

## Sandwell and West Birmingham NHS Trust

## Board Committee Chair's Report

<b>Meeting:</b>	Quality and Safety Committee
<b>Chair:</b>	Professor Kate Thomas
<b>Date:</b>	27 <sup>th</sup> April 2022
<b>Present:</b>	<p><u>Members:</u> Lesley Writtle, David Carruthers, Kam Dhami, Mel Roberts and Liam Kennedy</p> <p><u>In attendance:</u> Helen Hurst, Chizo Agwu, Dan Conway and Matthew Maguire</p> <p><u>Apologies:</u> Dave Baker</p>

Key points of discussion	
<b>1.</b>	<p><b>Ockenden briefing</b></p> <p><u>Chair's opinion:</u> The 15 Immediate and Essential Actions for all maternity services were discussed and a RAG rating was presented outlining the Trust's assessment of compliance with the 88 sub-parts. The committee was informed that a lot of work stemming from the Maternity Action Plan meant that work was underway in the areas identified by the Ockenden report and services are safe. There is still work to do but the committee was reasonably assured.</p> <p style="text-align: right;"><b>Reasonable Assurance</b></p>
<b>2.</b>	<p><b>Maternity dashboard and neonatal data report</b></p> <p><u>Chair's opinion:</u> There has been one still birth in the last month, no obvious problems regarding care, but the results of the normal investigation are awaited. Antenatal bookings continue to be very high (895) but traditionally only 55% of these will deliver in the Trust. This has caused problems with dating scan capacity which Imaging are working on. The Neonatal Outreach service has commenced and will present to the Board on 04/05/22.</p> <p style="text-align: right;"><b>Reasonable Assurance</b></p>
<b>3.</b>	<p><b>Monthly mortality dashboard</b></p> <p><u>Chair's opinion:</u> HSMR and SHMI have both continued to fall, although they remain higher than expected. The work of the Digital Clinical Fellow in Leasowes was noted to have improved coding. Sepsis mortality had also improved with learning from a Sepsis Week noted. A gradual increase in the SHMI for acute myocardial</p> <p style="text-align: right;"><b>Reasonable Assurance</b></p>

	infarction has been investigated with a key learning point to update the monitoring policy.	
<b>4.</b>	<b>Gold update on COVID-19 position, IPC</b>	
	<p><b>Chair's opinion:</b> The organisation had 130 Covid positive inpatients on the day of the meeting (27<sup>th</sup> April) causing some delay in the reset programme. It is anticipated the reset programme will be continued in early May if numbers have fallen. There has also been an increase in patients testing positive for influenza. The large number of changes in IPC guidance were outlined, these have necessitated up to 77 beds being closed. Some clarity on the IPC guidance is hoped for.</p>	Reasonable Assurance
<b>5.</b>	<b>Board-level metrics and IQPR exceptions</b>	
	<p><b>Chair's opinion:</b> A population section of the board level metrics has been added. Sickness levels continue to be high but now in third quartile (from fourth) this has had an impact on Surgery causing cancellations. The phased implementation of the e-rostering software "Allocate" will necessitate a different way of monitoring safe staffing which is to be determined. NHSE/I has recommended removal of the response rate to the Family and Friends Test, instead concentrating on the nature of the responses.</p>	Reasonable Assurance
<b>6.</b>	<b>MMUH QIA report</b>	
	<p><b>Chair's opinion:</b> Progress is being made with QIA and EQIA reviews for the acute care model. Pathology was highlighted as a there may be a need to run 3 labs during the transition of patients from City and Sandwell to MMUH which may require additional staff.</p>	Reasonable Assurance
<b>7.</b>	<b>Commonwealth Games briefing</b>	
	<p><b>Chair's opinion:</b> Plans for the preparation were presented and discussed. An unannounced Major Incident event had been run on 25/04/22 which produced some learning points. Other events will be practised in the run up to the Games. Communication to all staff will be key, not least of road closures in the vicinity of Trust sites and patients' homes for community teams.</p>	Reasonable Assurance
<b>Positive highlights of note</b>		
<ul style="list-style-type: none"> <li>• Reduction in HSMR and SHMI, although still higher than expected</li> <li>• Positive effect of the Digital Clinical Fellow on coding in Leasowes</li> </ul>		
<b>Matters of concern or key risks to escalate to the Board</b>		
<ul style="list-style-type: none"> <li>• None</li> </ul>		
<b>Matters presented for information or noting:</b>		

- None

**Decisions made:**

- Removal of the response rate to the Family and Friends Test, instead concentrating on the nature of the responses.

**Actions agreed:**

- New method of monitoring safe staffing to be agreed during the phased implementation of the Allocate system.

## Assurance classification

<p>The diagram shows a horizontal scale with four boxes: 'No Assurance' (red), 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance'. A vertical line is in the center. A blue arrow points left from the center, and another points right. A minus sign is on the left side of the vertical line, and a plus sign is on the right side.</p>	<p>Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.</p>
<p>The diagram shows a horizontal scale with four boxes: 'No Assurance', 'Partial Assurance' (yellow), 'Reasonable Assurance', and 'Substantial Assurance'. A vertical line is in the center. A blue arrow points left from the center, and another points right. A minus sign is on the left side of the vertical line, and a plus sign is on the right side.</p>	<p>There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.</p>
<p>The diagram shows a horizontal scale with four boxes: 'No Assurance', 'Partial Assurance', 'Reasonable Assurance' (orange), and 'Substantial Assurance'. A vertical line is in the center. A blue arrow points left from the center, and another points right. A minus sign is on the left side of the vertical line, and a plus sign is on the right side.</p>	<p>There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.</p>
<p>The diagram shows a horizontal scale with four boxes: 'No Assurance', 'Partial Assurance', 'Reasonable Assurance', and 'Substantial Assurance' (green). A vertical line is in the center. A blue arrow points left from the center, and another points right. A minus sign is on the left side of the vertical line, and a plus sign is on the right side.</p>	<p>There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)</p>