



Summary of Assurances, Risks and Items for Escalation from Executive Risk Management Group meeting on 08/08/2019				
<p><b>Key items considered by the committee / group:</b> [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]</p>	<ul style="list-style-type: none"> <li>• Review of Service Line Risk Register for HART</li> <li>• Review of Medical Directorate</li> <li>• Risk Dashboard which highlighted               <ul style="list-style-type: none"> <li>○ Outstanding Risk Reviews</li> <li>○ Outstanding Risk Actions</li> <li>○ Closed Risks with Outstanding Actions</li> </ul> </li> <li>• Trust's Top 3 security Risks</li> <li>• Board Assurance Framework</li> <li>• Organisational Risk Register</li> <li>• Cycle of Business for 2019 – 20</li> </ul>			
<p><b>Items for escalation:</b> [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:</p> <ul style="list-style-type: none"> <li>• Outstanding actions where limited progress has been made]</li> </ul>	<ul style="list-style-type: none"> <li>• There were no items to be escalated</li> </ul>			
<p><b>Key decisions made:</b> [Concise bullet points describing the <b>key</b> decisions made and the responsible owners]</p>	<ul style="list-style-type: none"> <li>• Risk ORR-57 had been broken down into service lines</li> </ul>			
<p><b>Main sources of assurance:</b> [Concise bullet points describing any key sources of assurance which are relevant to the Trusts strategic risks]</p>	<ul style="list-style-type: none"> <li>• Overall compliance had increased since the previous reporting period</li> <li>• There were no risks for consideration for the ORR</li> <li>• There were no closed risks with outstanding actions</li> </ul>			
<p><b>Key risks identified:</b> [Concise bullet points describing the <b>most</b> significant risks identified including agreed actions For the Board committees only please reference any work undertaken in relation to allocated Board Assurance Framework risks]</p>	<ul style="list-style-type: none"> <li>• There is still no audit process in place for GPs and clinical advisers however there is ongoing work into the matter</li> <li>• Compliance with the HART National Standards for Estates – Comments were made after the NARU audit as NEAS were having issues with compliance however an options appraisal has been carried out.</li> </ul>			
<b>Meeting details:</b>				
<b>Number of apologies:</b>	5	<b>Quorate:</b> [i.e. was the committee / group quorate?]	<b>Yes</b>	<b>No</b>
			✓	
<b>Chair:</b>	Paul Liversidge, Interim Chief Executive	<b>Lead Director:</b>	Joanne Baxter, Director of Quality & Safety	

## Document Information

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## MINUTES OF MEETING

<b>Meeting :</b>	Executive Risk Management Group
<b>Details:</b>	Thursday 8 <sup>th</sup> August 2019 @ 13:30, Fulbeck Room, NEAS HQ
<b>Present:</b>	Mr P Liversidge, ( <b>PLL</b> ), Interim Chief Executive (Chair) Mr K Scollay, ( <b>KS</b> ), Group Director of Finance & Contracting Mr J Emerson, ( <b>JE</b> ), Director of People & Development Mrs C Thurlbeck, ( <b>CT</b> ), Director of Strategy, Technology & Transformation Mr M Beattie, ( <b>MB</b> ), Medical Director
<b>In Attendance:</b>	Mr A Hopper, ( <b>AH</b> ), Risk Manager Miss J Boyle, ( <b>JB</b> ), Trust Secretary Mrs Marianne Walton, ( <b>MW</b> ), HART & Resilience Manager
<b>Minute-taker:</b>	Miss L O'Donnell, Chief Executive Administrative Assistant

No.		Action by
<b>1.</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from V Court, A Gallagher, M Cotton, J Baxter and S Swallow.	
<b>2.</b>	<b>MINUTES OF PREVIOUS MEETING HELD ON 9<sup>TH</sup> JULY 2019</b>	
	The minutes of the previous meeting were agreed to be a true and accurate record.	
<b>3.</b>	<b>REGISTER OF ACTIONS</b>	
	The actions register was reviewed and on-going progress noted. Those actions which had been completed were closed. The register would be updated to reflect discussions and distributed prior to the next meeting.	
	Action 12) EOC Servers – <b>PLL</b> explained that he had a meeting earlier in the day to discuss the matter and it was realised that the test concerns multiple external agencies therefore it had been hard to co-ordinate performing the test. The outcome of the meeting was to perform an internal test at 21:00 on 8 <sup>th</sup> August 2019 lead by telephony who were confident there would be no problems due to suspected updates within servers. Depending on the outcome of the internal test, the wider test would be completed. <b>PLL</b> to update the Trust Board at the September meeting.	
	Action 13) Update to risk 254 – complete	
<b>4.</b>	<b>DIRECTORATE RISK REVIEW – MEDICAL</b>	
	<b>MB</b> introduced the medical risk register and highlighted that there was still no audit process in place for GPs and Clinical Advisors however there was an option to	

No.		Action by
	create a Nurse job share for rotational working. Nathaniel Williams had been attempting to carry out the audits but his capacity to do so had diminished.	
	<b>MB</b> drew attention to risk 161 regarding falls and assured all pilots were being monitored to ensure that waits are not being prolonged due to alternative pathways.	
	<b>CT</b> highlighted that the risk had reached the target risk rating therefore could be reviewed for acceptance and closure.	
<b>5.</b>	<b>SERVICE LINE RISK REGISTER – HART</b>	
	<b>MW</b> presented the HART risk register and assured that numerous risks would be removed from the register following the next EPRR meeting.	
	<p><b>MW</b> provided updates on the following risks:</p> <ul style="list-style-type: none"> <li>• Gas Monitoring – The monitors had had continual sensor failures and as a result staff had lost confidence in the device. New monitors have been purchased however all staff will need to be trained before the go-live</li> <li>• Polaris Vehicle – Concerns have been raised regarding carbon monoxide emissions from the vehicle therefore mitigations had been put in place until the new vehicle arrived.</li> <li>• HART Vehicle Replacement – After 2 vehicles were written-off in the Christmas period, there has been a delay in receiving the replacement therefore a vehicle has been loaned from NARU but NEAS are without a spare vehicle.</li> <li>• MTA Training – there is a lack of capacity within the team to provide MTA training and there is a requirement for 10 MTA staff therefore there is currently a member of staff on secondment to undertake the training however this is not a long-term solution</li> <li>• Compliance with the HART National Standards for Estates – Comments were made after the NARU audit as NEAS were having issues with compliance however an options appraisal has been carried out.</li> </ul>	
	<b>PLL</b> requested that a risk be added to the risk register regarding comments from NHSE.	
<b>6.</b>	<b>RISK DASHBOARD AND HEAT MAP</b>	
	The dashboard identified that out of 204 current risks, 13 were due for review in the reporting period no risks have no review date entered, 9 risks exceeded the review date by 0-5 days, and 1 risks exceeded the review date by 5-10 days whilst 3 risks exceeded the review date by more than 10 days.	
	<b>AH</b> shared that overall compliance had increased since the previous reporting period and there had been very little change within the dashboard.	
	There were no risks for consideration for the ORR.	
	<b>6.1. OUTSTANDING RISK ACTIONS</b>	
	The contents of the report were noted.	
	<b>6.2. OUTSTANDING RISK REVIEWS</b>	
	The contents of the report were noted.	
	<b>6.3. CLOSED RISKS WITH OUTSTANDING ACTIONS</b>	
	There were no closed risks with outstanding actions.	
<b>7.</b>	<b>TOP 3 SECURITY RISKS</b>	

No.		Action by
	<b>CT</b> presented the risks and confirmed there has been no change since the last presentation at ERMG therefore asked for the members to note the risks. <b>CT</b> assured that none of the risks were for consideration for the ORR.	
	<b>AH</b> highlighted IG17 and stated this risk could be closed due to there being no reports of unauthorised access to the server room for a period of time.	
<b>8.</b>	<b>ORGANISATIONAL RISK REGISTER</b>	
	<b>8.1. DEVOLUTION OF ORR-57 INTO SERVICE LINES</b>	
	At the Executive Risk Management Group committee in July 2019 it was requested to split out organisational risk ORR-57 into the different service lines therefore <b>AH</b> presented the different options to the group and it was noted that there were already various risks on risk registers concerning recruitment.	
	<b>CT</b> suggested that a risk was not needed for support services.	
	<b>PLL</b> requested that there was a separate risk for the EOC clinical and non-clinical staff and it was agreed for a risk to be added for CCA vacancies.	<b>A Hopper to note</b>
	<b>8.2. ORGANISATIONAL RISK REGISTER</b>	
	<b>AH</b> introduced the ORR explaining that three new risks had been added and all were strategic risks relating to the Board Assurance Framework.	
	<b>PLL</b> highlighted risk 205 with the initial rating of 8 as this was a low score to promote a risk onto the organisational risk register. <b>AH</b> assured he would look into this.	<b>A Hopper</b>
	The terms of reference for the group were to be updated to reflect the changes to the risk threshold for consideration for the ORR from 16 to 12 or at the Board's discretion.	<b>J Boyle</b>
	<b>JBOY</b> raised the query of whether risk 249 regarding not meeting performance targets was scored high enough at 12. <b>CT</b> stated the risk should be increased due to problems with meeting trajectories for cat 2 and 3. <b>PLL</b> stated that risk ORR-41 related specifically to response times for category 2, 3 and 4 therefore this risk should be increased.	<b>A Hopper to note</b>
<b>9.</b>	<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	
	<b>JBOY</b> introduced the BAF to sense check and ensure that all members were content with the new approach to completing. <b>JBOY</b> queried whether there was anything to be added.	
	<b>CT</b> highlighted risk 280 regarding Just Culture as the score was sitting at 16 however a lot of work had been done which should bring the score down. <b>JE</b> explained that he was carrying out work with G Hunter to look at the risks.	
	<b>PLL</b> praised the new layout for being a lot more comprehensive.	
<b>10.</b>	<b>CYCLE OF BUSINESS FOR 2019-2020</b>	
	The cycle of business was introduced for review and it was noted that Strategy, Technology & Transformation would be the next Directorate to be review and EOC would be the service line.	
<b>11.</b>	<b>ANY OTHER BUSINESS</b>	
	No other business was discussed.	

No.		Action by
12.	<b>ITEMS FOR ESCALATION</b>	
	There were no items for escalation to the Board.	
13.	<b>DATE AND TIME OF NEXT MEETING</b>	
	Date and Time of next meeting: Monday 9th September 13:30 – 15:30, Fulbeck Room NEAS HQ	