



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

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|------------------------------------------------|-------------------------------------------------------------|---------------------------|------------------------------|
| <b>Meeting:</b>                                | Quality and Safety Committee                                |                           |                              |
| <b>Chair:</b>                                  | Mike Hallissey                                              |                           |                              |
| <b>Dates:</b>                                  | 26 <sup>th</sup> July 2023 & 30 <sup>th</sup> August 2023   |                           |                              |
| <b>Present:</b>                                |                                                             | 24 <sup>th</sup> May 2023 | 30 <sup>th</sup> August 2023 |
|                                                | Mike Hallissey, Assoc Non-Executive Director <b>(Chair)</b> | Apologies                 | Attended                     |
|                                                | Lesley Writtle, Non-Executive Director <b>(Member)</b>      | Attended                  | Attended                     |
|                                                | Lorraine Harper, Non-Executive Director <b>(Member)</b>     | Attended                  | Attended                     |
|                                                | Jo Newens, Chief Operating Officer <b>(Member)</b>          | Attended                  | Attended                     |
|                                                | Mark Anderson, Chief Medical Officer <b>(Member)</b>        | Apologies                 | Attended                     |
|                                                | Mel Roberts, Chief Nursing Officer <b>(Member)</b>          | Attended                  | Apologies                    |
|                                                | Kam Dhami, Chief Governance Officer <b>(Member)</b>         | Attended                  | Apologies                    |
|                                                | Dave Baker, Chief Strategy Officer <b>(Member)</b>          | Apologies                 | Attended                     |
|                                                | Daren Fradgley, Chief Integration Officer <b>(Member)</b>   | Attended                  | Apologies                    |
|                                                | Helen Hurst, Director of Midwifery                          | Attended                  | Attended                     |
|                                                | 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                                                    |                           |                              |
| Tammy Davies, Deputy Chief Integration Officer | Attended                                                    | Apologies                 |                              |

\* See Reading Room for assurance classification

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|  | David Shakespeare, Deputy DIPC                    |          | Attended |
|  | Jamie Emery, Patient Insight and Involvement Lead |          | Attended |
|  | Sarah Carr-Cave, Deputy Chief Nursing Officer     | Attended | Attended |

| 26 <sup>th</sup> July 2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |
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| 1.                         | <b>Quality Account Report</b>                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |
|                            | <u>Chairs opinion:</u><br>Report for noting                                                                                                                                                                                                                                                                                                                                                                                                 |  | N/a                  |
| 2.                         | <b>CQC Assurance &amp; Compliance Report</b>                                                                                                                                                                                                                                                                                                                                                                                                |  |                      |
|                            | <u>Chairs opinion:</u><br>Comprehensive report received by the committee, outlined the new approach being taken by CQC. We were informed in detail about the self-assessment process and we looked at the links to our Fundamentals of Care approach. There is an improvement plan in place. Q and S asked for clearer evidence that all the must and should dos from our last inspection are complete , this work will come back in August |  | Reasonable Assurance |
| 3.                         | <b>Quality &amp; Safety (Fundamentals of Care) metrics</b>                                                                                                                                                                                                                                                                                                                                                                                  |  |                      |
|                            | There was a focus on 2 areas for improvement, improve patient experience as measured by friends and Families test and the reporting of patient safety incidents whilst reducing harm . the latter could indicate an under reporting of incidents the CNO will undertake a review with particular focus on areas where other concerns have been raised                                                                                       |  | Reasonable Assurance |
| 4.                         | <b>Implementing an Improvement System to achieve Continuous Quality Improvement: Update and Next Steps</b>                                                                                                                                                                                                                                                                                                                                  |  |                      |
|                            | <u>Chairs opinion:</u><br>For noting                                                                                                                                                                                                                                                                                                                                                                                                        |  | N/a                  |
| 5.                         | <b>Patient Safety Incident Response Framework (PSIRF) Report</b>                                                                                                                                                                                                                                                                                                                                                                            |  |                      |
|                            | <u>Chairs opinion:</u><br>The Trust is required to have a plan in place by Autumn, we will be focussing on 4 areas of work: Transfer and discharge of patients, Medication incidents, Vulnerbale adults, Pressure ulcers. The committee was supportive of the chosen areas of focus.                                                                                                                                                        |  | Reasonable Assurance |
| 6.                         | <b>Mortality &amp; Morbidity incl. HSMR &amp; SHIMI</b>                                                                                                                                                                                                                                                                                                                                                                                     |  |                      |
|                            | <u>Chairs opinion:</u><br>The committee noted a downward trend on HSMR and SHMI it is anticipated that this will continue. Sepsis and Pneumonia continue to be the biggest contributors, detailed work is being done to focus on improvement                                                                                                                                                                                                |  | Reasonable Assurance |
| 7.                         | <b>Planned Care Report – Patient Care</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |
|                            | <u>Chairs opinion:</u><br>deferred                                                                                                                                                                                                                                                                                                                                                                                                          |  | N/a                  |
|                            | <b>Maternity Dashboard and Neonatal Data Report</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |

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| 8.  | <p><b>Chair's opinion:</b><br/>The committee received its regular report, we heard that there has been an improvement on Bookings and our screening performance has improved. Still births still remain high and the committee has requested further work on learning from incidents to help us improve work done locally.</p>                                                          | Reasonable Assurance |
| 9.  | <p><b>UTC QIA</b><br/><b>Chairs opinion:</b><br/>The committee received the report which details the quality and safety risks of not progressing with the UTC development. It also received the Quality impact assessment. This report was noted and the potential risks discussed fully</p>                                                                                            | Partial Assurance    |
| 10. | <p><b>MMUH and Place Based Rightsizing Report</b><br/><b>Chairs opinion:</b><br/>The committee was updated on progress with the Right sizing work, looking at a reduction of bed numbers of 67 this year currently behind on progress but some good work taking place especial with Frailty and Heart failure pathways . Some challenges with SDEC and work on admission avoidance.</p> | Partial Assurance    |
| 11. | <p><b>FOC MMUH presentation</b><br/><b>Chairs opinion:</b><br/>Update report received, the paper detailed outputs of the significant work that has been done in year one. The programme is now focussing on 18 key work areas all of which have an executive lead. A report will be brought back to the committee detailing the next years priorities</p>                               | 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                        |
|--------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------------|
| Progress with work on FOC<br>Work on Mortality and Morbidity |                                                          |                                             | Further work on CQC report for August |

30<sup>th</sup> August 2023

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| 12. | <b>IPC Annual report</b><br><u>Chairs opinion:</u> The report has identified the current status. The major area of concern relates to C diff rates as a result of necessary antibiotic therapy. This has helped to emphasise the need to address antimicrobial stewardship. A further NHSE IPC visit is planned for 22 November 2023.                     |    |
| 13. | <b>Quality &amp; Safety (Fundamentals of Care) metrics</b><br><u>Chairs opinion:</u> The metrics are recognised to cover the major areas of interest but the next step is required which will deliver trajectories for meeting the aspirational levels. Concern remains the bed occupancy and the risks to meeting the requirements of front door access. |    |
| 14. | <b>Sandwell Health &amp; Care Partnership Board Annual Report</b><br>The report identifies the good work undertaken and was noted. The challenge given was to articulate the quantitative impact of the work.                                                                                                                                             | N/a                                                                                   |
| 15. | <b>Mortality &amp; Morbidity incl. HSMR &amp; SHIMI</b><br><u>Chairs opinion:</u> The metrics remain static and there was an agreement of the need to look at how work is done to focus on ways of re-invigorating the approach to mortality reduction work.                                                                                              |    |
| 16. | <b>Planned Care Report – Patient Care</b><br><u>Chairs opinion:</u> This report identified the system wide approach to recovery. It is hoped that the next report will provide a more detailed plan to how this will be implemented. The report was noted.                                                                                                |    |
| 17. | <b>Maternity Dashboard and Neonatal Data Report</b><br><u>Chairs opinion:</u> The report identified a rising activity rate which was impacting on Induction of Labour timing. A high stillbirth rate was noted and was undergoing a thematic review.                                                                                                      |  |
| 18. | <b>Neonatal Review Report</b><br><u>Chair's opinion:</u> An insightful review which has highlighted issues which require action to ensure the delivery of high quality neonatal care. There needs to be a recognition of the need to address the creep in the level of care the unit provides. The external team are now supporting the changes           |  |
|     | <b>Patient Experience Quarterly report</b>                                                                                                                                                                                                                                                                                                                |                                                                                       |

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| 19. | <b>Chairs opinion:</b> The report was discussed and the work of the Patient Experience Group was praised. There was evidence of improving engagement with carer. Feedback on the impact of 'Intelligent Conveyancing' on patient and family experience was noted. |   |
| 20. | <b>Q&amp;S BAF report</b><br><b>Chairs opinion:</b> Review was undertaken and the present state for all areas were rated as Amber                                                                                                                                 |  |
| 21. | <b>MMUH and Place Based Rightsizing Report</b><br><b>Chairs opinion:</b> Work on right sizing was presented and the trajectory was noted.                                                                                                                         |  |

| Positive highlights of note                  | Matters of concern or key risks to escalate to the Board                                                          | Matters presented for information or noting                                                                                       | Actions agreed                                                                      |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Excellent work on IPC and Patient experience | The review of the Neo-natal unit will be presented to Board and is of note in view of identified actions required | The partnership report shows the value and challenges of this work.<br>There is a need to develop a plan for 'must do's' for CQC. | There is a need to focus on microbial stewardship to try and impact on C diff rates |