



Sandwell and West Birmingham NHS Trust Board Committee Chair's Report

Meeting:	Quality and Safety Committee		
Chair:	Mike Hallissey		
Dates:	29 th November 2023 & 20 th December 2023		
Present:		29 th November 2023	20 th December 2023
	Mike Hallissey, Assoc Non-Executive Director (Chair)	Attended	Attended
	Lesley Writtle, Non-Executive Director (Member)	Attended	Apologies
	Lorraine Harper, Non-Executive Director (Member)	Attended	Apologies
	Jo Newens, Chief Operating Officer (Member)	Attended	Attended
	Mark Anderson, Chief Medical Officer (Member)	Attended	Attended
	Mel Roberts, Chief Nursing Officer (Member)	Attended	Attended
	Kam Dhami, Chief Governance Officer (Member)	Attended	Apologies
	Dave Baker, Chief Strategy Officer (Member)	Apologies	Attended
	Daren Fradgley, Chief Integration Officer (Member)	Attended	Attended
	Helen Hurst, Director of Midwifery	Attended	Attended
	Liam Kennedy, MMUH Delivery Director	Apologies	Attended
	Dan Conway, Assoc Director of Corporate Governance	Attended	Attended
	Tammy Davies, Deputy Chief Integration Officer	Attended	Apologies
Mel Griffiths, Director of Strategy	Attended		
Sarah Carr-Cave, Deputy Chief Nursing Officer	Attended	Apologies	

* See Reading Room for assurance classification

29th November 2023

1.	<p>Plan and timeline for reporting quality metrics for community and primary care</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> A robust set of metrics for Community care were presented which will be the basis for development. The first iteration will be presented in the New Year 	Noted
2.	<p>Quality Metrics</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> Access standards for both emergency and elective activity are of concern. ENT 65 weeks is a concern. Reporting of the 18 week standard by some units is by first OP not treatment and Jo Newens is investigating this. 	Partial Assurance
3.	<p>Learning From Deaths and Mortality report</p> <ul style="list-style-type: none"> The SJR's backlog remains a concern, 11 from 2022. Working is being done on coding for elective surgery which remains below national levels. SHMI is stable but remains above 100. 	Partial Assurance
4.	<p>Maternity Dashboard and Neonatal Data Report</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> CNST requirements are unlikely to be met, currently 7/10. 	Partial Assurance
5.	<p>Still Births Quarterly report</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> A large number of process issues have been put in place to enhance support for pathways and mothers. The challenge of language and cultural issues were identified. The question of social and public health interventions was discussed. 	Reasonable Assurance
6.	<p>Community workforce report</p> <p><u>Chair's opinion:</u></p> <ul style="list-style-type: none"> There are significant gaps in the workforce and while there are mitigations in place, there is little likelihood of closing the gaps and this is impacting on delivery of targets critical to right sizing. 	Reasonable Assurance
7.	<p>HBIC</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> The workforce gaps are impacting on delivery of assessments in the community and the complexity of cases requires several members of staff to deliver some assessments. The timeliness of community assessment has been impacted and there are significant levels of readmission prior to assessment. Mitigations have helped reduce the time to assessment and reduce the readmissions. It is not clear whether there has been any harm and this is being assessed. 	Reasonable Assurance
8.	<p>Research and Development plans update</p> <p><u>Chairs opinion:</u></p> <ul style="list-style-type: none"> The report identifies progress. There was a view that the external links needed to be strengthened as this will be the source of development funding. 	Reasonable Assurance
	Pharmacy end to end process	

9.	<p>Chairs opinion:</p> <ul style="list-style-type: none"> The paper outlined the quality requirements for a safe pharmacy service to the wards in MMUH. The proposal for a fully integrated solution was supported but there was a discussion about whether to consider a lease option was more likely to future proof the function. 	Noted
10.	<p>Fundamentals of care</p> <p>Chairs opinion:</p> <ul style="list-style-type: none"> Provided an update on progress which was received. Future work to enhance was outlined 	Reasonable Assurance
11.	<p>BAF</p> <p>Chairs opinion:</p> <ul style="list-style-type: none"> For detailed consideration in December 	Partial Assurance

Positive highlights of note	Matters of concern or key risks to escalate to the Board	Matters presented for information or noting	Actions agreed
<ul style="list-style-type: none"> Metrics for the quality of community services are being developed. Significant new systems have been developed to reduce stillbirth rates, their impact needs evaluation. 	<ul style="list-style-type: none"> There is a continuing deterioration in access standards. CNST standards may not be met There remain significant gaps in the community therapies workforce which carries risks for now and the MMUH care model. 	<ul style="list-style-type: none"> Support for pharmacy model 	<ul style="list-style-type: none"> Community metrics to be presented in January

20th December 2023

12.	Medicine and Emergency Care winter update <u>Chairs opinion:</u> <ul style="list-style-type: none"> Winter plan QIA provides assurance that the actions are reasonable, there are clear plans to improve UEC metrics and some early evidence that things are stabilising the situation 	Reasonable Assurance
13.	CNST <u>Chairs opinion:</u> <ul style="list-style-type: none"> Green for 9/10 the criteria. Current data is unclear if we meet the MBRACE metric and challenge has gone in centrally as the tool is not consistent. 	Reasonable Assurance
14.	Neonatal Improvement Plan Progress Report <u>Chairs opinion:</u> <ul style="list-style-type: none"> The process issues have largely been addressed. The culture actions are in process but will require continued monitoring over the next year to ensure they are embedded. 	Reasonable Assurance
15.	MMUH Phase 3 QIAs <ul style="list-style-type: none"> QIA's have allowed robust phasing but concern remains successful recruitment of therapies staff 	Reasonable Assurance
16.	MMUH Staffing <u>Chairs opinion:</u> <ul style="list-style-type: none"> Nurse staffing has been developed to meet national standards and reflecting recent practice changes. It appears robust. 	Reasonable Assurance
17.	Midland Metropolitan University Hospital (MMUH) Service Relocation Plan <u>Chairs opinion:</u> Plan is well developed. Detailed work on how the workforce will need to be allocated, particularly after the relocation of City ED to MMUH require development <ul style="list-style-type: none"> 	Reasonable Assurance

Positive highlights of note	Matters of concern or key risks to escalate to the Board	Matters presented for information or noting	Actions agreed
<ul style="list-style-type: none"> Excellent work on the QIA's for acute care, need to see the impact now. MMUH nurse staffing model has been developed 	<ul style="list-style-type: none"> May have missed the CNST criteria in maternity 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">