Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Strategic Board Assurance Framework (SBAF): Route to adequate		
Sponsoring Executive	Kam Dhami, Director of Governance		
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Meeting	Public Trust Board	Date	5th December 2019

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

The SBAF was reviewed by the Board on 3rd October 2019 where it was agreed that there should be a concerted effort to achieve an adequate rating for assurance (as distinct from delivery) in January for all or the majority of items.

This paper sets out progress and identifies an expectation the following areas will remain below adequate in February.

The Board is asked discuss the proposed plans to achieve adequate assurance and test their robustness.

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

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

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

Not previously considered but linked to SBAF report.

3. Recommendation(s)

The Board is asked to:

a.	CONSIDER and CONFIRM the proposed steps to achieve adequate assurance
b.	NOTE that there is no proposed route to adequate assurance in specified areas

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

Trust Risk Register		Various					
Board Assurance Framework		SBAF 2, 3, 4, 5, 7, 8, 10, 11, 12, 16, 17, 18					
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

Report to Public Trust Board: 5 December 2019

Strategic Board Assurance Framework (SBAF): Route to Adequate

1.   Introduction

1.1   The Board receives quarterly updates on the management of the SBAF risks. This paper provides a plan and a route to bring the assurance levels of all future risks to a level of "Adequate" by January 2020. The plans for raising the assurance levels will go to the responsible Board Committees for in depth discussion and monitoring.

1.2   The SBAF risks focused on in this paper are those currently at a "Limited" level of assurance, namely SBAF 2, 3, 4, 5, 7, 8, 10, 11, 12, 16, 17 and 18.

Of these the following can achieve improved assurance:

- All except 10, where continued lack of clarity about funding models for future years will sustain until year end. Some concern remains about 11, and this will be reviewed in detail at POD on December 17th.

Of these the following can do so by January:

- 4, 5, 7, 16 and 17

SBAF 2: Collapse of local care home market

1.3   The assurance level is presently assessed as "Limited" due to lack of clarity in the blocks to nursing home admissions within the West Birmingham area. The assurance level can be improved with the following measures:

- Understanding nursing home capacity and barriers to accepting patients on a daily basis.
- Exploring direct access options with the possibility of wrap around support to achieve increased access to beds.
- Analysis of DTOC numbers with BCC to determine if they include patients who are unable to be discharged due to a lack of housing.

We would expect that this information will take until March 2020 to collate with partners.

SBAF 3: GP retention/recruitment

1.4   The assurance level is presently assessed as "Limited" due to the lack of information about GP recruitment and retention numbers. This information has recently been received from the CCG. A workshop in January 2020 will map out the workforce plan, partnership and joint working status and the retention strategy in a heat map. This will be considered with a view to the associated plans proving a revised assurance status in February 2020 which is anticipated to provide adequate assurance.

SBAF 4: Failure of vulnerable services

1.5   Work is underway to define what constitutes a vulnerable service for SWBH in terms of staffing metrics, waiting list and other relevant data. Once defined, vulnerable services within SWB will be identified and individual service plans will be created to prevent the service deteriorating further. Plans will include identifying innovative ways of working including technological opportunities and driving the identification of vulnerable services across the Black Country STP. This work will be completed by December 2019 with a view to adequate assurance being provided by January 2020.

SBAF 5: **we**learn implementation

1.6   The **we**learn programme represents a significant piece of work. Its success will be measured by, for example, a reduction in repeat incidents and complaints, visible organisation-wide shared learning, and the achievement of a "Good" CQC rating.

1.7   The absence of a data set that covers the various elements of the **we**learn programme is a current gap in control that when addressed will provide the Quality and Safety Committee with greater assurance that the programme is progressing as intended.

1.8   The programme will take time to embed within the Trust and produce results but an assurance level of adequate is achievable by January 2020.

SBAF 7: Partners signing to ICP vision

1.9   Over the last year 2 years the Trust has facilitated sessions across alliance partners to agree initial focus areas (4 in Sandwell and 2 in Ladywood and Perry Barr) to deliver improvement trajectories in response to the Outcomes Framework developed by the CCG.

1.10   These focus areas and their trajectories are captured in evolving response plans which are now at the point where clinically led groups from across the system use data sets

and an understanding of the current and potential services available to develop strategies for how they will shift the dial.

There is also a commitment to six deliverables by March 2020. These are:
- Increased detail around governance (before Christmas);
- Conclusions around risk and capitated budgets (before Christmas);
- Key findings from baseline mapping and data (before Christmas);
- Formation of the other groups in the architecture (before end of March 2020);
- Detailed action plans to deliver the outcomes (before end of March 2020);
- Initial plans as to how all National organisational metrics will be overseen by the Alliance to sit alongside a fully capitated budget (before end of March 2020);

A Programme Director was appointed in November 2019 to oversee these deliverables and some other responsibilities including the development of an organisational development (OD) programme.

<u>SBAF 8: Digital plan gap</u>

1.11   The Digital Plan is essential to describe how the organisation will utilise Information Technology over the coming years to both transform our services and support integrated care across Sandwell and West Birmingham.

1.12   In October 2019, the CIO presented the Digital Ambitions plan to CLE. This was subsequently presented to the private board in November 2019, with the aim of describing how we shall create a Digital Plan for all. Both CLE and the Board commented that the Digital Ambitions plan must include input from our stakeholders including our staff, patients, primary care colleagues, stakeholder organisations and industry tech leaders within the NHS. Additionally, it should also consider local clinical/business strategies and national guidance.

1.13   The timetable has been reviewed by DMPA and will be monitored by Digital Committee and DMPA on a monthly basis. However, this will not improve assurance until a document in draft is available later in February.

<u>SBAF 11: Labour supply</u>

1.14   The risk has been reviewed to ensure that key data is reviewed and actioned through the assurance process. In addition, the following work has already been identified as required and is underway:
- Market review so that there is sufficient knowledge of internal pressures and external competitors and their impact on our employment offer.

- Market analysis of the attractiveness of SWB as a place to work for different professional groups and the senior operational workforce (risk of retirement profile).
- Forward look of what the workforce will look like in 5/10 years' time.

The above actions are timetabled to be complete by December 2019. Once in place, they might provide adequate assurance of the effectiveness of the controls/assurance process for the risk.

SBAF 12: Staff development time

1.15   As with SBAF 11, a review process has taken place to ensure that key data is reviewed and actioned through the monitoring process. In addition, the following work has already been identified as required and is underway:
- Analysis of return on investment data in training spend and how it contributes to organisational effectiveness/rostering improvements.
- Analysis of whether the focus on UNITY is creating pressure points in other developmental areas.
- An equality assessment to ensure equality of access to learning and development.
- A PDR analysis of highly talented individuals.

The above actions are also timetabled to be complete by December 2019. Once in place, they might provide adequate assurance of the effectiveness of the controls/assurance process for the risk.

SBAF 16: Unreliable Informatics structure

1.16   The infrastructure and IT service provision needs to be fit for purpose to allow the Trust to realise its digital ambitions. It is essential the IT Management have the skills and experience available at their disposal to resolve any issues as they arise and implement new digital services to support transformation. In addition we must have known business owners of the systems we use to ensure they are embedded into how the organisation operates. The timetable detailing the activity and objectives has been reviewed by DMPA and will be monitored by Digital Committee and DMPA on a monthly basis.

SBAF 17: Unity

1.17   Unity implementation is complete and the controls have been revised for review by DMPA. Adequate assurance should be obtainable by December 2019 once the optimisation data becomes available which allows for an improvement trajectory to be identified. An optimisation plan for ED and Out Patients will be identified by December 2019 Digital Committee.

1.18   SBAF 18 – Commissioning changes

This risk relates to boundary issues and purchasing models. Beyond leverage there is little that can be done to reduce risk. A quantification of the impact of change is included in the Final Business Case for Midland Met. It is envisaged that "Limited" assurance will remain through Q4.

2.   Recommendations

2.1   There are presently two SBAF risks rated as red (high). These are SBAF 10: NHS payment methods preventing ICS working and SBAF 17: Unity.   SBAF 10 is under review by the interim Director of Finance and is anticipated to reduce to its target score by March 2020. The controls for SBAF 17 have been updated in light of Unity going live. The goal is for both risks to reduce in risk score to medium (amber) by January 2020. If that is not achievable then the Board will be asked to consider whether it wishes to tolerate the continued level of risk, and what further mitigation could be put in place by the Executive Leads to achieve a risk reduction.

2.2   The Board is asked to consider the route to adequate for all of the risks and recommend that the plans are examined further at the relevant Board committees.

3. The Board is asked to:

- **CONSIDER** and **CONFIRM** the proposed steps to achieve adequate assurance
- **NOTE** that there is no proposed route to adequate assurance in specified areas

Barbara Anthony
Interim Head of Corporate Governance

28 November 2019