

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Strategic Board Assurance Framework: 2017/19

Progress report as at period ending February 2019

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	DMPA	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.	<p>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:</p> <ol style="list-style-type: none"> 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 2. Revised risk register entry and cyber security assessment with external assurance. 3. Implementation of full traceability on systems 4. Well developed business continuity plans for IT loss, short or long term. 	<ol style="list-style-type: none"> 1. Plan behind and impacted by HCSN. Recovery anticipated by May 2019. 	December (now May)	R
						<ol style="list-style-type: none"> 2. On track 	March	A
						<ol style="list-style-type: none"> 3. Detailed plan outstanding. Now due mid-March 	January (now March)	R
						<ol style="list-style-type: none"> 4. On track but some testing required for gold and silver systems 	December	A

					5. A suite of forward monitoring arrangements for the performance and capacity of our systems	5. Detailed plan STILL outstanding	November (now April)	R
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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>Actions</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>

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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. 	<ol style="list-style-type: none"> 10/12 Medical Examiners appointed and reviewing all cases at Sandwell and some at City. ~80% cases reviewed by ME now.. Process for providing feedback from LfD committee to Groups under development and individuals to undertake Structured Judgment Reviews of deaths requiring further review to be done through specialty mortality leads. . 	Q4	G
					<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> Quality plan relaunched with focus on sepsis and HAVTE initially as part of trust wide quality improvement programme. Data on MI, CVA and #NOF reviewed with QI projects identified but no immediate concerns 	Q4	A
					<ol style="list-style-type: none"> Re-launch mortality improvement plans. 	<ol style="list-style-type: none"> 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	A
					<ol style="list-style-type: none"> Track relevant care inputs through GPOs. 	<ol style="list-style-type: none"> Engagement and monitoring of quality plan and mortality via EQC. 	Q4	A

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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.	<p>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:</p> <ol style="list-style-type: none"> 1. Implementation of 19/20 margin plan. 2. Implementation of wider business plan programme for 19-20 – which is closeout plan for 2020 vision. 3. Backfill for month 12 of 18-19 non recurrent CIP items (£5-8m). 4. Astute management of cash position to sustain capital including cashflow and loan options. 	On track	Mar 19	A
						In final draft	Mar 19	A
						In development	Mar 19	A
						Ongoing	Achieved for 1819	G

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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>Complete</p> <p>Revenue loan requirement not required in 1819. Cash and capital update to FIC end March and April Board for 1920.</p>	<p>Jan 19</p> <p>Ongoing</p>	<p>G</p> <p>A</p>

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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 	<p>OD Transformation role developed and advertised. Interviews on 18th March. Will lead workforce supply model development with groups.</p> <p>Workforce Safeguards Assessments made by executive team and discussed at Trust Board in Feb 19.</p> <p>Brexit Workforce Impacts assessed and mitigated as far as possible. Considered low risk.</p> <p>Chief Nurse has secured role on Curriculum Board at University of Wolverhampton, to influence workforce plan and development</p>	Q4	A

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					behind (training / workforce) linked to strategic priorities			
	BAF8 Cont/..				<ol style="list-style-type: none"> 2. SBAF to be considered at all People and OD Board Committees 3. Develop tracking and solutions for tackling higher than expected turnover/leavers – use LWAB data to support this (STP level) 4. Refocus on quality work experience placements (430 per year), (further supports “pull” / bottom up actions) 5. Health care overseas professionals – further investment and collaboration in ICS 6. Workforce planning aligned to required establishment positions (and risks) – Groups to know where efforts are required 	<ol style="list-style-type: none"> 1. June People and OD committee considered the SBAF in detail 2. 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. 3. Included in Education Plan refresh and in workplan for L&D team 4. Investment secured from Local Workforce Action Board in HOP programme. Meetings with other key stakeholders in progress.. 	<p>Q1</p> <p>Q2</p> <p>Q3</p> <p>Q2</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p>

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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> <p>1) Develop a clear plan for achieving 2.3% of workforce undertaking apprenticeships. Linked to income and draw down of levy</p>	<p>Apprenticeship levy 2.3% of workforce met in November 2018</p> <p>Additional funding (£400k) identified for training budget 2019/20</p> <p>Training Needs Analysis has been brought forward to align with the PDR cycle. For 2019/20</p> <p>Artificial intelligence conversations started from Imaging and through CLE and the Trust Board with key clinical leaders</p> <p>Nursing Education and Corporate L&D working very closely together, which has never occurred before</p>	Q1	A

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	BAF9 Cont/..				<p>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)</p> <p>3) CESR development programme in ED to be agreed and funded for 18/19</p> <p>4) Allocate specific funding in 18/19 for technological requirements and consider for future workforce plan</p> <p>5) Medical Director and Director of P&OD to make doctor study leave requirements clear</p> <p>6) Chief Nurse to work with Universities on influencing</p>	<p>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.</p> <p>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.</p> <p>3. TNA for 18/19 includes strategic priorities linked to future workforce plan. Including ED, critical care, IT development and equality and diversity</p> <p>4. Apprenticeships will reach target in November 2018 of 2.3%</p> <p>5. Applying pressure where possible on launch of nursing apprenticeship</p> <p>6. Encouraging our staff to undertake apprenticeships. Approx 200k requested from levy in 18/19 TNA</p>	<p>Q1</p> <p>Q1</p> <p>Q3</p> <p>Q2</p> <p>Q2</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>

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					curriculum to be inclusive of integrated care			

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RB	BAF10	MPA	Estates Plan	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.	Controls / governance <ul style="list-style-type: none"> Quality sustainability committee (QSC) in place with aim to recommend reconfiguration by end of September Risk assessment based on workforce triggers completed and tracked through QSC. Estates development committee in place and oversees estates plan. Estates MPA has Board oversight of plan. 7 day standard governance and oversight of compliance delivered through Urgent Care Board and overseen by the Quality and Safety Committee. <p>Survey scheduled in Q1.</p> Gap in control / assurance <ul style="list-style-type: none"> Agree in revised governance if Urgent care board or QSC will be delivery group for reconfiguration Complete moderate to long term workforce model for rotas with sustained gaps – through UC Board in Q3. Potential resource gap to deliver Midland Met and reconfiguration – assessment 	<p>QSC programme continues with focus on reconfiguration of respiratory and paediatric services to be concluded in March 2019.</p> <p>KPIs to be reported monthly to QSC.</p> <p>QSC and EMPA remains in place</p> <p>7 day service assessment completed and board assurance framework completed in February.</p> <p>Medical workforce development and recruitment plan in train and on track</p>	Q3 2018 revised to Q4	A
						Q4	A	
						Q4	A	
						Q1 2019	A	
						Q4	A	
Q3	G							

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					<p>tbc in September.</p> <ul style="list-style-type: none"> Once reconfiguration and workforce plans have been determined in Q3, review forward delivery and actions related to this BAF item. 		Q4	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>As reported in the Board, the CCG are presently engaging on future structure. There is an agreed contracting plan for 2019-20. But there remains misaligned expectations between commissioning parties for the mid term.</p> <p>The organization is clear what is needed to deliver the Midland Met plan but has presentational work to do to share this with BSol leaders during April 2019</p>		<p>A</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. 	<ol style="list-style-type: none"> 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 2018 are paediatrics with appointment of research nurse 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. 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
							-	G
							-	G

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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 	<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>complete</p> <p>complete</p> <p>complete</p> <p>June 2019</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.	Production plan for 2018-19 on track and demonstrating ability to deliver more patient activity, maintain or improve wait times and reduce waiting list size. 2019-20 production plan designed. Recruitment in progress. On track for 2019/20 delivery	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.	Primary care referral plan determined and will be tracked as part of the production plan integrated data set	Q4	A
					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.	Completed and linked to above update	Q4	A
					Single point of access not effective. Establish single point of access in Q3.	Contract awarded for local GP practices to SWBH	Q3	
					SPA live. Dashboard in place. GP practice x 4 that under refer are identified and work to increase use of SPA in train.	Q4	A	

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RB	BAF16	Trust Board (now quality and safety committee)	2020 Vision	<p>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>	<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>Nursing home ED attendance avoidance project initial results for top 10 nursing homes are promising in the main with up to 25% reduction in attendances. Proposal to scale up across all homes to be completed by end March.</p> <p>Working with mental health provider Trusts to review workforce in community beds to support care of patients with mental health needs on a discharge pathway to nursing</p>	<p>April</p> <p>October</p> <p>March</p> <p>April</p>	<p>G</p> <p>G</p> <p>A</p> <p>A</p>

						homes. Agree workforce plan for end April		
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