

<b>Meeting Title</b>	Mid and South Essex University Hospitals Group - Trust Board in Common		
<b>Meeting Date</b>	13 <sup>th</sup> November 2019	<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"/> <i>(please tick)</i>		
<b>Background / Context</b>	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.		
<b>Key Issue 1</b>	<p><b>Risk Management and BAF (Group)</b>  The group BAF (Appendix 1) has been reviewed and updated at either the relevant board sub-committee or designated meeting and approved at the Executive meeting on the 6<sup>th</sup> November.</p> <p>Summary of Risk Movement:</p> <ul style="list-style-type: none"> <li>• 3.1, 3.2 and 3.3 have all been reviewed at People and Organisational Development Committee and have now been amalgamated into one risk:   <i>Risk of workforce instability as a result of high levels of turnover and the inability to reduce these levels, resulting in low staff morale and increased turnover.</i>   Risk score: 20</li> <li>• 4.1 and 4.5 have been reviewed and amalgamated   <i>Failure to achieve and deliver year on year improved financial sustainability and effective use of resources</i>   Risk score: 25</li> <li>• 4.2 and 4.6 have been reviewed and amalgamated   <i>Failure to consistently deliver safe, responsive and efficient patient care in a cost effective manner because the current estate and associated infrastructure is not fit for purpose. Failure to develop and fund a long term capital plan which addresses the clinical, estates and technological needs of the organisation.</i>   Risk score: 20</li> <li>• Risk 4.3 has reduced from 20 to 16</li> </ul>		

	<p>Further actions for refinement of the BAF:</p> <ul style="list-style-type: none"> <li>• A key challenge by the Board has been there has been appropriate scrutiny of the mitigation, movement of risk and assurances provided at the Board sub-committee. A template (Appendix 2) has been designed to assist in supporting comprehensive review at board sub-committees. New BAF checklist was approved at the Quality Committee in Common for use in board sub-committees.</li> <li>• An additional risk to be captured as part of strategic objective 2.0 – Deliver high quality, safe and responsive services shaped by best practice and our local communities, which details failure to achieve target clinical outcomes</li> <li>• For presentation of BAF to board sub-committees reasons for risk scores to be articulated.</li> </ul>
<b>Key Issue 2</b>	<p><b>Compliance</b></p> <p>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"> <li>• Sis / Never Events</li> <li>• CQC Inspections and preparation for future inspections</li> <li>• Other peer reviews / inspections</li> </ul>
<b>Timescale for Benefits to be Realised</b>	Ongoing basis and at the point in time of an inspection
<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) 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>	<p>The Boards is invited to:</p> <ul style="list-style-type: none"> <li>• Note the changes in the BAF</li> <li>• Note the compliance report</li> </ul>

## Compliance Update – November 2019 (Reporting for September)

### 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

- Group - Failure to comply for all 10 Safety Action Standards for NHS Resolution for Maternity
- Ongoing CTC instrument concern
- Gynaecology risk summit at MEHT

### 1.2 De-escalation of any risks

None to report

### 2.0 CQC

#### SUHFT and MEHT

On the 1<sup>st</sup> August 2019 a Provider Information Request (PIR) letter was received for SUHFT and MEHT and successfully submitted on the 22<sup>nd</sup> August as required.

On the 17<sup>th</sup> October 2019 we received notification that the following core services were to be inspected on the 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> November 2019.

SUHFT	MEHT
Medicine	Medicine
Surgery	Surgery
Emergency Services	Emergency Services
Maternity	Maternity
Outpatient Department	Outpatient Department
	Gynaecology

There will be a combined Well Led inspection on the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> December, with a Use of Resource Inspection on the 26<sup>th</sup> November for Southend.

### 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
Osler ward	Requires Improvement		
John Ray		inadequate	
Orsett Eye Unit			Good

- Immediate actions were taken and improvement plans developed which are monitored through division / directorate governance structures.
- Almost all clinical areas were inspected as part of the preparation for the CQC inspection. Any issues were addressed and escalated to the Site Leadership Teams directly or via the weekly Maintaining High Standards meeting.

#### 4.0 Internal / External Audit Reports:

Audit	BTUH – level of assurance	MEHT – level of assurance	SUHFT – level of assurance
	None reports received	None reports received	None reports received

#### 5.0 External Reviews / Visits

MEHT	SUHFT	BTUH
24 <sup>th</sup> September 2019 JCT QAV Paediatrics – positive feedback	ACT quality assurance visit – paediatrics 6 <sup>th</sup> August 19 - positive feedback	<p>Trauma network peer review – 26 September 2019. Annual report submitted on the 30 August 2019</p> <p>Critical Care Network Peer Review – 23 October 2019. A self-assessment has been completed</p> <p>Renal Service: Quality Surveillance Review – 15 January 2020. Self-declaration and evidence required by the 11 December 2019.</p> <p>Quality Assurance Visit Q3 – JCT – End of life care - 23 October 2019 – no report as yet</p>

## 6.0 Whistleblowing

Increased utilisation of service across MEHT and SUHFT.

Areas:

BTUH: Maternity

MEHT: Burns and plastics, Ophthalmology

SUHFT: BME

## 7.0 CAS Alerts

MEHT	SUHFT	BTUH
<p>2 open breached CAS alerts from 2018/2019:</p> <ul style="list-style-type: none"> <li>• Portable fans in health and social care facilities: risk of cross infection, awaiting maintenance plan from estates</li> <li>• 'Anti-ligature' type curtain rail systems: Risks from incorrect installation or modification</li> </ul>	<p>Currently one overdue</p> <p>Resources to support safer care for patients at risk of autonomic dysreflexia</p> <p>New pathway has agreed with the colorectal team and is currently awaiting approval from the Clinical Directors prior to ratification</p>	<p>none</p>