

Report Title	Strategic Board Assurance Framework		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Clare Dooley, Head of Corporate Governance		
Meeting	Trust Board	Date	6 th September 2018

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Strategic Board Assurance Framework was reviewed in significant detail by the Chair of the Audit and Risk Management Committee and Director of Governance in a series of meetings, individually, with each SBAF entry Executive lead to scrutinise each risk action plan/status and to closely challenge mitigation and gaps in control for each risk. The SBAF has been updated from the discussions at the challenge meetings (which was provided in detail to the previous Trust Board meeting) and has been provided for scrutiny/discussion at committees of the Board held in August 2018.

The refreshed SBAF is provided to the Trust Board for review, noting BAF the previous SBAF 7 entry in relation to PBR/non-PBR system, volume and complexity risk has now been archived and combined with other entries. Previous SBAF 14 relating to integrated care models has also been superseded by the creation of formal launch of the HLP ICS and is removed. This SBAF seeks to manage all entries through committees of the Board, and not retain 2020 vision risks solely at Board level.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan	x	People Plan & Education Plan	x
Quality Plan	x	Research and Development	x	Estates Plan	x
Financial Plan	x	Digital Plan	x	Other <i>[specify in the paper]</i>	x

3. Previous consideration *[where has this paper been previously discussed?]*

Major Projects Authority, Finance and Investment Committee and Quality and Safety Committee meetings which took place in August 2018.

4. Recommendation(s)

The Trust Board is asked to:

- a. Review and discuss the refreshed 2 year SBAF (2017-2019).
- b. Confirm the schedule of challenge for the balance of 2018-19
- c. Delegate to the chair of Audit of and Risk Management a duty to return at least one SBAF risk to each Board meeting for collective review.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	x	All				
Board Assurance Framework	x	All				
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 HOSPITALS NHS TRUST

Strategic Board Assurance Framework: 2017/19

Progress report as at period ending August 2018

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
TL	BAF1	MPA	Digital Plan	There is a risk that our infrastructure does not support 365 day 24/7 uptime for key systems, resulting in a resort to paper back up, and a loss of confidence by users. This then reduces use and data completeness militating against the quality and efficiency gains we are seeking.	The Trust is revisiting both which systems are 24/7 and how we staff IT OOH. Both plans will be complete in September. For 2019-20 we expect a major shift in provider from in house to out of house. This will be decided by the start of October. Outwith delivering these change plans our controls are:	Weekly milestone monitoring with EG to rebuild confidence	October	A
					1. Implementation of our turnaround plan for IT during Q3 to be tracked by the CLE sub-committee and by a revised Board committee from October	Plan on track but high risk in terms of management capacity and capability	December	A
					2. Revised risk register entry and cyber security assessment with external assurance.	On track	November	A
					3. Implementation of full traceability on systems	Detailed plan outstanding	January	R
					4. Well developed business continuity plans for IT loss, short or long term.	On track but some testing required for gold and silver systems	September	A

					5. A suite of forward monitoring arrangements for the performance and capacity of our systems	Detailed plan outstanding	November	R
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Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
PG	BAF2	Q&S	Safety Plan	There is a risk that we are unable to deliver consistent safety checks inside the first 24 hours because staff turnover and temporary staffing use mean that our wards are not staffed by individuals sufficiently familiar with our 'approach'. This exposes patients to risk of sub optimal care.	<ul style="list-style-type: none"> External comparison Assurance that data can be replicated in Cerner Robust and auditable standards for missed checks <p><u>Actions</u></p> <ol style="list-style-type: none"> Research/review of other Trust systems Gap analysis completed - Work with Cerner EPR team to ensure input data can be replicated and output / outcome reporting in place Implement a monitoring system that provides assurance that missed checks are routinely picked up immediately and, by exception to an agreed deadline both in and out of hours 	<ol style="list-style-type: none"> Outstanding/to be undertaken. Cerner have confirmed that the Unity system will replicate the safety plan (as part of implementation this will be monitored) Group Directors of Nursing monitor/escalate and sign off completion of each missed check. The Group Directors of Nursing hold the Senior Sisters to account. Documenting the process for out of hours is being completed and will be implemented by end of August 2018. Internal Audit will be undertaking a review of the Safety Plan in 2018/19. 	<p>Q2</p> <p>Complete</p> <p>Aug 2018</p>	<p>A</p> <p>G</p> <p>A</p>

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
DC	BAF3	Q&S	Quality Plan	There is a risk that the Trust is unable to reduce amenable mortality to the timescale set out in our plans because we do not identify interventions of sufficient heft to alter outcomes.	<ul style="list-style-type: none"> No quantifiable plan to respond to amenable mortality and track progress. <p>Actions</p> <ol style="list-style-type: none"> Through LfD programme identify all deaths amenable to prevention, and their causes. Continue to pursue improvements of the delivery of preventive care in diagnoses of known preventable mortality, specifically Sepsis, VTE, AMI, Stroke, #NOF, High risk abdominal surgery. Re-launch mortality improvement plans. Track relevant care inputs through GPOs. 	1. 7/12 Medical Examiners appointed and reviewing all cases at Sandwell. Reporting tool developed and plan to extend work to City with further ME recruitment and efficiency changes with current MEs. Feedback of outcome of reviews to Groups to be a priority, while identifying individuals to undertake Structured Judgment Reviews of deaths requiring further review. .	Q4	<div>G</div>
						2. Quality plan relaunched with focus on sepsis and HAVTE initially as part of trust wide quality improvement programme.	Q4	<div>A</div>
						3. Review underway of processes in recording coding and palliative care as well as identifying key patient pathways particularly in weekend admissions where mortality appears higher.	Q4	<div>A</div>
						4. Engagement and monitoring of quality plan and mortality via EQC.	Q4	<div>A</div>

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DC	BAF4	Q&S	Quality Plan	The first-time CQC inspection may deem that BMEC is not fit to continue to provide a safe, high quality care in its current form, particularly to children on an emergency basis, leading to the Trust losing 20% of its outpatient income thus putting at risk the financial viability of SWBH	<ul style="list-style-type: none"> Agreement lacking across whole system in West Midlands in how to provide paediatric eye care <p>Actions</p> <ol style="list-style-type: none"> Previous action to engage with BCH and NHSE Specialised Commissioning to agree solution to deliver a regional paediatric eye on-call rota unsuccessful. Confirm safety of current system with current on-call system and support from anaesthetics. 	<p>Acute care: review of service for paediatric cases undertaken.</p> <ul style="list-style-type: none"> for those patients not requiring admission, acute care provided in A+E/on-call consultant with referral to appropriate clinic after. Plan to develop allergy/conjunctivitis service as this is a large part of work load. Admitted patients to paed ward (D19) with either urgent surgery from on-call team or wait until next day for paed opinion (BMEC or BCH). Anaesthetics from on-call service, under 3 > 1 yr from paed anaesth (10 in trust) or crit care consultant or transfer to BCH and ophth 4th on-call goes to BCH to operate. Same for < 1 year. Cases presenting to BCH out of hours are referred to BMEC for care. <p>Routine care via paediatric, subspecialist or combined clinics. Recruitment to fellow post on-going while looking for substantive consultant (hard to recruit specialty). Support from senior SpR on training rotation</p>	Q4	R

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DMc	BAF5	FIC	Finance Plan	There is a risk that our necessary level of cost reduction plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.	Tracking is via the PMC sub that covers CIP. There remain data issues associated with the procurement part of the non-pay programme (c 10% of yield). Key steps now are:			
					1. Implementation of 19/20 margin plan after approval in October 2018.	On track	Dec 18	A
					2. Implementation of wider business plan programme for 19-20 – which is closeout plan for 2020 vision.	In final draft	Dec 18	A
					3. Backfill for month 12 of 18-19 non recurrent CIP items (£5-8m).	To be developed	Nov 18	A
					4. Astute management of cash position to sustain capital including cashflow and loan options.	Ongoing	Oct 18	A

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DMc	BAF6	Finance Plan	Finance Plan	<p>There is a risk that our necessary level of cash remediation plans are not achieved in full or on time, compromising our ability to invest in essential revenue developments and inter-dependent capital projects.</p> <p><i>[Note that a key assumption underpinning the cash remediation plan is delivery of year on year P&L results to plan and on a re-current, cash backed basis. The risk to that assumption is dealt with discretely at BAF4]</i></p>	<p>The Board agreed a cash remediation plan in 2017-18. The extant plan is no longer visible at Board level, in part because the largest material item has been delivered and in part because of changing financial circumstances.</p> <ol style="list-style-type: none"> 1. A revised cash plan 2018-19 and 2019-20 will be presented to the November Trust Board. 2. FIC will continue to oversee any cash management loan applications in 18-19. 	<p>To be developed under PMC oversight to augment ten point "Waite plan"</p> <p>In situ.</p>	Oct 18	A
							Sept 18	A

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
RG	BAF8	People & OD Committee	People Plan	There is a risk that labour supply does not match our demand for high quality staff, because of low training numbers or overseas options for students, and therefore we are unable to sustain key services at satisfactory staffing levels resulting in poorer outcomes, delayed delivery or service closures.	<ul style="list-style-type: none"> • Non-existence of a future workforce supply model that reflects new roles and ways of working within SWBH, in particular for 3-5 years hence. • No data set within groups, or held corporately, to outline tolerances and tipping points • Lack of regional and national future workforce supply model • Gap in control regarding impact of Brexit on workforce • No influence over Nurse Apprenticeship Standards approval • No influence over international recruitment policy • Lack of workforce plan across the region including retirement and funded education plan from HEE WM. <p>Actions</p> <ol style="list-style-type: none"> 1. Develop internal workforce model to be understood and robust with a “pull” plan behind (training / workforce) linked to strategic priorities 	<ol style="list-style-type: none"> 1. Work has started through the Executive Quality Committee and within Groups through HRBP’s. Dir of P&OD is commissioning additional support to lead this detailed piece of work with groups. 	Q1	A

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	BAF8 Cont/..				<p>2. SBAF to be considered at all People and OD Board Committees</p> <p>3. Develop tracking and solutions for tackling higher than expected turnover/leavers – use LWAB data to support this (STP level)</p> <p>4. Refocus on quality work experience placements (430 per year), (further supports “pull” / bottom up actions)</p> <p>5. Health care overseas professionals – further investment and collaboration in ICS</p> <p>6. Workforce planning aligned to required establishment positions (and risks) – Groups to know where efforts are required</p>	<p>2. June People and OD committee considered the SBAF in detail</p> <p>3. LWAB workstream on data in the region has been set up, led by Lisa Maxfield from SWB CCG. Work completed on Levy numbers and usage in the STP.</p> <p>4. Included in Education Plan refresh and in workplan for L&D team for Q3 and Q4</p> <p>5. Investment sought to expand work with HOP, including links with Health and Social Care and all partners in STP.</p>	<p>Q1</p> <p>Q2</p> <p>Q3</p> <p>Q2</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p>

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
RG	BAF9	People & OD Committee	Education Learning & Development Plan	There is a risk that we do not invest precisely enough to improve sufficiently the skill base of our staff and as a result our altering staffing levels may not be appropriate for the care we are trying to provide.	<ul style="list-style-type: none"> £3M of training spend (apprenticeship levy) available but not secured or being used to full advantage. – TNA has previously not been linked up to forward plan changes to workforce model (e.g. replace Consultants with alternative clinicians) – Group submissions on Need to understand workforce plan for Community (linked to BAF 8) and ensure educational funding is allocated Technology and innovation developments need to feed into TNAs to factor in staff training requirements Gap in control in understanding of doctors study leave regulations Lack of approach in nursing roles to Integrated care (linked to Universities curriculum planning stage) <p>Actions:</p> <ol style="list-style-type: none"> Develop a clear plan for achieving 2.3% of workforce undertaking apprenticeships. Linked to income and draw down of levy 	<ol style="list-style-type: none"> Clinical groups have been engaged in TNA through the group reviews. Director of OD has written to all consultant colleagues outlining the new process for training spend. Consideration is being given to allocating training money to corporate priorities (e.g. ED and critical care) before the allocation of training monies for 2018/19. 	Q1	A

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	BAF9 Cont/..				2) TNA should include strategic priorities this year which will inform the plan towards allocating the 18/19 budget to Groups (by priority which have been validated by Chief Exec)	2. SWBH is taking part in STP wide planning group to ensure that the design and implementation of new roles is fully embedded within the Trust. This is inclusive of nursing associates and nursing degree apprentice roles.	Q1	A
					3) CESR development programme in ED to be agreed and funded for 18/19	3. TNA for 18/19 includes strategic priorities linked to future workforce plan. Including ED, critical care, IT development and equality and diversity	Q1	A
					4) Allocate specific funding in 18/19 for technological requirements and consider for future workforce plan	4. Apprenticeships will reach target in November 2018 of 2.3%	Q3	A
					5) Medical Director and Director of P&OD to make doctor study leave requirements clear	5. Applying pressure where possible on launch of nursing apprenticeship	Q2	A
					6) Chief Nurse to work with Universities on influencing curriculum to be inclusive of integrated care	6. Encouraging our staff to undertake apprenticeships. Approx 200k requested from levy in 18/19 TNA	Q2	A

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
RB	BAF10	MPA	Estates Plan	<p>There is a risk that we are unable to sustain services on 2 sites until 2022 without service reconfiguration or investment non retained estate. This would compromise our ability to deliver seven day multi professional services because locational alignment is not achieved concurrently.</p> <p><u>NOTE DRAFT REVISED RISK STATEMENT</u></p>	<p>Controls / governance</p> <ul style="list-style-type: none"> Quality sustainability committee (QSC) in place with aim to recommend reconfiguration by end September Risk assessment based on workforce triggers completed and tracked through QSC. Estates development committee in place and oversees estates plan. Currently assessing non retained estate risks given 2022 timeframe. <p>Gap in control / assurance</p> <ul style="list-style-type: none"> Need to agree MPA will have Midland Met and reconfiguration / sustainability reporting into it Agree in revised governance if Urgent care board or QSC will be delivery group for reconfiguration Complete risk assessment on 7 day standard compliance – through UC Board in Q3. Need to identify project support for this work. 	QSC meeting fortnightly and on track to complete reconfiguration proposal by end October.		
						KPIs to be reported monthly to QSC.		
						Work on track.		
						MPA structure to be revised to accommodate focus on Midland Met.	Q3	G
							Q3	G
						Work in progress.	Q3	G

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TL	BAF11	MPA	Estates Plan	There is a risk that confusion over the governance of key decisions in West Birmingham compromises the redesign of services on a 'Midland Met' footprint resulting in operational dysfunction of the opening of the New Hospital.	<p>The existing controls are through routine discussions which are then reported back into the Trust structure primarily via PMC, CLE, MPA and private Board. The HLP ICS is the main operating vehicle in 2018-19 to manage this position. The SWB system is, in effect, represented on the WB JCC and BSol STP through the SWBCCG AO.</p> <ol style="list-style-type: none"> 1. There remains commissioning responsibility confusion about western Birmingham residents. Shared governance through the JCC is in place. 19-20 commissioning intentions will "test" these arrangements. 2. The Trust is insufficiently descriptive or in quantified terms clear about the dependencies and actions required to ensure success. 	<p>The delay on Midland Met has paused or slowed some actions required. These are now being re-energised in preparation for the revised Midland Met Outline Business Case.</p> <p>Trust to review commissioning intentions and establish in November's Board meeting whether proposals are consistent with our direction of travel.</p> <p>The Trust will establish a mechanism to review and scrutinize all JCC and STP papers.</p> <p>BSol STP have been invited to join HLP ICS.</p> <p>Trust team to develop the "Midland Met population" storyline – needs and solutions.</p>	<p>Nov</p> <p>September</p> <p>September</p> <p>October</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p>

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DC	BAF12	Q&S	R&D Plan	There is a risk that we are unable to achieve our qualitative and quantitative goals for research because we do not broaden the specialties that are research active , principally because we are unable to recruit personnel with the time and inclination for research.	<ul style="list-style-type: none"> No explicit recruitment strategy for clinicians with a research interest <p>Actions</p> <ol style="list-style-type: none"> Identify at least two new research active specialties for each year of the R&D plan – CCS and T&O year Manage the growth of R&D activity through group PMO R&D Plans Have an active medical recruitment strategy that favours new consultants with a research interest and track record. 	1. Comparative with other Trusts in the region shows good recruitment to trials and at planned trajectory for Trust recruitment targets. Focus on non-doctors to be involved in research both as PIs but also in recruitment and secondment into research nurse posts. New areas for research brought on board 2017 are Critical Care and orthopaedics.	-	G
						2. R&D committee reviews Group involvement with use of standardised proforma to reflect R&D plan and reports will be fed through Q&S committee.	-	G
						3. As part of the AAC recruitment process a university representative is invited onto the interview panel for recruitment. Research and teaching subjects are both covered in the questions as part of this process. Recruitment to vacant senior post to be actively pursued. Oncology study recruitment restricted due to change in service and risks around this reviewed frequently.	-	G

Exec Lead	Risk Ref	Committee Oversight	Source	Strategic Risk Statement	Gaps in control or assurance and planned actions	Progress report against each action	Deadline	Status
TL (from Oct RG)	BAF13	Public Health, Community Development & Equality Committee	Public Health Plan	There is a risk that we do not deliver improved mental health and wellbeing across our workforce because our interventions do not work or are poorly targeted, or because the drivers of ill health grow through organisational and societal change and churn.	<p>The Board has accepted the hypothesis that more of our sickness absence has a mental health root than is shown by formal data selection. A programme of support has been purchased and a pilot of stress assessment put into place. The gaps are:</p> <ul style="list-style-type: none"> • Incomplete or otherwise inaccurate data • Out of policy deployment or under deployment of assessments • Poor compliance or attendance with treatment • Inadequate access to treatment 	<p>Through presentations to the Board since April we have agreed a series of actions to be reported back in eight weeks' time (November Board). These include:</p> <ol style="list-style-type: none"> 1. Openness campaign to increase acceptability of reporting. 2. Changes to the stress reporting tool and system. 3. Introduction of wemind brand and campaign. 4. Pilot to consider co-opted or compulsory assessment on a preventative basis 	<p>October</p> <p>August</p> <p>September</p> <p>August</p>	<p>G</p> <p>G</p> <p>G</p> <p>G</p>

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RB	BAF15	Trust Board	2020 Vision	There is a risk that difficulties in recruiting and retaining local GPs leads to unwarranted variation in patterns of care resulting in excess secondary care demand .	We are anticipating some service level growth to support production plan through increased referrals. This plan will be defined in Q3.	Work commenced against time lined plan.	Q3	G
					The Integrated Care System is forming – how will impact on referrals and patient pathways to affect this BAF item needs to be determined ??in what time frame.		TBC	G
					Primary care provider to provider relationships are forming with contracts established in 2018. Later in 2018 a forward look on workforce with activity should be completed.		Q3	G
					This BAF risk needs to better align with BAF 8 long term workforce planning.		TBC	G
					Single point of access not effective. Establish single point of access in Q3.	Project team formed to deliver in Q3. CCG commissioning intentions not clear.	Q4	G

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TL (from October RB)	BAF16	Trust Board (now quality and safety committee)	2020 Vision	Collapse in local care home provision arising from commercial pressures and immigration policy increases SWBH admissions and reduces patterns of discharge creating pressure on acute hospital beds .	<p>Care home provision, especially in Sandwell, remains constrained. The LA are investing to create additional capacity for 2019-2020. In both boroughs a significant number of care home residents are admitted to hospital, many avoidably. Return discharge can be challenging to achieve, certainly in a timely manner. The Trust has invested to create teams to support care homes better. Our control gaps are:</p> <ol style="list-style-type: none"> 1. We do not see a routine data feed or analysis on care home admissions and from which homes. 2. We do not yet map our services to highest risk individuals or homes. 3. We do not yet have commissioned all necessary services to support each home. <p>We have created a project team inside the Trust to seek to address these issues and are active in the BCF group in Sandwell with the same aim.</p>	<p>Creation of a routine data set is in train.</p> <p>Mapping has been completed but will be refreshed as the dataset is tracked.</p> <p>We are working with primary care home partners to seek to agree the suite of support needed and to persuade the A&E delivery board to fund that.</p>	<p>October</p> <p>October</p> <p>December</p>	<p>G</p> <p>G</p> <p>G</p>
Status								
G		Action completed						
A		Action on track to be delivered by the agreed date						
R		Action off track and revised date set						

V6 – August 2018