

Meeting Title	Mid and South Essex University Hospitals Group - Trust Boards in Common		
Meeting Date	11 th March 2020	Agenda No	5
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</p> <p>BAF risks continue to be reviewed by Board committees and is presented to the Board on a quarterly basis.</p> <p>This version of the BAF was presented to the Audit Committee in Common on the 28th February 2020.</p> <p>One risk, 2.2 <i>“Failure to deliver clinical service change / reconfiguration to meet the needs of the local population currently and in the future, against agreed timescales”</i> Was reduced to a risk rating of 12. All other risks remain unchanged.</p> <p>The BAF, in its entirety will be reviewed for the new merged organisation for presentation to the new Board. This will include a review of the risk appetite for the new merged organisation.</p> <p>Review of the BAF document will include:</p> <ul style="list-style-type: none"> • refinement of the risks • standardisation of presentation and narrative • greater articulation of metrics and trajectories, including timescales. 		
Key Issue 2	<p>Compliance</p> <p>The MSE Governance Oversight Group continue to meet on a monthly basis.</p> <p>Only exceptions from this group will be reported to the board moving forward.</p> <p>CQC</p> <p>The final reports have now been published and the improvement plan is being developed, this will be presented to the April Quality Committee.</p> <p>Details of the report included in the CEO paper.</p>		

Timescale for Benefits to be Realised	Ongoing
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"> Review the BAF document and note the next steps for further development of the BAF for the new merged organisation Note the compliance report
Appendix	Appendix 1 BAF document February 2020

Compliance Update – March 2020

1.0 Risks from Sites

Summary of top corporate risks

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

SUHFT

- Staff shortages in Radiotherapy Physics (Medical Physics Experts) means we are non-compliant with Peer Review mandated staffing levels
- Maternity software support is due to expire in June 2020. The company providing the software has sent an expiration notice for the software
- Insufficient power continuity protection (UPS) for switchboard consoles - The current UPS in place for SWB consoles is at capacity and in the event of failure may fail within 30mins if power disruption is prolonged

MEHT

Ophthalmology

Concerns over the numbers of patients waiting for an Ophthalmology consultation and the processes used in the Ophthalmology department and Ophthalmology staffing

1.2 De-escalation of any risks

Risk 4.3 – Regulation 15 – Premises to be retired as it is reflected in the BAF

2.0 CQC

MEHT and SUHFT reports published on 5th March. Improvement plan being developed and will be presented at the April Quality Committee.

3.0 Internal CQC Compliance Inspections

None undertaken

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
<p>January 2020: RCPCH Diabetes Quality Team review of Children's Diabetic Service</p> <p>Full report expected March 2020</p> <p>30th January 2020 Human Tissue Authority (HTA) Post Mortem Sector</p> <p>6th February 2020: Quality Assurance Visit to MEHT Cervical Screening</p> <p>12th February 2020: Intensive Care Network Peer Review</p>	<p>The next ACT quality assurance visit is planned for 25th February 2020</p>	<p>JCT End of Life Care for Q3 review done. Very positive with three recommendations. Comments have been returned with one challenge. Currently await report.</p> <p>Infection Control Review. This will go to the Infection Control Group who will share any immediate findings with the site team.</p> <p>There was a Business Continuity Review in January with two major conformities identified.</p> <p>Performance and Evaluation Training for Major Incidents (Gold Training).</p>