



Agenda item: 17

Report to:	Trust Board
Title of Report:	Safety & Compliance Committee Assurance Report to Trust Board
Date of meeting:	04 May 2017
Recommendation:	For information and assurance
Chairperson:	Phil Townsend, Non Executive Director

Purpose The report summarises the assurances received, approvals, recommendations and decisions made by the Safety and Compliance Committee at its meeting on 13 April 2017.

Background The Committee meets bi-monthly and provides assurance on:

- CQC standards
- Compliance with external bodies, eg. NHS Litigation Authority, Health and Safety Executive, Health Service Ombudsman
- Actions taken and lessons learnt in response to adverse clinical incidents, complaints and litigation
- Compliance with clinical and non-clinical governance, standards and guidance
- Risk and governance strategy
- Board Assurance Framework

Business undertaken

Terms of reference

The Committee considered the terms of reference and recommended some suggestions with regard to the membership and work of the Committee. It was widely agreed that as this was the inaugural meeting of the new Safety and Compliance Committee, which was the first Committee to meet in a new governance committee structure, it would take a number of committee cycles before the new structure was fully embedded and was working effectively.

It was agreed that the chief nurse, deputy chief executive and medical director would meet to agree the scope and membership of each committee.

Work plan

The Committee reviewed the proposed work plan. It was agreed that there was some further work required in order to achieve the correct balance and appropriateness between the two safety committees. It was agreed that the work plan would be reviewed at the next meeting, along with the updated terms of reference once the scope

and membership had been confirmed.

Intra-uterine deaths – external review

A briefing paper was presented to the Committee by the Associate Director of Midwifery and The Chief Nurse outlining a proposal to undertake a review of Intra-uterine deaths (IUDs) in 2016 and to further build on the learning and relationship with the St George's team. The medical director stressed the importance of having clear terms of reference for the review and the committee agreed to review the ToRs at the next meeting.

NICU external review

The Chief Nurse presented a paper that summarised the progress made against the actions taken in response to the external NICU review. 35 of the 37 actions have been completed. The two outstanding actions will continue to be monitored through the QIP framework and the divisional risk register.

Quality Improvement Plan (QIP)

It was noted that the QIP report had been refreshed to take into account the actions from the latest Care Quality Commission inspection report. This was considered by the Committee and recommended for approval by the Board.

National guidance on Learning from Deaths

A paper on the new proposed guidance on Learning from Deaths was received. It was noted that adopting the new policy would have significant implications on resources.

BAF

The refreshed BAF risk 1: failure to provide safe effective, high quality care, was revised and recommended for approval by the Board.

BAF risk 3: current estate and infrastructure compromises ability to deliver safe, responsive and efficient patient care, was not available for consideration by the Committee. To avoid delay in Board review, it was agreed that this would be reviewed outside of the meeting and recommended for approval.

Risks to refer to risk register

None

Key decisions taken

To review terms of reference and work plan to ensure alignment with other safety committee
BAF risk 1& 3 approved by the committee.

Issues to escalate

- This was first of the new governance committee structure so not surprisingly it will take a couple of cycles to bed the new scope and agenda in.

- There is some executive work to complete to ensure the work plan between the safety committees is balanced and appropriate.
- Two reports (intra-uterine deaths and NICU external review final update). The Board should be aware of the proposal to commission an external study.
- The new QIP report was approved for the Board and Oversight committee
- Learning from Deaths - It's clear the consequences of adopting the new policy would be considerable on resources. It's hoped there will be some moderation in the policy but the Board should be aware.

Challenges and exceptions None

Future exceptional items None

Attendance record
Phil Townsend, Non-Executive Director John Brougham, Non-Executive Director Helen Brown, Deputy Chief Executive Mike van der Watt, Medical Director Tracey Carter, Chief Nurse Sally Tucker, Chief Operating Officer Patrick Hennessy, Rachael Corser, Associate Director of Quality Governance Dr Gloria Rowland, Associate Director for Midwifery and Gynaecology Mary Bhatti, Divisional Manager, WACs Debbie Elliott, EA to Mike van der Watt (notes) Jean Hickman, Trust Secretary