



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

Meeting:	Quality Committee		
Chair:	Mike Hallissey		
Dates:	27 th September 2023 & 25 th October 2023		
Present:		27 th September 2023	25 th October 2023
	Mike Hallissey, Assoc Non-Executive Director (Chair)	Attended	Attended
	Lesley Writtle, Non-Executive Director (Member)	Attended	Attended
	Lorraine Harper, Non-Executive Director (Member)	Attended	Attended
	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	Attended
	Dave Baker, Chief Strategy Officer (Member)	Attended	Attended
	Daren Fradgley, Chief Integration Officer (Member)	Attended	Apologies
	Helen Hurst, Director of Midwifery	Attended	Attended
	Chizo Agwu, Deputy Medical Director	Attended	Attended
	Liam Kennedy, MMUH Delivery Director	Attended	Attended
	Dan Conway, Assoc Director of Corporate Governance	Attended	Attended
	Tammy Davies, Deputy Chief Integration Officer	Attended	Apologies
	Meggan Jarvis, Associate Director of Strategy	Attended	

* See Reading Room for assurance classification

	David Shakespeare, Deputy DIPC	Attended	
	Jamie Emery, Patient Insight and Involvement Lead	Attended	
	Sarah Carr-Cave, Deputy Chief Nursing Officer	Attended	Attended
	Louise Chamberlain – Trust Medicines Safety Officer		Attended

27 th September 2023			
1.	Fundamentals of Care – Year One		
	<u>Chairs opinion:</u>		Partial Assurance
	<ul style="list-style-type: none"> The paper outlined the principles and the requirement for a re-focus. It was seen as critical that this programme is in full alignment with the move to MMUH 		
2.	Quality Metrics		
	<u>Chairs opinion:</u>		Noted
	<ul style="list-style-type: none"> There was a discussion around the EAS non-admitted pathway and its impact on the experience of our patients. Concerns remain about bed occupancy and its impact on patient flow. 		
3.	CQC Assurance report VERBAL		
	<ul style="list-style-type: none"> An update on progress of the process of challenge and an outline of the Board Development day. 		Noted
4.	Complaints and PALS update		
	<u>Chairs opinion:</u>		Partial Assurance
	<ul style="list-style-type: none"> The current paper was about the metrics. The aim is to eliminate the backlog which is on track. 		
5.	Planned Care Report		
	<u>Chairs opinion:</u>		Noted
	<ul style="list-style-type: none"> The system approach being developed is about burden sharing. IT is unclear how this will impact local delivery. 		
6.	Maternity Dashboard and Neonatal Data Report		
	<u>Chairs opinion:</u>		Partial Assurance
	<ul style="list-style-type: none"> There remains concern about the increase in Peri-Natal mortality. A review has failed to identify a theme and this aspect will require continued scrutiny. There have been no <27/40 deliveries which is to be commended. The down grading of the NNU at Kettering to a SCBU is noted as a risk to the wider system. HSIB will no longer undertake case reviews, these will all go to the CQC. 		
7.	R&D strategy		
	<u>Chairs opinion:</u>		Noted
	<ul style="list-style-type: none"> The plan has matured with support from Prof Harper. The plan was well received and the need to operationalise was recognised. 		

8.	R&D Metrics <u>Chair's opinion:</u> <ul style="list-style-type: none"> The report shows SWB to be better than ICS peers with a significant increase in recruitment. A good base to launch the strategy. 	Noted
9.	MMUH and Place Based Rightsizing Report <u>Chairs opinion:</u> <ul style="list-style-type: none"> The paper outlined the position but concerns remain about some of the assumptions. 	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"> Great progress on ensuring <27/40 births are transferred to the right environment. Excellent R&D metrics 	<ul style="list-style-type: none"> Perinatal mortality is higher than anticipated and no obvious cause identified which poses a challenge to mitigate. 	<ul style="list-style-type: none"> Downgrading of Kettering NNU to a SCBU might impact flow. 	<ul style="list-style-type: none"> Bring the learning form Complaints in the next report

25th October 2023		
10.	Quality & Safety (Fundamentals of Care) metrics <u>Chairs opinion:</u> <ul style="list-style-type: none"> The metrics were discussed and the need for further refinement was identified. Some targets need to be reset now the initial phase of work has achieved the interim target. 	Noted
11.	Medicines safety/management <u>Chairs opinion:</u> <ul style="list-style-type: none"> This paper outlined the approach to embed the practice required for safe care with appropriate support, including videos to support learning, and pathways of escalation over practice concerns. The use of Unity to enhance access to metrics around timely delivery of medicines to patients will be developed as part of the programme. The paper was noted 	Noted
12.	Learning From Deaths and Mortality <ul style="list-style-type: none"> The overall figures remains unchanged. It was noted that the SHMI in the 30 days following discharge is particularly high and focused work is on going to understand this. A focus to understand the actions required to bring the overall figure close to 100 is now required. 	Partial Assurance
Maternity Dashboard and Neonatal Data Report		

13.	<p>Chairs opinion:</p> <ul style="list-style-type: none"> Stillbirth rates remain high with no clear insight as to the cause. A system wide review will report at the end of the calendar year but a renewed focus on addressing some of the issues consequent on the recognised deprivation of our population is in place but more work may provide benefit is being considered. There remains concern that no obvious cause has been identified and so no mitigations are in place 	<div style="border: 1px solid black; background-color: #f4a460; padding: 5px; text-align: center;"> Partial Assurance </div>
14.	<p>GP Practice in Great Barr Update</p> <p>Chairs opinion:</p> <ul style="list-style-type: none"> The paper identified the changes which have been implemented which have address a significant number of the concerns raised by CQC. More work is on going and a clear exit strategy must be developed by the ICB. 	<div style="background-color: #d1c4e9; padding: 5px; text-align: center;"> Noted </div>
15.	<p>Unplanned Care Report</p> <p>Chairs opinion:</p> <ul style="list-style-type: none"> There is a recognition that metrics around the harm to patients as result of the challenges in Acute Care are required. Work is underway to develop these which will come to QC. The impact of the reduction in beds required for MMUH right sizing and the winter plan were discussed and a paper requested to review the risk mitigations. 	<div style="background-color: #d1c4e9; padding: 5px; text-align: center;"> Noted </div>
16.	<p>Safety in Black Country System Elective Waiting Times</p> <p>Chairs opinion:</p> <ul style="list-style-type: none"> The challenge across the ICB was noted together with the mutual aid for and by us to address long waits. It remains a concern that 78 weeks will not be met for all services by end of March 	<div style="background-color: #d1c4e9; padding: 5px; text-align: center;"> Noted </div>
17.	<p>UTC QIA Mitigations and Options</p> <p>Chair's opinion:</p> <ul style="list-style-type: none"> Paper identified there was not suitable alternative to a dedicated UTC on site 	<div style="background-color: #d1c4e9; padding: 5px; text-align: center;"> Noted </div>

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 by the team in addressing the issues in Great Bar The plan for enhancing our medicines management activity is commendable. 	<ul style="list-style-type: none"> Continued high levels of stillbirths for which there remains no clear explanation and so no plan for mitigation 	<ul style="list-style-type: none"> System Elective waiting times 	<ul style="list-style-type: none"> Develop a QUI A for the winter plan and MMUH right sizing in light of Acute Care delays.