





Sandwell and West Birmingham NHS Trust

Board Committee Chair’s Report

Meeting:	Quality and Safety Committee	
Chair:	Lesley Writtle	
Date:	27 th July 2022	
Present:	<p>Members:</p> <p>Lesley Writtle, Non-Executive Director(Chair)</p> <p>Liam Kennedy, Chief Operating Officer</p> <p>Melanie Roberts, Chief Nursing Officer</p> <p>Kam Dhami, Chief Governance Officer</p> <p>Dave Baker, Chief Strategy Officer</p>	<p>In attendance:</p> <p>Mike Hallissey, Assoc Non-Executive Director</p> <p>Helen Hurst, Director of Midwifery</p> <p>Chizo Agwu, Deputy Medical Director</p> <p>Parmjit Marok, GP Rotton Park Medical Centre</p> <p>Dan Conway, Assoc Director of Corp. Governance</p>

Key points of discussion		
1.	Chief Nurse Quality & Safety review process	
	<p>Chair’s opinion:</p> <p>Framework for quality audits presented looks at deeper dive into quality and safety in troubled clinical areas, approach supported. Particular consideration to be given to</p> <ul style="list-style-type: none"> - including the whole multi-disciplinary team - Links to Fundamentals of care approach - Emphasis on good strong leadership development at team level 	<div style="border: 1px solid black; background-color: yellow; padding: 5px; width: fit-content; margin: 0 auto;">Reasonable Assurance</div>
2.	Patient Experience update	
	<p>Chair’s opinion:</p> <p>Baseline assessment undertaken against National framework for patient experience in April 2022 now have an initial plan which was supported by the committee, we recognised this is very early stages in a complex piece of work, Focus on:</p> <ul style="list-style-type: none"> - Development of Patient engagement groups - Establishment of patient experience working group, governance approach - Links to other QI work 	<div style="border: 1px solid black; background-color: yellow; padding: 5px; width: fit-content; margin: 0 auto;">Reasonable Assurance</div>

* See below for assurance classification

3.	<p>COVID Gold Report</p> <p><u>Chair's opinion:</u> Regular report received; Community infection rates have been elevated but reduced this week with 124 hospital patients testing positive. Some changes in National guidance for swabbing implemented. Masks now being worn in public and clinical areas.</p>	
4.	<p>BAF quarterly update</p> <p><u>Chair's opinion:</u> The committee will devote more time in August to thoroughly review the quarterly report and ensure we are on track this will be done in conjunction with the forward plan for the committee</p>	na
5.	<p>Monthly Mortality Review</p> <p><u>Chair's opinion:</u> Regular report received which shows that the trust has done significant work in its route to improvement notably work on administrative areas such as coding and reporting. Work on clinical areas: sepsis, MI, fractured neck of femur to name a few. Whilst we are seeing a positive impact the committee has asked for focussed work on defining clearly our problem areas, what are our deficiencies compared to peers, why do more people die in these areas?</p>	
6.	<p>Finished Consultant Episodes and Impact on Mortality Indices</p> <p><u>Chair's opinion:</u> This paper set out a new process to reduce the number of FCE's recorded in a spell of care thus reflecting more accurately a patient's diagnosis. this also affects the accuracy of coding for diagnosis and recording of morbidity. This change complies with National guidance. Paper was supported but requested attention to process of change: engagement with clinicians, management of change process, policy guidance and noting of potential risks</p>	
7.	<p>Draft Forward Plan</p> <p><u>Chair's opinion:</u></p>	na
8.	<p>The impact of Intelligent conveyances (ICs) and potential patient harm in the Emergency Departments</p> <p><u>Chair's opinion:</u> Comprehensive report received and discussed outlining the impact of increased activity and Intelligent Conveyancing on the Trust. A range of patient stories highlighted the quality and safety issues arising as a consequence of this noting the potential and actual patient harm that could occur as a result. Further work is required to assure the committee this includes:</p>	

	<ul style="list-style-type: none"> - Work with two ICS and WMAS, using patient stories to demonstrate impact. - More work to ensure community involvement and ownership of care to avoid admissions - Work to monitor data and impact closely. 	
9.	Maternity Dashboard and Neonatal Data Report	
	<p>Chair's opinion: Report received, discussion about short term sickness where services have been disrupted: Midwifery Led Unit. Some areas for optimism in recruitment of community staff and neonatal consultants Comprehensive review of Maternity improvement plan and Ockenden plan next month.</p>	Reasonable Assurance
10.	Board level metrics and IQPR exceptions (For Information)	
	<p><u>Chair's opinion:</u> <u>Report received</u></p>	Reasonable Assurance
Positive highlights of note		
<ul style="list-style-type: none"> • The committee received the first Patient Experience plan for the Trust 		
Matters of concern or key risks to escalate to the Board		
<ul style="list-style-type: none"> • Complex work continues on the HSMR/SHMI mortality plans. Some improvement noted, work to drill down on areas of residual concern for next q and s meeting • The impact of Intelligent conveyancing and potential of patient harm in Emergency Department 		
Matters presented for information or noting:		
<ul style="list-style-type: none"> • Board level metrics and IQPR exceptions 		
Decisions made:		
<ul style="list-style-type: none"> • Agreed the next steps in changes in recording of FCE and links to Mortality reporting. 		
Actions agreed:		
CQC update to next q and s committee		

Assurance classification

	<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>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>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>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>