Summary of Assurances, Risks and Items for Escalation from Executive Risk Management Group meeting on 09/10/2018

Key items considered by the committee / group:
[Summarise the main points on the agenda including anywhere the committee was unable to obtain assurance or there may be an adverse impact for the Trust (e.g. potential impact on: strategic progress, compliance or patient safety). Consider whether the agenda fit for purpose – e.g. linked to the terms of reference and the work plan for that month]
	• Review of Service Line Risk Register for Hazardous Area Response Team (HART)
	• Review of Directorate Risk Register for Chief Executive
	• Business Continuity and Resilience Report
	• Risk Dashboard which highlighted
	   o Outstanding Risk Reviews
	   o Outstanding Risk Actions
	   o Closed Risks with Outstanding Actions
	   o Risk Management Strategy Quarter 1 and Quarter 2 Report
	• Organisational Risk Register

Items for escalation: *[Describe the reason for the item being escalated, where it has been escalated to and what action this committee / group needs to take as a result. This may include for example:* • *Outstanding actions where limited progress has been made]*	• Out of date policies to be raised at relevant Committees
Key decisions made: *[Concise bullet points describing the **key** decisions made and the responsible owners]*	• For future meetings, a more comprehensive coversheet would be provided with risk registers highlighting significant risks or issues
Main sources of assurance: *[Concise bullet points describing any key sources of assurance which are relevant to the Trusts strategic risks]*	• Improvement in compliance for Business Impact Analysis (BIA), Business Continuity Plans and Exercises • Improvement in action compliance • No new high risks had been added to the Organisational Risk Register

Highlights from sub-groups reporting into this committee / group:
[Short synopsis of any key successes / risks highlighted by the sub-groups
Outline any key projects delegated, e.g. task and & finish exercise on a specific issue]
	Business Continuity Steering Group (BCSG) 14th September 2018
	• Risk Register – all risks reviewed and progress noted with any immediate risks being followed up by the Business Continuity Manager
	• Corrective Actions – good progress although there are still 83 actions outstanding. These will remain as part of the agenda for monitoring until a decrease is seen
	• Business Continuity Activity
	   o BC2 being utilised more for clinical care and transport which is a good thing
	   o Performance of the Business Continuity Management System is being maintained
	• Business Continuity Directorate Reports
	   o Business continuity directorate reports are being frequently chased up and often are not submitted. Those reports that were submitted were reviewed with corrective actions noted
	• Directorate Business Continuity Plans - all directorate Business Impact Analysis have now been completed and signed off

	• NEASUS – Fleet - Business Impact Analysis and work instructions have been completed although some clarity needed in relation to testing and exercising
	• Training and Exercising –
	    ○ Annual training and exercising planned 1 year in advance. Representation from Clinical Care & Transport areas has been well however some support services representation has been reduced
	    ○ EOC have revised the evacuation procedures following the CQC visit which is being exercised internally by dispatch teams on a regular basis and being recorded on the BCMS

Key risks identified: *[Concise bullet points describing the __most__ significant risks identified including agreed actions For the Board committees only please reference any work undertaken in relation to allocated Board Assurance Framework risks]*	• There were no risks that required urgent attention

Meeting details:				

		Quorate:	**Yes**	**No**
Number of apologies:	7	*[i.e. was the committee / group quorate?*	✓	
Chair:	Lynne Hodgson Director of Finance & Resources	**Lead Director:**	Joanne Baxter, Director of Quality & Safety	

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MINUTES OF MEETING

Meeting :	Executive Risk Management Group
Details:	Tuesday 9th October 2018 @ 09:30 Room 14, NEAS HQ
Present:	Mr P L Liversidge, (**PLL**), Chief Operating Officer Dr M Beattie, (**MB**), Medical Director Mrs L Hodgson, (**LH**), Director of Finance & Resources (Chair) Mr M Cotton, (**MC**), Assistant Director of Communications & Engagement
In Attendance:	Ms C A McLachlan, (**CAMcL**), Safer Care Manager (for A D Gallagher) Mr J Knox, (**JK**), Head of Commercial Development (for C Thurlbeck)
Minute-taker:	Miss L O'Donnell, (**LO**), Administrative Assistant CEO

No.		Action by
1.	**APOLOGIES FOR ABSENCE**	
	Apologies for absence were received from Mrs Y Ormston, Mrs J M Baxter, Mr A D Gallagher, Mrs C Thurlbeck, Mr S Swallow, Mrs S Tucker and Miss J Boyle.	
2.	**MINUTES OF PREVIOUS MEETING HELD ON 11th SEPTEMBER 2018**	
	The minutes of the Executive Risk Management Group meeting held on 11th September 2018 were accepted as a true and accurate record.	
3.	**REGISTER OF ACTIONS**	
	The actions register was reviewed and on-going progress noted. Those actions which had been completed were closed down. The register would be updated to reflect discussions and distributed prior to the next meeting.	
	Action 162) MAPPA and MARAC - MARAC on systems not consistent throughout police command areas – There has been no change.	
	Action 168) To determine process to charge for 999 call outs to events not being covered by NEAS Contract – Simon Swallow has drafted a letter to go out. There was a discussion running the action through Executive Team to agree principles. **PLL** to pick up with **SKS.**	**P Liversidge**
	PLL and **LH** had a discussion around duplication of a risk relating to performance on the organisational risk register and it was agreed that **PLL's** risk would stay on the register and the financial implications would be added as an action to the risk.	
4.	**DIRECTORATE RISK REVIEW – CHIEF EXECUTIVE**	
	MC introduced the Chief Executive Risk Register for review.	

No.		Action by
	Reference was made to risk **ORR-38** regarding a significant number of policies being out of date and there was discussion around this risk beginning in 2015 resulting in the probability that the amount of out of date policies has reduced considerably. **LH** also suggested that the out of date policies could go to the relevant committees to raise awareness. **MC** to pick this up with **Jennifer Boyle** ahead of CQC inspection on 16th October.	**M Cotton /J Boyle**
	MC made reference to the risk **CEO07** regarding relations with key stakeholders, external partners and interested bodies. It was noted that a lot of work has been done within the last two years around this risk and the remaining risk is mostly around the relationship with commissioners. **MC** stated there is lots of assurance elsewhere and that he would revise the risk.	
	LH explained that there is an objective on the BAF to improve relationships with commissioners and the possibility that risk **CEO07** could be changed to link in with the BAF.	**M Cotton to note**
	JK queried whether **CEO07** should be a risk due to it being a general organisational issue. **MC** explained the reasoning behind this being a risk was due to the 111 tender bid and the problems commissioners had around 111. It was agreed to close out this risk due to the objective on the BAF and the actions surrounding this risk being picked up in Communication reports.	
	MC raised the issue of the commissioners understanding around 111 and the letter that he drafted around the national positioning on 111. It was decided to agree the letter with Stuart Findley.	**M Cotton**
	Referencing risk **CEO05** concerning implementing a robust model for the Freedom to Speak Up Guardian role, it was noted that an action plan has been developed and although this is a low level risk it should remain on the risk register as there is more work to be done.	
5.	**SERVICE LINE RISK REVIEW – Hazardous Area Response Team (HART)**	
	PLL introduced the HART Risk Register for review and explained that a lot of the risks come from audits.	
	Making reference to risk **EPR-15** regarding potential non-compliance with the HART Service specification manning requirements, **PLL** stated that S Swallow and V Court have a potential solution for an extra few members of staff to be available for response and operations as a dual role.	
	In regards to risk EPR-18 concerning availability of Loggists out of hours, **PLL** explained that the business case for a Loggist has now been approved.	
	Referencing EPR-11 regarding the requirement of a minimum of ten MTFA staff being on duty at all times, **PLL** explained that MTFA staff (Marauding Terrorist Firearms Attack) and SORT staff (Special Operations Response Team) are now being trained in both areas so there is a bigger pool of staff to call upon.	
	Regarding risk EPR-17 around ambulances services providing MTFA training to fire services, **PLL** raised his concern that the demand has grew significantly since this was started and we now only have one trainer. The concern has been raised in national meetings and with NARU (National Ambulance Resilience Unit). **PLL** stated that NARU have submitted a revised business case to NHS England and if successful it will be put into training.	
	Regarding risk EPR-10, concerning high levels of hospital delays and diverts at Darlington, Sunderland and UHND, **LH** suggested that the specific hospitals be taken out and the risk to state hospitals across the region due to demand changing daily.	**P Liversidge to note**
6.	**BUSNESS CONTINUITY AND RESILIENCE REPORT**	

No.		Action by
	PLL introduced the report and the contents were noted. **PLL** made reference to the compliance stating the Business Impact Analysis (BIA) is 89%, Business Continuity Plans (BCP) 86% and Exercises 87% which is a real improvement as this was a previous weakness.	
7.	**RISK DASHBOARD AND HEAT MAP**	
	CAMcL provided an overview of the current position of the Trust's risk registers. Overall compliance regarding reviews has deteriorated while there has been a slight improvement with action compliance.	
	During this reporting period there were No new 'High' rated risks to be considered for management through the Organisational Risk Register.	
	LH raised the question on how the outstanding actions are escalated and **CAMcL** explained that the process is currently left up to managers but assistance could be provided if needed.	
	The Dashboard identifies that 105 Risks have no Actions; however as per the Risk Strategy all risks with a score of 8 and above should have an action plan, there are 32 risks that fall into this bracket. **PLL** asked if this could be a regular report and **CAMcL** stated in the interim she would email all the relevant directors with information on where those risks lie.	**C A McLachlan**
	LH made reference to the risks regarding fleet as there are two categories regarding fleet: the NEASUS risk of not delivering the service and the NEAS risk of not receiving the service. **PLL** stated that the contract meeting would be a good place to agree on risk registers.	
	Making reference to the information that the Chief Executive Risk Register has one of the highest levels of 'high' rated risks, there was a discussion around the risks relating to NEASUS lying within the directorate and the management of those risks. It was agreed that this was a discussion for the NEASUS board.	
8.	**ORGANISATIONAL RISK REGISTER**	
	The Organisational Risk Register for 2018 / 2019 was presented to the Executive Risk Management Group to discuss and review the content, seek / clarify the level of assurances provided and ensure that the risks captured are relevant as well as correctly risk rated against the current organisational position.	
	It was noted that this month's report shows a slight decline on compliance.	
	LH referenced risk **191** regarding currently being unable to provide assurance of compliance with all relevant NICE guidelines and queried why this was the case. **MB** explained the risk can now be reviewed as Shelley Dyson had been appointed to the post of Clinical Audit and Effectiveness Manager and was now is now checking the compliance.	
	Reference was made to the risk **157** with overdue actions relating to the proposed removal of £1.3million from the 999 clinical hub from April 2019 and **PLL** agreed to review and update the outstanding actions.	**P L Liversidge**
	It was noted that the overdue risk **ORR-51** was missing and it was suggested that this may have been due to the risk being closed incorrectly. **CAMcL** to investigate.	**C A McLachlan**
	LH discussed risk **ORR-56** which has no assigned actions, regarding finalisation of NHS 111/IUC contract, explaining that the contract has been signed by NEAS but is still awaiting signatures for from the commissioners. **CAMcL** to send an email to confirm following update.	**C A McLachlan**

No.		Action by
9.	**RMS – ANNUAL DELIVERY PLAN: QUARTER 1 & QUARTER 2**	
	CAMcL introduced the plans and explained that it is in a good position and on target to achieve. The only query the group had was regarding the annual governance statement but assurance has been received that it has been submitted.	
	LH suggested that information be included for assurance that the work will be completed by the end date.	**C MacLauchlan to note**
	In response to a query regarding partnership working with police, **CAMcL** advised that **ADG** has had a good meeting with the new Deputy of Northumbria Police and further meetings were planned between the Trust and the force.	
10.	**ASSURANCE FROM SUB GROUPS – BUSINESS CONTINUITY STEERING GROUP**	
	There were no queries regarding the minutes of the Business Continuity Steering Group meeting held on 14.09.2018. The contents were noted.	
11.	**CYCLE OF BUSINESS**	
	The cycle of business was presented to enable the agenda for the next meeting to be confirmed. The Service Line Risk Review for November will be Scheduled Care and the Directorate Risk Review will be Quality & Safety.	
7.	**ANY OTHER BUSINESS**	
	There was no other business to discuss on this occasion.	
8.	**ITEMS FOR ESCALATION**	
	The Chair reinforced the requirement for staff to keep the ORR up to date and for risks to have actions included.	**All to note**
9.	**DATE AND TIME OF NEXT MEETING**	
	The next Executive Risk Management Group meeting will be held on Thursday 15th November @ 14:00 Room 14, NEAS HQ	