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| Meeting Title | Mid and South Essex University Hospitals Group - Trust Board in Common | | |
| Meeting Date | 11 th September 2019 | Agenda No | 7 |
| Report Title | Risk Management and Compliance Update | | |
| Lead Executive Director | Diane Sarkar – Chief Nursing Officer | | |
| Report Author | Diane Sarkar – Chief Nursing Officer | | |
| Action Required | Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> (<i>please tick</i>) | | |
| Background / Context | Continual evolvement of risk management and improvements in compliance methodology are essential in progress effective governance and compliance with quality, regulatory and professional standards across the three hospitals. | | |
| Key Issue 1 | <p>Risk Management and BAF (Group) The group BAF has been reviewed and updated at either the relevant board sub-committee or designated meeting.</p> <ul style="list-style-type: none"> • Site BAFs have now been dissolved and the Group BAF has been reviewed • Individual site risk appetites have been reviewed and updated. • A group risk appetite has been populated and is presented as a separate paper. | | |
| Key Issue 2 | <p>Compliance The Group Risk and Compliance group (Now MSE Governance Oversight Group) continue to meet on a monthly basis. The focus has been learning and sharing lessons from:</p> <ul style="list-style-type: none"> • Sis / Never Events • CQC Inspections and preparation for future inspections • Other peer reviews / inspections | | |
| Timescale for Benefits to be Realised | Ongoing basis and at the point in time of an inspection | | |
| Assessment of Implications | | | |
| Financial | Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? Not currently | | |
| Risk | Inadequate oversight of strategic risks and lack of consistency and standardisation increases the overall risks collectively and demonstrates poor governance arrangements. | | |
| Freedom of Information | <i>No exemptions apply (i.e., information is in the public domain) OR The following exemption(s) apply to this paper :</i> | | |
| Other Implications Identified | <ul style="list-style-type: none"> • Regulatory impact may be evident | | |
| Recommendation | The Boards is invited to: <ul style="list-style-type: none"> • Note the report | | |

Risk and Compliance Update – August 2019

1.0 Risks from Sites

Summary of top corporate risks (with a rating of 20 or more):

The top risks (Abbreviated to subject heading) that are consistent across one or more of the three sites:

| Area of concern | BTUH | MEHT | SUHFT |
|--------------------------------|------|------|-------|
| Staffing / Workforce | √ | √ | √ |
| National targets / performance | √ | √ | √ |
| Finance | √ | √ | √ |
| CQC compliance | | √ | |
| End of life operating systems | | | √ |

1.1 Escalation of any risks

- Impact of EU Brexit
- Failure to comply for all 10 Safety Action Standards for NHS Resolution for Maternity

1.2 De-escalation of any risks

None to report

2.0 CQC

SUHFT and MEHT

On the 1st August 2019 a Provider Information Request (PIR) letter was received for SUHFT and MEHT.

The services and locations tab were completed for both sites by 5th August as required.

As part of the PIR submission the Trust must submit a self-assessment against each of the CQC five key questions, is the service safe, effective, caring, responsive and well-led.

and 22nd This self-assessment must be completed for each core service and registered site overall as a Trust, this was successfully completed and submitted, as required on August 2019 for both sites.

Process

- July CQC Insight report reviewed
- Standardised self-assessment templates completed by core service triumvirates
- Review meetings with core service leads with CNO/MD/DoN to check and challenge ratings
- Agreed self-assessment ratings presented to Site Leadership Team Meetings for site sign off (SUHFT 15/08/19 and MEHT 20/08/19)
- Final self-assessment ratings approval at Executive Team meeting (21/08/19)
- Approved self-assessment ratings circulated to Board members 21/08/19

Principles

- Previous ratings reviewed
- Compliance with must take and should take actions
- Progress with improvement plan
- Review of any significant issues / challenges
- Consideration of outstanding areas of practice
- Evidence of sustainability of improvements

- Where a core service was not inspected at the last inspection, unless there was any evidence of deterioration from previous ratings, the service has been assessed as the same

BTUH

The trust received its' final report which was published in July.

Ratings for Basildon University Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|-----------------------|-----------------------|---------------------------------------|----------------------------------|----------------------------------|
| Urgent and emergency services | Requires improvement Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 |
| Medical care (including older people's care) | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 |
| Surgery | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Requires improvement ↓ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 |
| Critical care | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good ↔ Feb 2016 | Good ↔ Feb 2016 | Good ↔ Feb 2016 |
| Maternity | Requires improvement Jul 2019 | Good Jul 2019 | Good Jul 2019 | Good Jul 2019 | Requires improvement Jul 2019 | Requires improvement Jul 2019 |
| Services for children and young people | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 |
| End of life care | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 | Good Mar 2015 |
| Outpatients | Good ↔ Jul 2019 | N/A | Good ↔ Jul 2019 | Requires improvement ↓ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 |
| Overall* | Requires improvement ↓ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 | Requires improvement ↓ Jul 2019 | Good ↔ Jul 2019 | Good ↔ Jul 2019 |

3.0 Internal CQC Compliance Inspections

These are undertaken utilising peer review methodology, with staff from the other sites. This maximises the “fresh eyes” approach and shared learning. All reports and findings are shared across the three sites to ensure lessons learnt.

| Core Service | BTUH | MEHT | SUHFT |
|--------------|----------------------|----------------------|-------|
| Renal Unit | Requires Improvement | | |
| Gosfield | | Requires Improvement | |
| TADSU | | Requires Improvement | |

4.0 Internal / External Audit Reports:

| Audit | BTUH – level of assurance | MEHT – level of assurance | SUHFT – level of assurance |
|-----------------------------|----------------------------------|----------------------------------|-----------------------------------|
| CQC Improvement Plan | None received | Substantial | None received |

5.0 External Reviews / Visits

| MEHT | SUHFT | BTUH |
|---|---|---|
| NICU Peer review – Positive feedback | NICU Peer review – Positive feedback | NICU Peer review – Positive feedback |