

<b>Meeting Title</b>	Mid and South Essex Acute Trusts Joint Working Board (meeting in public)		
<b>Meeting Date</b>	9 <sup>th</sup> May 2018	<b>Agenda No</b>	5
<b>Report Title</b>	Risk Management and Compliance Update		
<b>Lead Executive Director</b>	Diane Sarkar – Chief Nursing Officer		
<b>Report Author</b>	Diane Sarkar – Chief Nursing Officer		
<b>Action Required</b>	Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/>		
<b>Background / Context</b>	Continual evolvement of risk management and improvements in compliance methodology are essential in progress effective governance across the three hospitals.		
<b>Key Issue 1</b>	<p><b>Risk – BAF</b></p> <p>The group risk management approach has been evolving over the last year. Consistency in approach, policy and alignment with documentation has been achieved.</p> <p>A group Board Assurance Framework (BAF) was developed at the beginning of 2017, this has been a dynamic document which has evolved in response to both the changing landscape of risks and in response to feedback from the Joint Working Board members.</p> <p>It has been recognized that the BAF has become an operational document and articulates local site risks and issues rather than strategic risks.</p> <p>Concerns have also been identified that risk movement and evidence of mitigation has been limited as well as identified trajectories.</p> <p>A workshop was facilitated by the internal auditors BDO on developing a more strategic BAF. This was attended by the Chairman for BTUH, NED representation from each of the three sites, the CNO, site leadership representation and risk lead representation from each site.</p> <p>Following receipt of the feedback a subsequent meeting was chaired by the CNO with the above representation to agree the way forward. The following actions were agreed to progress:</p> <ul style="list-style-type: none"> <li>• Review / reword the strategic objectives to ensure alignment.</li> <li>• Identify KPIs / measurable for the identified strategic risks to ensure traction and reduction / mitigation of risk.</li> <li>• Ensure design is future proof post April 2019 for sites and group.</li> <li>• Review of local and Joint Working boards risk appetite.</li> <li>• Further review and development of BAF template, utilising best practice.</li> <li>• Develop a group risk register with a clearly defined “issue” log.</li> <li>• Risk escalation and de-escalation process to be clearly defined.</li> <li>• Identify how the BAF “drives” the JWB agenda to ensure a</li> </ul>		

	<p>strategic approach.</p> <ul style="list-style-type: none"> <li>• Ensure robust timing with local board agenda to ensure robust governance arrangements.</li> <li>• Request for internal audit resource to review post implementation</li> <li>• Common merger / Future Organisation Form for risk glossary to be populated.</li> </ul> <p>The established group wide “Risk and Compliance” group will continue to meet on a monthly basis to support the above agreed actions.</p> <p><b>Escalation of Risks from Sites</b> There are no risks to escalate.</p>
<p><b>Key Issue 2</b></p>	<p><b>Compliance</b> <b>CQC</b> <b>SUHFT</b> CQC - The final CQC report has now been published by the CQC and demonstrates a significant improvement. The trust achieved an overall rating of “Requires Improvement” with “Good” in well led and there was a shift in “good” ratings from 24 to 34 areas, and a reduction in requires improvement from 14 to 5.</p> <p>The CQC have been requested to undertake either a desk top review or an inspection of the safety domain in the core services of critical care and maternity as they are currently rated requires improvement and were not inspected as part of the inspection in November, so therefore the teams were unable to demonstrate improvements and have their rating reviewed to reflect the improvements.</p> <p><b>BTUH</b> CQC – Internal Well Led Review, this is now complete and the report will be taken to the May BTUH Board.</p> <p><b>MEHT</b> The “Well Led” review has now been planned and will take place over the next 4 weeks.</p> <p>The CQC relationship manager held the first focus group with staff at MEHT. This was well attended and no areas of concern were shared back with the Trust.</p> <p>A joint CCG and Trust quality monitoring visit was carried out at GUIDE on Tuesday 1<sup>st</sup> May, with no significant areas of concern being raised.</p> <p>Monthly CQC relationship meetings continue and have been helpful and productive.</p> <p><b>NHSi</b> Further to the Infection Control Visits undertaken by NHSi, a follow up review visit is planned for the 8<sup>th</sup> and 9<sup>th</sup> May across all three sites.</p>
<p><b>Timescale for Benefits to be Realised</b></p>	<p>May 2018</p>

<b>Assessment of Implications</b>	
<b>Financial</b>	Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? Not currently
<b>Risk</b>	Inadequate oversight of strategic risks and lack of consistency and standardisation increases the overall risks collectively and demonstrates poor governance arrangements.
<b>Freedom of Information</b>	<i>No exemptions apply (i.e., information is in the public domain)</i> <i>OR The following exemption(s) apply to this paper :</i>
<b>Other Implications Identified</b>	<ul style="list-style-type: none"> <li>• Regulatory impact may be evident</li> </ul>
<b>Recommendation</b>	The Trust Boards of BTUH, MEHT and SUHT are invited to: <ul style="list-style-type: none"> <li>• Note the report</li> </ul>