

## Sandwell and West Birmingham NHS Trust

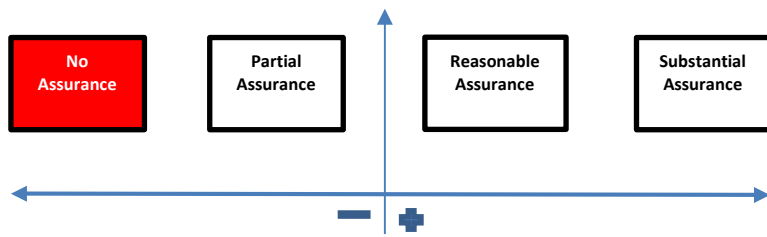
### Board Committee Chair's Assurance Report

<b>Meeting:</b>	Quality and Safety Committee
<b>Chair:</b>	Mike Hallissey
<b>Date:</b>	26 <sup>th</sup> October 2022
<b>Present:</b>	<p><u>Members:</u> Mike Hallissey, Lesley Writtle, Melanie Roberts, Mark Anderson, Jo Newens, Kam Dhami, Dave Baker</p> <p><u>In attendance:</u> Helen Hurst, Tammy Davies, Louise Chamberlain, Meggan Jarvis, Richard Beeken</p> <p><u>Apologies:</u> Daren Fradgley, Dan Conway</p>

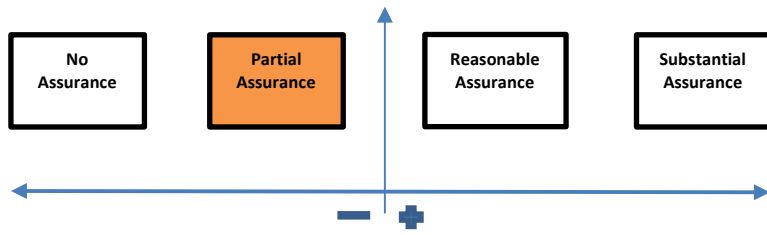
Key points of discussion		
1.	<p><b>EQG and RMG feedback</b></p> <p><b>Chair's opinion:</b> Radiology workforce and backlog flagged as a risk and further work being undertaken to scope the risk. This will be brought as a paper in the coming months. The deficiency in Neuro-ophthalmology provision has been highlighted and some mitigation achieved with UHB. Risks to be quantified and presented to Q&amp;S before the end of the year.</p>	Partial Assurance
2.	<p><b>Medicines Management</b></p> <p><b>Chair's opinion:</b> A number of significant risks identified . Actions are being developed and a formal training plan will be brought back to Q&amp;S</p>	Partial Assurance
3.	<p><b>Safe Staffing</b></p> <p><b>Chair's opinion:</b> The paper provided some assurance around staff number but identified some significant hot spots, notably band 6 nurses and HCAs. Further work is being undertaken to develop metrics particularly around AHPs.</p>	Partial Assurance
4.	<p><b>Maternity Dashboard</b></p> <p><b>Chair's opinion:</b> Changes in the requirements for CNST have made it impossible to achieve the required standard in training. This is a national issue. Work on other</p>	Reasonable Assurance

	aspects progressing. Some new approaches to displaying metrics are being developed.	
<b>5.</b>	<b>Mortality Review</b>	
	<b>Chair's opinion:</b> SHMI remains acceptable though there has been a rise in HMSR in July. Review of areas of concern flagged show no care issues.	Reasonable Assurance
<b>6.</b>	<b>Board Level Metrics</b>	
	<b>Chair's opinion:</b> Occupancy remains a concern for MMUH. Overall metrics show an improvement against peers. A rise in Trauma activity has impacted on Hip Fracture care metrics.	Partial Assurance
<b>7.</b>	<b>Fundamentals of Care Metrics</b>	
	<b>Chair's opinion:</b> The outline of the framework was extensively discussed, and further work will be undertaken prior to submitting for discussion.	For noting
<b>8.</b>	<b>Financial recovery Plan</b>	
	<b>Chair's opinion:</b> Agreed that a QIA was required to be sighted on the impact of the financial recovery actions on care.	Reasonable Assurance
<b>9.</b>	<b>COVID Gold Report</b>	
	<b>Chair's opinion:</b> Cases remain low compared to adjacent areas both with the ICS and beyond.	Reasonable Assurance
<b>Positive highlights of note</b>		
<ul style="list-style-type: none"> <li>• COVID not impacting on care activity.</li> <li>• SHMI remains acceptable</li> <li>• New information from the maternity service provides additional reassurance around care</li> </ul>		
<b>Have any of the reports/discussions today impacted the Q&amp;S risk included in the BAF?</b>		
<ul style="list-style-type: none"> <li>• The Medicines Management paper has identified significant concerns about safe care delivery which must be addressed</li> </ul>		
<b>Matters of concern or key risks to escalate to the Board</b>		
<ul style="list-style-type: none"> <li>• Medicines Management is a risk in some ward areas.</li> </ul>		
<b>Matters presented for information or noting:</b>		
<ul style="list-style-type: none"> <li>•</li> </ul>		
<b>Decisions made:</b>		
<ul style="list-style-type: none"> <li>•</li> </ul>		
<b>Actions agreed:</b>		
<ul style="list-style-type: none"> <li>• Development of a new approach to medicine management training</li> </ul>		

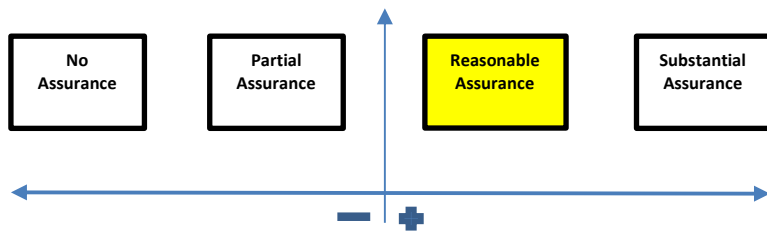
## Assurance classification



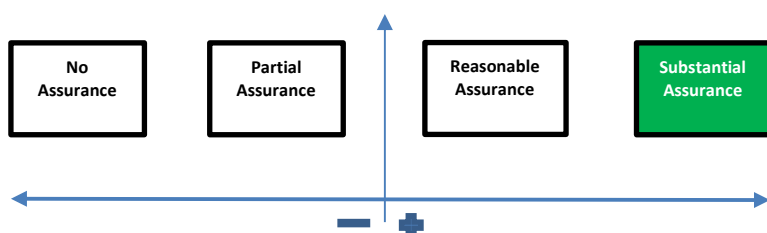
Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.



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.



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.



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

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being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)