).

Project management documentation will be delivered using the most appropriate project management software employed within the Trust.

9. OUTLINE BUSINESS CASE

Development of the CQI business case will require some additional financial investment and the prioritisation and redeployment of current workforce capacity within the Trust, which comes at a cost – see section 10 below for details.

The costs incurred in the development of the business case will be demonstrated within the return-on-investment model in the CQI Business case, as set up costs.

It is expected that investment in the resource for this project would show a return on investment in the medium to long term, once CQI is implemented and sustained.

10. RESPONSIBLE AUTHORITY

10.1 PROJECT APPROVAL

The Trust Board will be the authority responsible to agree this project mandate can proceed.

The Trust Executive, on behalf of the Trust Board, will be the authority responsible for authorising budget and resources to deliver this project.

10.2 PROJECT BUDGET

Formal mandate sign off signals a move to gateway 2 and the initiation of the work required to deliver the CQI Brief, as a precursor to the planned CQI business case.

Generation of the Brief requires redeployment of existing staffing and financial resource. The redeployment and financial investment implications are described in Table 1 below.

Resource implications to deliver the business case in gateway 3 are anticipated to be equivalent those required for gateway 2.

Hence, in total it is estimated that an investment of circa £403,000 of redeployed staffing and financial resource will be required to deliver the business case (n.b. this excludes the engagement time of SWBH staff who attend engagement sessions)

Approval for resourcing will be sought in a two staged process, at the time at which the Mandate and the Brief are each signed off by Trust Board. The Executive will manage financial expenditure in year and within the Executive delegated limits to such point as the full business case which may/or may not require Board approval.

Resource requirements for the delivery of gateway 4, the implementation plan, will be determined during the business case development in gateway 3

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Project Stage – Gateway 1 & 2	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Totals
Staff Redeployment Implication (WTE include oncosts of 20%)							
PMO administrator 0.5 WTE	£2,033	£2,033	£2,033	£2,033	£2,033	£2,033	£12,198
Head of Improvement Analytics 0.8 WTE	£5,109	£5,109	£5,109	£5,109	£5,109	£5,109	£30,654
Head of Improvement 0.8 WTE	£7,499	£7,499	£7,499	£7,499	£7,499	£7,499	£44,994
Improvement Team Project Management Resource 2.2 WTE	£11,708	£11,708	£11,708	£11,708	£11,708	£11,708	£11,708
Chief Strategy Officer 0.2 WTE	£2,420	£2,420	£2,420	£2,420	£2,420	£2,420	£14,520
Innovation Resource 0.2 WTE	£1,095	£1,095	£1,095	£1,095	£1,095	£1,095	£6,570
Governance Expert Resource 0.2 WTE	£1,875	£1,875	£1,875	£1,875	£1,875	£1,875	£11,250
Communication Support 0.2WTE	£876	£876	£876	£876	£876	£876	£5,256
Non Recurrent Budget							
Travel (5 WTE) x 1 trip \ month	£500	£500	£500	£500	£500	£500	£3,000
Engagement and Readiness Resources	£500	£500	£500	£500	£500	£500	£3,000
TOTAL	***£33,615***	***£33,615***	***£33,615***	***£33,615***	***£33,615***	***£33,615***	***£201,690***

11. PROPOSED PROJECT EXECUTIVE AND PROJECT MANAGER

11.1 PROJECT EXECUTIVE

Dave Baker, Chief Strategy Officer is the executive responsible for:

- Authorising the cost and resource usage of the CQI Business case project against the project budget
- Reporting on the project progress at Executive level
- Acting as the Executive point of escalation.

11.2 PROJECT MANAGER

Melanie Griffiths, Head of Improvement will act as the CQI Business case project manager and will take responsibility for the day-to-day running of the project, including:

- Chairing the project group

- Activity and resource planning
- Organising and motivating a project team
- Controlling time management
- Cost estimating and developing the budget
- Ensuring customer satisfaction
- Analysing and managing project risk
- Monitoring and reporting progress.

11.3 PROJECT BOARD

The Project Board purpose, in the first six months will be to deliver the CQI brief, and will consist of the following members:

- Project Executive, David Baker, Chief Strategy Officer
- Project Manager, Melanie Griffiths, Head of Improvement
- Governance Lead, Marsha Jones, Deputy Director Governance,
- Innovation Lead, Meggan Jarvis, Head of Innovation
- CQI Faculty Lead, Martin Chadderton, Head of Improvement Analytics

This membership will be reviewed once the Brief has been signed off and the project moves to business case development in Gateway 3

The project board will be responsible for:

- Providing project direction
- Liaising the CQI guiding coalition group to gain operational and clinical advice and guidance
- Authorising project initiation
- Approving stage plans and stage closures
- Approving project closure
- Monitoring progress and providing feedback to the project
- Making key decisions
- Acting as the project escalation point for the project manager
- Acting as a liaison point to corporate and programme management.

12. CUSTOMERS AND USERS

Internal and external stakeholders may be affected by a decision, activity or outcome of this project, they are “customers” of the project.

A high-level stakeholder group, based on current knowledge, has been identified and is described in Table 2.

This project will ensure effective communication and engagement with these stakeholders, throughout the entirety of the project, by means of a full stakeholder analysis and communication plan

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Full Name	Position/Organisation	Interest in the Project
Trust Board	*Internal - SWBH*	*Potential for Improvement to Board Metrics.*
Executive Group	*Internal SWBH*	*Potential to support ongoing and future improvement programmes*
Clinical Leadership	*Internal - SWBH*	*Potential for Improvement to patient care*
Staffside	*Internal - SWBH*	*Potential for Improved staff satisfaction*
Group Senior Leadership Teams	*Internal - SWBH*	*Potential for Improved Group performance and staff retention*
Directorate Teams	*Internal - SWBH*	*Potential for improved patient care and staff retention*
People and OD Management Team	*Internal - SWBH*	*Potential cross over with Leadership Development Programme*
Head of Public and Community Engagement	*Internal - SWBH*	*Need for the patient voice to be heard in the design of CQI*
Head of Patient Experience	*Internal - SWBH*	*Need for the patient voice to be heard in the design of CQI*
Acute Care Provider Collaborative	*External - Integrated Care System*	*Improvement to SWBH performance*
ICB	*Integrated Care System*	*Potential for coordinated and consistent CQI approach across the system*
PLACE Base Partnerships	*Integrated Care System*	*Improvement to SWBH performance and sharing of approach with PLACE Partners*
NHS England	*NHS*	*CQI model to share with other providers*
CQC	*CQC*	*Impact on CQC rating*

13. OTHER INFORMATION / ASSOCIATED DOCUMENTS