

Sandwell and West Birmingham NHS Trust

Board Committee Chair’s Report

Meeting:	Quality and Safety Committee	
Chair:	Mike Hallissey	
Date:	31 st August 2022	
Present:	<p>Members: Mike Hallissey, Non-Executive Director (Chair) Lesley Writtle, Non-Executive Director Jo Newens, Acting Chief Operating Officer Sarah Carr-Cave, Deputy Chief Nurse Kam Dhami, Chief Governance Officer Dave Baker, Chief Strategy Officer</p>	<p>In attendance: Louise Wlode Head of Midwifery Chizo Agwu, Deputy Medical Director Dan Conway, Assoc Director of Corp. Governance</p>

Key points of discussion		
1.	CQC Assurance & Compliance Report	
	<p>Chair’s opinion: This paper has provided a framework to support our response to the new CQC methodology and outlined the actions from the last inspection. The potential of Unity to support our data was recognised as a unfulfilled potential and further work was required to deliver this. The work streams both existing and newly created were outlined and the importance of working with our external partners was emphasised.</p>	Reasonable Assurance
2.	Fundamentals of Care Update	
	<p>Chair’s opinion: The approach to implementing this whole team approach to care delivery was presented. The 3 layered framework provided linkage from values to delivery. The committee welcomed the approach and look to feedback on its impact</p>	Reasonable Assurance
3.	Maternity Dashboard and Neonatal Data Report	
	<p>Chair’s opinion: The committee were concerned that Medical staffing issues seemed unresolved over a prolonged period. The challenge of recruitment was recognised but there were concerns over the impact of</p>	Reasonable Assurance

* See below for assurance classification

	the additional OOH cover on wellbeing and training. The work in place to address the screening risks was welcomed.	
4.	Update on Ockendon, CNST, Improvement Plan	
	<u>Chair's opinion:</u> Progress on Maternity Action Plan, CNST and Ockenden was outlined. Shortfalls in medical model workforce remain a concern. The high level of compliance with mandatory training was welcomed by the committee. Due to the revision to the CNST criteria since the paper was written, the committee was informed that the trust is likely to meet the required standards with the only concern relating to the ATAIN programme. Good progress is being made on the Ockenden recommendations with clear plans for addressing the deficits.	Reasonable Assurance
5.	Monthly Mortality Review	
	<u>Chair's opinion:</u> The report has demonstrated improvement in the overall mortality data. Some areas of clinical activity remain outliers and further work and focus was described. The rise in mortality from sepsis is a concern.	Partial Assurance
6.	Board level metrics and IQPR exceptions (For Information)	
	<u>Chair's opinion:</u> The presented data showed the trust to have moved up the rankings in Public View in a number of areas including SHMI , 62 day target but the number of complaints and F&F Test remain a concern	Reasonable Assurance
8.	Gold update on COVID-19	
	<u>Chair's opinion:</u> The level of COVID in the organisation and community continues to fall. Revised IPC measures will be agreed by the Tactical Group when the new National Directives are released.	Partial Assurance
Positive highlights of note		
<ul style="list-style-type: none"> NHS Digital SHMI is 104 for the last year Work on preparation for the new CQC approach is progressing well 		
Have any of the reports/discussions today impacted the Q&S risk included in the BAF?		
<ul style="list-style-type: none"> No changes 		
Matters of concern or key risks to escalate to the Board		
<ul style="list-style-type: none"> Mortality from Sepsis is rising after a period of significant improvement 		

Matters presented for information or noting:

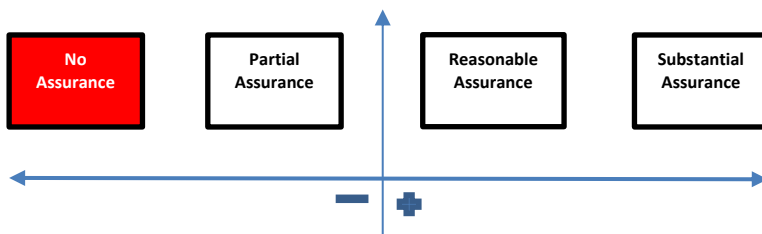
- Board level metrics and IQPR exceptions

Decisions made:

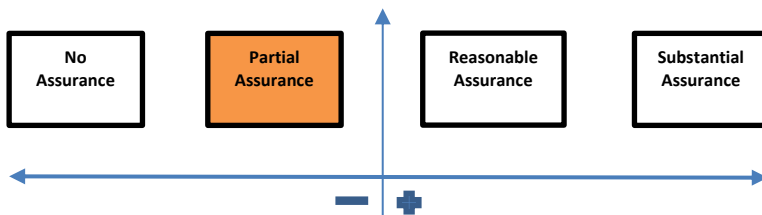
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Actions agreed:

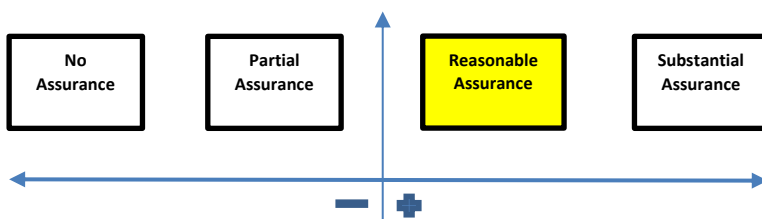
Assurance classification



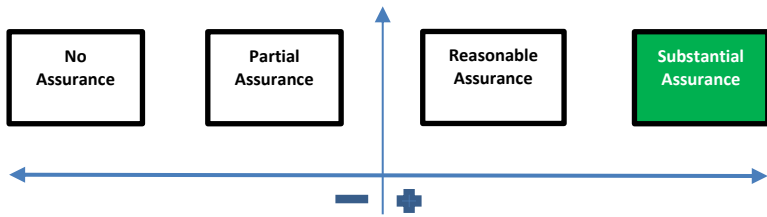
Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate 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 being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)