

Report Title:	Strategy Accountabilities Report		
Sponsoring Executive:	Dave Baker		
Report Author:	Meggan Jarvis/Dave Baker		
Meeting:	Public Trust Board	Date	6th April 2022

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

To embed our new strategy into the fabric of the organisation, this paper sets out the accountability structures of the Board Committees.

Each committee has been allocated the relevant Board Level Metrics for each domain.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective 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

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

Q&S, Integration Committee and FIP March 2022

4. Recommendation(s)

The Trust Board is asked to:

- a. AGREE** the proposal to support the development of new Terms of Reference in the Committees and Forward Planners with alignment to the Trust Strategy, the Board Level Metrics and where applicable the further CQC supporting documents.

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

Trust Risk Register						
Board Assurance Framework						
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

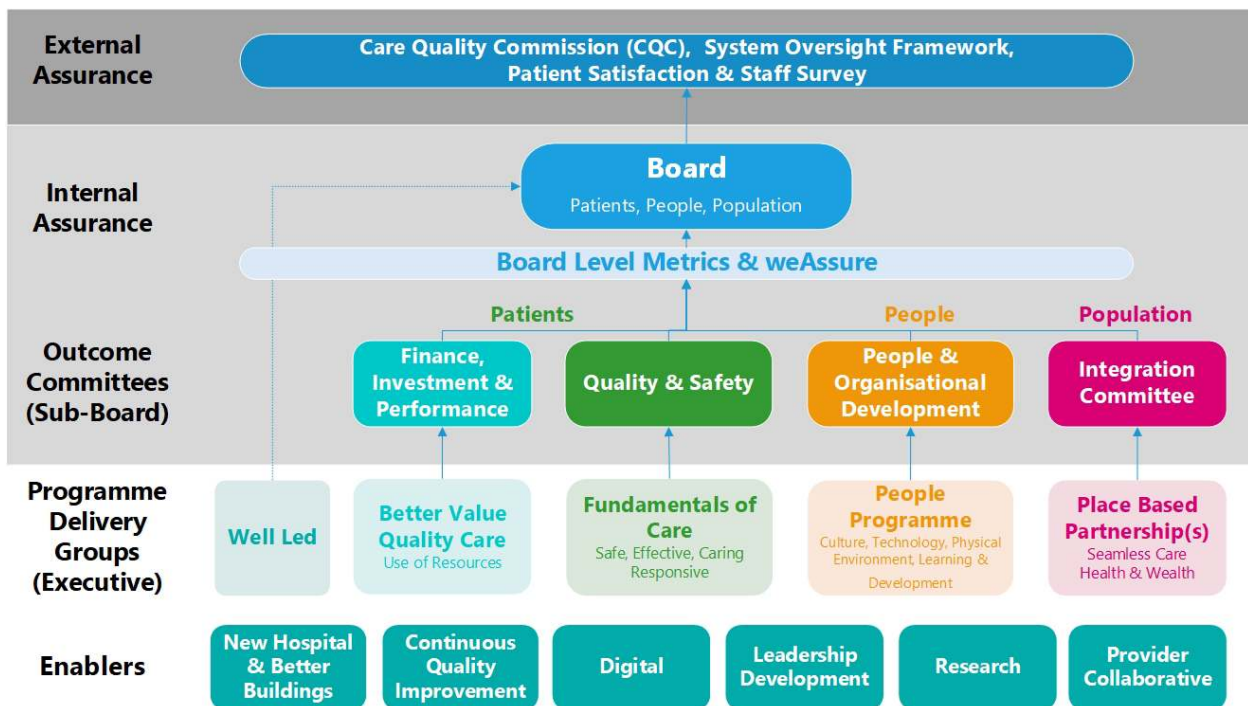
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board 6th April 2022

Strategy Accountabilities Report

1 Introduction

- 1.1 Our Five Year Strategy was approved in Public Board in February 2022. The Strategy set out our Purpose, Vision, Strategic Objectives, enablers and Board Level Metrics that will form our focus for the next five years.
- 1.2 Approving the Strategy, it was agreed to set out the underpinning accountabilities so that we can embed the strategy into the fabric of the organisation, and be assured that we are working towards its delivery. The strategy included a governance overview, demonstrating the alignment of committees to strategic objectives, shown below. This paper now sets out the detail against this governance structure.



2 Board

- 2.1 The Board will hold our Board Level Metrics and the ultimate accountability for delivery of the strategy. The Board will be accountable for delivery of our key external assurance mechanisms: our CQC rating; our ranking in the System Oversight Framework (SOF) as a Trust; our results of the NHS Staff Survey; and our results of the Friends and Family Test as an indicator of patient experience.

3. Strategic Objectives

- 3.1 Board Level Metrics have been agreed for our Patient and our People strategic objectives. The Population measures are in development through the Integration Committee.
- 3.2 The accountabilities are as follows:
 - Well Led sits directly with the Board. Progress against its 8 domains report directly up from an Executive led Well-led Group.
 - “Use of Resources” and “Responsiveness” sits with the Finance, Investment and Performance Committee. This is a slight change to the governance overview set out in the strategy where responsiveness was part of the Fundamentals of Care and thus Quality and Safety Committee. It has arisen by the addition of “Performance” to the Finance and Investment Committee to create the Finance, Investment and Performance Committee. Progress will be reported from the Executive led Performance Management Committee which will cover “Use of resources and Performance” at its core.
 - The domains of “Safe”, “Caring” and “Effective” sit with the Quality and Safety Committee. Progress will be reported from the emerging, Executive led Fundamentals of Care programme.
 - People and Organisational Development (POD) sits with POD Committee. Progress will be reported from the People Programme.
 - Progress against Seamless Care/Placed Based Partnership and Health and Wealth sits with the Integration Committee. A set of measures is being developed by the Placed Based Partnership(s). These will be signed off by the Place Based Board. Once this is done the Trust can look to integrate them in whole or part into our Board Level Metrics. At this point the Trust may wish to rationalise some of its current Board Level Metrics so that we retain a number less than or equal to 24 overall.

4. Well-Led

4.1 The Key Lines of Enquiry for Well-Led are shown below:

<p>1 Is there the leadership capacity and capability to deliver high quality, sustainable care?</p>	<p>2 Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?</p>	<p>3 Is there a culture of high quality, sustainable care?</p>
<p>4 Are there clear responsibilities, roles and systems of accountability to support good governance and management?</p>	<p>Are services well led?</p>	<p>5 Are there clear and effective processes for managing risks, issues and performance?</p>
<p>6 Is appropriate and accurate information being effectively processed, challenged and acted on?</p>	<p>7 Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?</p>	<p>8 Are there robust systems and processes for learning, continuous improvement and innovation?</p>

4.2 These domains will be monitored using a self-assessment tool. Progress against plans to improve each of the 8 domains will be supported by one Board level metric around risk mitigations.

5 Use of Resources

5.1 **Finance, Investment & Performance Committee** will gain assurance for the delivery and improvement of the Board Level Metrics for Use of Resources and Responsive. These are:

Committee	Domain	Metrics
Finance, Investment & Performance Committee	Use of Resources	Better Practice Performance Compliance Income and Expenditure Performance Performance Against Better Value Quality Care Plan Underlying Deficit
	Responsive	Emergency Care – 4 hour wait Emergency Care Attendances Cancer 62 Day RTT Incomplete Pathway (18 weeks) Urgent Community Response (2 hour)

5.2 The delivery and improvement of these metrics will be through the Better Value Quality Care Programme and executive assurance structures. This will include oversight of the Use of Resources metrics set out by the Care Quality Commission shown in the table below.

Domain	Definition	Key Metrics
Clinical Services	How well the Trust is using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?	Pre-procedure non-elective bed days Pre-procedure elective bed days Emergency readmissions (30 days) Did not attend (DNA) rates
People	How well is the Trust using its workforce to maximise patient benefit and provide high quality care?	Staff retention rate Sickness absence rate Pay cost per weighted activity unit (WAU) Doctors cost per WAU Nurses cost per WAU Allied Health Professionals cost per WAU (community adjusted)
Clinical Support Services	How effectively is the Trust using its clinical support services to deliver high quality, sustainable services for patients?	Top 10 medicines – percentage delivery of savings target Overall cost per test
Corporate Services	How effectively is the Trust managing	Non pay cost per WAU

	its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?	Finance cost per £100m turnover Human Resources cost per £100m turnover Procurement process efficiency and price performance score Estates cost per square metre
Finance	How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients? This incorporates five key measures around: capital service liquidity; liquidity; income and expenditure margin; distance from financial plan and agency spend	Capital service capacity Liquidity (days) Income and Expenditure margin Distance from financial plan Agency spend

6 Quality & Safety Committee

- 6.1 Will gain assurance of the delivery and improvement of the Patient strategic objective, specifically the Board Level Metrics for Safe, Caring and Effective as part of the Fundamentals of Care programme. These are shown in the table below.

Committee	Domain	Metrics
Quality & Safety Committee	Safe	HSMR and SHMI C-difficile and E-coli MRSA Screening - Elective, MRSA Screening - Non Elective Sepsis treated with 1 hour (as a % of screened positive) Serious incidents Patient safety incidents Patient Safety Severe Incidents Safe Staffing (Doctors) Safe Staffing (Nurses and HCA)
	Caring	Friends & Family Test (FFT) Recommended% and Responded% Perfect Ward – Average Score, Perfect Ward – Number of Inspections
	Effective	Readmissions within 30 Days Rate per 1000 Bed Days, Same Day Emergency Care (SDEC) delivered

- 6.2 We have left PREMS/Proms out of these metrics for now whilst they are under review with the intent of them being removed. As previously mentioned the responsiveness metrics have been moved to fall under the scope of the Finance, Investment and Performance Committee.

7. People & Organisational Development (POD) Committee

- 7.1 Will be accountable for delivery and improvement of the People strategic objective. Board Level Metrics. These are: Staff Satisfaction/Experience (Staff Survey); Staff Turnover; and Staff Sickness.
- 7.2 In addition, a further set of metrics is under development for POD Committee which will consider the 4 key areas of focus: culture, technology, physical environment, and learning and development.

Committee	Domain	Metrics
POD	Culture	Staff and Pulse survey (Board Level Metric) Staff Turnover Staff Sickness <i>Example – to be explored and agreed:</i> Freedom to Speak Up contacts
	Technology	<i>Example – to be explored and agreed:</i> Service desk requests and turnaround time Pulse question
	Environment	<i>Example – to be explored and agreed:</i> Lead time from approval of estates request to completion Pulse question – would you be proud to bring a friend or relative to your work area?
	Learning & Development	<i>Example – to be explored and agreed:</i> % staff who have undertaken non mandatory training Pulse question

- 7.3 The delivery and improvement of these metrics will be through the People Plan delivery, supported by executive oversight of the Digital strategy and the Estates Development Group.

8. The Integration Committee

- 8.1 Will be accountable for the Seamless Care and Health and Wealth aspects of the Population strategic objective.
- 8.2 Different types of Place Based Board Level Metrics are currently in production: long term, ‘outcome’ measures (expected later in 2022); operational ‘output measures (expected from April ‘22); and transformation measures (expected from March ‘22).

9. Recommendations

- 9.1 The Trust Board is asked to:
 - **AGREE** the proposal to support the development of new Terms of Reference in the Committees and Forward Planners with alignment to the Board Level metrics and where applicable the further CQC supporting documents.

Author: Meggan Jarvis/Dave Baker
Date: 9/3/2022