



## Sandwell and West Birmingham NHS Trust

### Board Committee Chair's Report

<b>Meeting:</b>	Quality Committee
<b>Chair:</b>	Mike Hallissey
<b>Dates:</b>	27 <sup>th</sup> March 2024 & 24 <sup>th</sup> April 2024

27 <sup>th</sup> March 2024		
1.	<p><b>PSRIF</b></p> <p><u>Chair's opinion:</u></p> <ul style="list-style-type: none"> <li>Go live date has been set for 1st April. Overall good advance preparation with over 700 staff having face to face training with positive external assurance of the programme.</li> </ul>	<b>Partial Assurance</b>
2.	<p><b>Maternity Report</b></p> <p><u>Chair's opinion:</u></p> <ul style="list-style-type: none"> <li>MNSA has identified issues with care which the Trust had already picked up around peri-natal deaths, actions in place.</li> <li>The move from term+14 to Term+7 is in place but will require time due to the resource demands.</li> <li>Staffing remains a risk, 27 WTE vacancies against current establishment</li> <li>Issues have been raised over student training at BCU and additional student feedback is being sought</li> </ul>	<b>Reasonable Assurance</b>
3.	<p><b>Planned care &amp; Urgent care</b></p> <p><u>Chair's opinion:</u></p> <ul style="list-style-type: none"> <li>EAS performance is improving but too slowly, new structural changes may help</li> <li>Plan in place to meet 13 week diagnostics</li> <li>Achieving 18 weeks will be multi-year programme</li> </ul>	<b>Partial Assurance</b>
	<b>Mortality &amp; Morbidity incl. HSMR &amp; SHIMI</b>	

\* See Reading Room for assurance classification

4.	<b>Chair's opinion:</b>			<b>Reasonable Assurance</b>
	<ul style="list-style-type: none"> <li>Disparity between HMSR which has risen and SHMI which has fallen in last recorded month.</li> <li>Mortality for pneumonia and Sepsis remain high, working groups reviewing actions.</li> <li>End of Life care requires focus.</li> </ul>			
5.	<b>CQC Update</b>			<b>Reasonable Assurance</b>
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>All areas reviewed and further actions refined.</li> <li>Actions requiring corporate oversight identified.</li> <li>Expanding use of Tendable.</li> <li>Approach being adopted across Black Country Provider Collaborative.</li> </ul>			
6.	<b>Fuller Report</b>			<b>Reasonable Assurance</b>
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>Only requires CCTV implementation to align to guidance which is being actioned.</li> <li>Review of concerns by review has been undertaken and no action required</li> </ul>			
7.	<b>QIA for the FRP</b>			<b>Noted</b>
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>Robust face to face process.</li> <li>All approved after revisions.</li> </ul>			
8.	<b>Ready Set Go Assurance (Risk, CSFs, Ops Readiness and Clinical Hazards)</b>			<b>Partial Assurance</b>
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>Staffing shows some progress.</li> <li>Bed fit remains a concern.</li> <li>Overlay of core activity and MMUH critical path in place</li> </ul>			
<b>Positive highlights of note</b>		<b>Matters of concern or key risks to escalate to the Board</b>	<b>Matters presented for information or noting</b>	<b>Actions agreed</b>
<ul style="list-style-type: none"> <li>Fuller report recommendations will be met</li> <li>PSIRF Implementation is progressing well</li> </ul>		<ul style="list-style-type: none"> <li>EAS performance (admitted patients) raises real concerns over the potential for harm</li> <li>Bed fit for MMUH has no confirmed mitigations</li> </ul>	<ul style="list-style-type: none"> <li>Robust QIA process for FRP</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>See the Urgent care dashboard</li> <li>Paper on impact of BCPS concerns on clinical safety</li> </ul>

24<sup>th</sup> April 2024

9.	<b>Quality &amp; Safety (Fundamentals of Care) metrics</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>Revised metric approach presented with alignment to SPF was well received, providing more focus</li><li>Work on going to align data sources</li><li>A robust Exec commentary will be key</li></ul>	<b>Noted</b>
10.	<b>Urgent and Planned care update</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>Current metrics stable with aspiration to hit 75% for 4 hour EAS by March 2025</li><li>The need to seek the impact of changes on the metric was re-enforced</li></ul>	<b>Partial Assurance</b>
11.	<b>Fundamentals of care Year 1 MMUH</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>3 Red risks noted, Medicines management relating to training in new systems, EMRT on retained estate and Mental Health. All 3 have actions which should see improved assurance by May</li><li>Dashboard is being developed and the metrics are being defined</li></ul>	<b>Partial Assurance</b>
12.	<b>Patient Experience Stories Annual summary</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>Review of all patient stories presented to QC.</li><li>3 clear themes identified</li><li>There has been roll out of stories to all group meeting to impress on teams the importance of the patient and carers.</li></ul>	<b>Noted</b>
13.	<b>Maternity Report</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>MBRACE report for 2022 received. Actions identified by MBRACE already in place and this is showing some impact with a number of QI projects in place</li><li>Work remains ongoing with the 27 week pathway</li><li>CNST achieved 10/10 which is great</li><li>Work in place on student experience</li></ul>	<b>Reasonable Assurance</b>
14.	<b>Mortality &amp; Morbidity incl. HSMR &amp; SHMI</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>Noted to be an outlier for #NOF. Some actions in place around coding but BOA have been invited to review service.</li><li>Overall mortality remains stable</li><li>Need to identify those actions in place to influence areas of concern</li></ul>	<b>Partial Assurance</b>
15.	<b>Proposed FY24/25 urgent and emergency care strategy</b>	
	<b>Chair's opinion:</b> <ul style="list-style-type: none"><li>There was a clear plan for change</li><li>The importance of culture was recognised to be critical and how teams work together to influence the outcome</li></ul>	<b>Reasonable Assurance</b>

16.	<b>Discharge Lounge decision, including MIS Options Appraisal</b>			
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>• The option for a discharge lounge in MMUH was presented. Assured QIA has shown the risks to be mitigated</li> <li>• The importance of grading the patients robustly was stressed.</li> </ul>			<b>Noted</b>
17.	<b>Bed Fit</b>			
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>• Remains a concern</li> <li>• Plan for a Risk Summit to review the issues and provide assurance</li> </ul>			<b>Noted</b>
18.	<b>Ready Set Go Assurance (Risk, CSFs, Ops Readiness and Clinical Hazards)</b>			
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>• The paper identified a number of red CSF risks which require mitigation</li> <li>• Has been discussed in board and noted</li> </ul>			<b>Noted</b>
19.	<b>BAF</b>			
	<b>Chair's opinion:</b> <ul style="list-style-type: none"> <li>• Workforce issues to transfer from Quality to People and Culture Committee</li> <li>• Risk reduced from 16 to 12 to demonstrate progress in some areas</li> </ul>			<b>Reasonable Assurance</b>
<b>Positive highlights of note</b>		<b>Matters of concern or key risks to escalate to the Board</b>	<b>Matters presented for information or noting</b>	<b>Actions agreed</b>
<ul style="list-style-type: none"> <li>• Reduction in BAF risk proposed</li> <li>• Responsiveness of maternity team to areas of concern and achievement of CNST 10/10</li> </ul>		<ul style="list-style-type: none"> <li>• Outlier for #NOF mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of Cardiac Cath lab table and impact on delivery</li> <li>• Focus on learning form patient stories</li> </ul>	<ul style="list-style-type: none"> <li>• Clear actions to mitigate areas of high mortality</li> </ul>