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

Meeting:	Quality and Safety Committee		
Chair:	Mike Hallissey		
Dates:	24th May 2023 & 28th June 2023		
Present:		24th May 2023	
	Mike Hallissey, Assoc Non-Executive Director **(Chair)**	Attended	Attended
	Lesley Writtle, Non-Executive Director **(Member)**	Apologies	Attended
	Lorraine Harper, Non-Executive Director (Member)	Attended	Apologies
	Jo Newens, Chief Operating Officer **(Member)**	Attended	Apologies
	Mark Anderson, Chief Medical Officer **(Member)**	Attended	Attended
	Mel Roberts, Chief Nursing Officer **(Member)**	Attended	Attended
	Kam Dhami, Chief Governance Officer **(Member)**	Apologies	Attended
	Dave Baker, Chief Strategy Officer **(Member)**	Attended	Attended
	Daren Fradgley, Chief Integration Officer **(Member)**	Attended	Attended
	Helen Hurst, Director of Midwifery	Attended	Apologies
	Chizo Agwu, Deputy Medical Director	Attended	Apologies
	Liam Kennedy, MMUH Delivery Director	Attended	Attended
	Dan Conway, Assoc Director of Corporate Governance	Apologies	Attended
	Meggan Jarvis, Associate Director of Strategy	Attended	Attended
	Tammy Davies, Deputy Chief Integration Officer	Attended	Attended

* See Reading Room for assurance classification

	Sarah Carr-Cave, Deputy Chief Nursing Officer	Attended	Attended
	Louise Wilde, Head of Midwifery		Attended

29th March 2023	
1.	**Q&S Committee Effectiveness report and draft update Terms of Reference**

Chairs opinion:	
• The report was received and commented on. The consensus was that the committee was delivering satisfactorily but improvements were in hand to enhance its functioning.	Noted

2.	**Quality & Safety (Fundamentals of Care) metrics**	
Chairs opinion: • There was a recognition that the medical staffing data remained a concern both because the numbers are not being met but also because the framework for calculating the workforce were unclear. • There was a need to provide more focus on End of life care and supporting the teams in this area. • The 62 day target remains a concern and a more focused discussion of this is planned for the next meeting		Reasonable Assurance

3.	**Maternity Dashboard and Neonatal Data Report**	
Chairs opinion: • Antenatal bookings are now up to date. There is a recognition of the need for additional support to our minority groups suffering loss. • A need was identified to include some comparative data on rates in the 2 LMNS.		Reasonable Assurance

4.	**Mortality Report**	
Chairs opinion: • SHMI remains 105, there is little movement so a revised approach should be considered. Both pneumonia and sepsis remain high and a pneumonia care bundle is being developed for implementation in Unity to drive practice.		Partial Assurance

5.	**MMUH metrics**	
Chairs opinion: • Frailty SDEC is working at Sandwell with a 10% drop in LoS but bed days continue to rise which is adversely impacting on the model. Imaging demand tool is being implemented to try and reduce requests and consequent delays. • Further work is needed on Virtual wards to reduce LoS.More work required on Heart failure pathway as readmission rates are over 30%		Partial Assurance

6.	**Patient Safety Incident Response Framework (PSIRF)**	
Chairs opinion: An overview of the new approach was given to the meeting. It will require a reframing of approach which should be more supportive and inclusive		Noted

7.	**Great Barr GP Practice**	
	Chairs opinion: • All actions in place and short term solution working. ICB tasked with mapping the long term plan	Noted
8.	**Junior Doctors Industrial Action Impact Review**	
	Chair's opinion: • <u>18% reduction in imaging demand was noted.</u> • <u>There were no safety flags and nothing to suggest an adverse impact on patient safety</u> • <u>Significant costs, £500k down on income and £2500K additional cost were noted</u>	Noted
9.	**Maternity Screening update**	
	Chairs opinion: • The screening scan issue has been addressed in the short-term. It remains unclear if there has been harm so further information will become available when all the scans are complete • <u>A more robust administrative approach is needed which will require adaption of BadgerNet</u>	Reasonable Assurance
10.	**Urgent Community Response**	
	Chairs opinion: • **Paper was noted**	Noted
11.	**Draft Quality Account 2022/23**	
	Chairs opinion: • Comments were made on the Quality account and will be feed in before it is submitted to system partners	Noted

28th June 2023		
	CQC Assurance & Compliance Report	
	Chairs opinion: • 1st round of self-assessments are complete but awaiting executive oversight and triangulation. The teams have limited ability to develop the required SMART actions so more support to the teams is required.	Partial Assurance
	Quality & Safety (Fundamentals of Care) metrics	

Chairs opinion: • Metrics were discussed in detail. Agreed that the workshop to follow would help refine. Triggers for particular concern are Medication errors causing harm and medical workforce.	Partial Assurance
Maternity Dashboard and Neonatal Data Report	
Chairs opinion: • A dramatic change in the rate of Robson 1&2 Csections was noted and is being explored. There is a PTL for new bookings and the work from BWH for a system which integrates with BadgerNet is being explored. The structure of the paper is improved and there is further working being undertaken to refine it.	Partial Assurance
Mortality Report	
Chairs opinion: • The work on Sepsis was outlined and the high mortality in Subcutaneous infection is the result of a single months data.	Reasonable Assurance
BAF Report (including corporate risks)	
Chairs opinion: • There is concern that the BAF does not identify all the issues which the Executives feel are their prime concerns. Work to be done outside the meeting to revise this.	Noted
MMUH metrics	
Chairs opinion: The work to date has stabilised activity in the face of rising demand. More solutions being developed to close the bed gap and further assurance is required. Theatre utilisation is an area of concern.	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
A solution was in place to prevent further episodes of inadequate screening and booking capacity. Solution developed at BWH is being explored.	The lack of data collation in a single repository restricts the ability to view real time changes in quality metrics	CQC self-assessment 1st round is complete. This will inform a sense check over the required improvements	Review the contents of the FoC dashboard, workshop held after Q&S. Redraft the drivers and mitigation for the BAF