



<b>MEETING TITLE</b> Trust Board		<b>MEETING DATE</b> 27/03/2018	
<b>TITLE of PAPER</b>	Risk Management Report with Board Assurance Framework (BAF) 2017/18, Corporate Risk Register and draft Board Assurance Framework 18/19. Update on implementation of General Data Protection Regulations and progress on Vehicle Accident Reduction	<b>PAPER REF</b>	6.3
<b>STRATEGIC OBJECTIVE(S)</b>	All Choose an item.		
<b>PURPOSE OF THE PAPER</b>	The purpose of this paper is to <ul style="list-style-type: none"> <li>• update on closedown of the BAF 2017/18</li> <li>• summarise the process for recast of the BAF and proposals for amends to principal risk descriptions for 2018/19</li> <li>• provide detail of changes to the Corporate Risk Register since last meeting</li> <li>• Explain work being undertaken in respect of Vehicle Accident Reduction</li> <li>• Provide an update on plans to achieve compliance with General Data Protection Regulations (GDPR)</li> </ul>		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	Maxine M Travis, Risk Manager Rachel Monaghan, Associate Director of Performance, Assurance and Risk	<b>ACCOUNTABLE DIRECTOR</b>	Steve Page – Executive Director of Quality, Governance & Performance Assurance
<b>DISCUSSED AT / INFORMED BY :</b> Board Development Meeting 22/02/18, Risk & Assurance Group, Monthly Directorate and Risk leads meetings, Trust Management Group, Health and Safety Committee, Information Governance Working Group. Vehicle Accident Reduction Group.			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Not Applicable	<b>Date:</b>	
<b>RECOMMENDATIONS:</b>	It is recommended that the Trust Board: <ul style="list-style-type: none"> <li>▪ reviews and comments on the indicative Q4 end position on the BAF for 2017/18</li> <li>▪ reviews the summary of proposed changes to principal risks in section 2 which will form the re-cast of the BAF 2018/19</li> <li>▪ notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk</li> <li>▪ acknowledges work underway to mitigate the operational and financial impact of vehicle accidents</li> </ul>		

	<ul style="list-style-type: none"> <li>acknowledges the plan in place to achieve compliance with GDPR</li> </ul>		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
Corporate Risk Register and/or Board Assurance Framework amended		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource Implications (Financial, Workforce, other - specify)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal implications/Regulatory requirements		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion Implications		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
Care Quality Commission	All		
NHSI Single Oversight Framework	1. All		

## 1. PURPOSE/AIM

1.1 The purpose of this paper is to:

- update on closedown of the BAF 2017/18
- summarise the process for recast of the BAF and proposals for amends to principal risk descriptions for 2018/19
- provide detail of changes to the Corporate Risk Register since last meeting
- Provide an update on plans to achieve compliance with General Data Protection Regulations (GDPR)
- Explain work being undertaken in respect of Vehicle Accident Reduction

## 2. BACKGROUND/CONTEXT

2.1 Risk is inherent in all Trust activities. Failure to manage risk could lead to harm to patients, staff or others, loss or damage to the Trust's reputation and assets, financial loss and potential for complaints, litigation and adverse publicity.

2.2 Effective risk management across all levels of the Trust is essential for safe and effective service delivery as well as pro-active planning for Trust development. This paper details the processes in place to effectively manage risk.

### BOARD ASSURANCE FRAMEWORK

2.3 The Board Assurance Framework (BAF) is re-cast annually, informed by the year-end position of principal risks on the BAF from the previous year, the status of regulatory compliance, internal and external assurance, and business planning activity for the forthcoming financial year.

2.4 The quarterly risk level projections set out in the BAF reflect actions and milestones set out in Trust level and Directorate level business plans which are aligned to the strategic objectives. These projections are tracked throughout the year.

2.5 The BAF for 2017/18 is at Appendix 1 and quarterly projections are detailed on page 4-6, along with an update on key actions delivered or ongoing to manage principal risks and deviance from the expected risk rating at the end of Q4.

2.6 At the end of Q3, it was identified that the projected risk rating for principal risk **BAF 1a) Inability to deliver performance targets and clinical quality standards** was not mitigated to the predicted level. In Q1 the risk was graded 20, in Q2 the likelihood was projected to reduce to give a risk level of 15, this reduction was not achieved and continues to year end.

2.6.1 Contributory factors include attrition of staff in EOC which is presenting a risk to filling of rotas; the risk relating to EOC call performance is on the corporate

risk register. Introduction mid-year of the new ARP standard which will require significant investment and service transformation to support full delivery.

- 2.6.2 Work is ongoing to improve vehicle availability to A&E Operations, including planning for movement of vehicles to align with rostering of both core and additional shifts and a review of vehicle mix is ongoing.
- 2.7 At the end of Q3 it was identified that the projected risk rating for principal risk **BAF 4a) Impact of external system pressures and changes in wider health economy** was not mitigated to the predicted level. In Q1 the risk was graded 20, in Q2 the likelihood was projected to reduce to give a risk level of 15, this reduction was not achieved, and this continues to year end.
  - 2.7.1 The Corporate Risk Register entries reflect the strategic impact of reconfigurations and other external system pressures. Specific hospital trust or condition-specific service changes are recorded as and when sufficient information becomes available to be able to articulate and assess the risk to performance, the financial impact and ultimately patient safety and experience.
- 2.8 For the remainder of the principal risks on the BAF, TMG in January 2018 agreed that mitigation had been delivered in accordance with projections through Q3. **An indicative position for Q4 on the BAF 2017/18 page 4-6 is presented to Trust Board, this will be reviewed by TMG in April 2018.**

#### **BAF CLOSEDOWN 2017/18 AND RECAST 2018/19**

- 2.9 Concurrently to closedown of the BAF for 2017/18, in Q4 we commenced the re-casting for the forthcoming year.
  - 2.9.1 The closedown process involved a series of meetings with Directors to confirm delivery of actions to mitigate principal risks to delivery of the Strategic Objectives to determine a view on the year end position of risk ratings for 2017/18.
  - 2.9.2 The review also considered re-casting of the BAF for 2018/19 and gave an opportunity to re-articulate existing risks based on the end position for 2017/18 and taking into consideration the challenges envisaged in the forthcoming year.
  - 2.9.3 The Board Development Meeting (BDM) on 22nd February 2018 held one session focusing on review and closedown of the BAF for 2017/18 and the recast of the BAF for 2018/19. Information from director reviews was considered along with assurances of mitigation of risk reported through the corporate governance cycle during 2017/18. New challenges for 2018/19 were acknowledged, these include implementation of ARP and delivery of the Integrated and Urgent Care Specification and these were taken into account when proposing the principal risks for the BAF 2018/19.
  - 2.9.4 In summary, the BDM considered that:

**BAF 1a. Inability to deliver performance targets and clinical quality standards** should remain on the BAF, recognising national drivers with specific actions to reflect the required implementation of ARP and delivery of the IUC specification

**BAF 2a. Lack of capacity and capability to deliver and manage change including delivery of CIPs** should remain on the BAF as a principal risk to the strategic objectives with challenges relating to delivery of major change programmes and non-recurrent CIPs in 2017/18 which will impact into 2018/19

**BAF 2b Inability to deliver the plan for integrated patient care services owing to multiple service tenders** remains a principal risk with further PTS tenders expected and the NHS111 contract due to re-tender in 2018/19

**BAF 3a Availability of clinical workforce impacting ability to deliver the Operational Business plan** should be broadened to reflect the system-wide availability of clinical workforce and the impact of changes to funding streams for training and education.

**BAF 3b. Ineffective strategies for staff engagement** should be broadened to encompass engagement and wellbeing, with a separate risk recorded to identify the work required to develop organisational leadership and culture.

**BAF 4a. Impact of external system pressures and changes in wider health economy** should remain on the BAF and as through 2017/18 will continue to explicitly focus on external system pressures with the focus on demand and performance captured at 1a.

**BAF 5a. Ineffective joint working between corporate and operational services** should remain on the BAF and actions should reflect requirement for delivery of 'Model Ambulance' and actions arising from Corporate Services benchmarking exercise

**BAF 5b. Failure to develop and deliver our financial plans and efficiency programme and the impact of financial status of wider health economy** should be re-articulated to delivery of financial performance that achieves our Control Total in the context of the financial status of wider health economy and National drivers

- 2.9.5 The Risk Team is preparing a draft BAF for 2018/19 based on the above which will go through the next cycle of governance meetings.

### **3. CORPORATE RISK REGISTER**

- 3.1 The CRR is reviewed by the Risk Assurance Group (RAG) monthly and comprises strategic and operational risks across the Trust that have a current risk rating of 12 or above. The Corporate Risk Register is attached at Appendix b.
- 3.2 The Risk Manager and Associate Director of Performance, Assurance and Risk are take oversight of risks, monitoring in particular those appearing on

the CRR through group discussion and challenge with nominated departmental risk leads at Risk and Assurance Group.

- 3.3 The BAF and high level corporate risks are considered on a monthly basis at the Trust Management Group, and on a quarterly basis the TMG is asked to review and approve the quarter-end position in relation to BAF risk ratings
- 3.3.1 The Corporate Risk Register is colour coded to highlight risks which are relevant to Quality Committee and Finance and investment Committee and new RED graded risks relevant to the respective committees are highlighted in the cover paper.
- 3.3.2 In addition, specialist risk registers are reviewed in the relevant forum; eg. Clinical Governance Group review patient harm, infection prevention and control, medicines and clinical risks; Health and Safety Committee reviews staff safety, security and Estates and Facilities risks. These specialist risk registers include high level risks and those managed locally that are relevant to the respective group.
- 3.3.3 Further, committee and group risk reviews are supplemented by detailed reviews at 1:1 meetings between the Risk Manager and nominated risk leads where actions are updated and gaps and controls discussed.

#### Reporting cycle

- 3.3.4 The Corporate Risk Register report is pulled from the Datix Risk Management System at a specific date in the month which is indicated at the top of the report. It should be noted that this report therefore is a representation of the status of risk reports at that specific point in the month and that further updates are made to the risk register during the quarterly governance cycle which will be reflected in the following reporting quarter.
- 3.3.5 To this end, risk discussions at Quality Committee and F&I Committee in March 2018 relating to A&E Ops South Performance, financial and patient safety impacts of commissioning and implementation of ARP, and the proposed reconfiguration at Friarage Northallerton, will be reflected in the next quarterly cycle of the corporate risk report with risk description and rating moderated and actions scrutinised through the next quarterly corporate governance meeting cycle.
- 3.3.6 Additionally, to note the risk review and action due dates will automatically prompt the risk owner to refresh the status of the risk and progress of risk mitigations. These updates are conducted within the quarter and will be evident in the next reporting cycle.

### **3.4 CHANGES TO CRR SINCE PREVIOUS TRUST BOARD**

- 3.4.1 The risks below have been added to the Corporate Risk Register since Trust Board in November 2017:

#### **Risk 1036: West PTS Contract Performance**

If the current level of Service delivery performance in the West contract continues to decline then the commissioners will take action which will result in adverse publicity and damage to PTS reputation and possible financial implications. Risk rating Red (15)

**Risk 1039: FOI Compliance**

IF YAS do not respond to >90% of FOI requests within the 20 day statutory timeframe THEN the Trust will be non-compliant with the Freedom of Information Act RESULTING IN increased risk of possible regulatory enforcement action from the Information Commissioner's Office (ICO)  
*Risk recorded in November 2017 and initially graded Red with daily monitoring of delivery put in place by Head of Legal Services and IG Manager. FOI responses achieved required compliance level in December 2017 therefore risk reduced to Amber (12). Compliance will be monitored for a further 3 months.* Risk rating Amber (12)

**Risk 1048: Paramedic band 6 upskill**

IF the paramedic band 6 Job Description skills requirement upskill training plan is not in place for those paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2018 THEN YAS will not meet the development planning requirement from NHSI RESULTING IN potential for the £1.3M funding attached not being released to the Trust  
Risk rating Amber (12)

**Risk 1051: Immunity screening and vaccination and health surveillance**

IF YAS staff are not comprehensively screened and immunised by OH THEN they may contract and spread infectious diseases RESULTING IN potential harm to staff and patients Risk rating Amber (12)

**Risk 1053: EOC Healthdesk calls priority and capacity**

IF there is inadequate capacity within the Healthdesk Team THEN there may be delays to answering calls to the healthdesk from crews and patients RESULTING IN complaints and poor patient experience  
Risk rating Amber (12)

**Risk 1056: Measles outbreak - potential impact on staffing and operational delivery**

IF non-immunised YAS staff are exposed to measles THEN they it will be necessary to remove them from operational duty  
RESULTING IN impact on rostering and operational delivery  
Risk rating initially Red (16), *likelihood reduced due to development and implementation of a SOP for management of staff who have had contact with confirmed cases. Impact on operational rota's has been minimal with 3 staff taken off operational duties due to contact with confirmed cases.*  
Risk rating Amber (12)

**Risk 1060: Weekend Rota's in PTS Communications Centre**

IF the weekend rotas in the PTS Communications Centre are not staffed sufficiently THEN performance maybe effected RESULTING IN missing of KPI targets and reduced patient experience  
Risk rating Amber (12)

**Risk 1061: Alternative Resource Management**

IF private providers do not meet the requirements of the subcontractor agreements THEN performance and quality may be effected RESULTING IN a risk to patient safety Risk rating Amber (12)

**Risk 1062: PTS Volunteers training provision**

IF PTS volunteers training isn't specific to the audience and delivered through a structured timely plan THEN PTS may be at risk of not delivering full compliance RESULTING IN potential loss of volunteers and negatively impacting the PTS alternative resource model.

Risk rating Amber (12)

**Risk 1063: Cumulative effect of repeated moving and handling**

IF the Trust does not consider the frequency, weight and forces involved in moving and handling tasks THEN staff may experience the cumulative effect of repeated actions RESULTING IN musculoskeletal injury

Risk rating Amber (12)

**Risk 1064: Limited 3rd Party Compliance Information**

IF landlords and Hospital Estates that own properties leased by YAS (Standby points, Ambulance Liaison points, Patient Reception Centres) do not supply assurance of safety testing inspections relating to Water Safety, Asbestos, Electrical Fixed Wire Test and Fire Safety THEN YAS is not able to assure that staff are working in a safe environment RESULTING IN potential for illness or injury Risk rating Amber (12)

**Risk 1073: Capital Underspend Against CRL**

Financial risk to YAS if Trust underspends against NHSI approved Capital Resource Limit (CRL) less loan repayments of £8.5m. Capex to end 31/12/17 £0.5m. This has arisen in part due to delays in tendering, challenges to tenders and awarding of contracts for major capex schemes.

Risk rating Amber (12)

**Risk 1079: Health Records processing delays**

IF capacity to manage records processing is inadequate THEN there will be a delay in getting access to patient records and a requirement to store PCRs RESULTING IN lack of availability of records for audit, data reporting, investigations, legal, and other reporting requirements

Risk rating Amber (12)

3.4.2 The risk rating of the existing risk(s) below have been increased and have escalated from local risk registers to the Corporate Risk Register:

**Risk 350: Laundry budget**

IF the laundry budgets are not agreed with acute trusts THEN YAS may receive invoices from other trusts RESULTING IN exceeding the laundry budget for the year and lack of clarity on responsibility for laundry budgets



Risk rating increased to Amber (12)  
*We are 100k over budget of 260k. Issue with hospital trusts requesting payments for the swap out service which is something we have not previously paid for in most areas.*

**Risk 767: Movement of equipment between vehicles**

IF equipment is transferred between vehicles THEN the Medical Equipment Department cannot track this for scheduled maintenance RESULTING IN potential for non-serviced equipment to fail and non-compliance with legislation and YAS policy.

*Recent increase in unauthorised and unnotified movement of equipment between vehicles placing additional burden upon Medical Equipment Team in locating this equipment for routine maintenance.*

*Locality Team are informed of any missing equipment, an incident is reported on Datix where equipment is not located. Further alert notification to be sent out to staff to emphasise the importance of notifying the Medical Equipment Department if it is necessary to transfer equipment between vehicles to ensure equipment can be located when servicing and maintenance is due.*

Risk rating increased to Amber (12)

- 3.4.3 The following risk rating has been reduced from Red to Amber but the risk remains on the CRR

**Risk 1009: GDPR**

IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher).

*DPO role designated and action plan in place with monitoring of delivery through IG Working Group. Risk reduced to Amber (12) and will remain on CRR*

- 3.4.4 The following risk ratings have been reduced since last Trust Board in November 2017 and have therefore been removed from the Corporate Risk Register:

**Risk 111: Education and training - Fleet**

IF Fleet currently being used to deliver driver training is in a state of significant disrepair THEN it may suffer breakdowns RESULTING IN cancellation of training due to lack of vehicles.

*Additional training vehicles delivered and are operational. Risk closed.*

**Risk 687: Health and Safety Training for Senior Managers**

If the Trust's senior management do not receive up to date health and safety training, the Trust will be non-compliant with the requirements contained in the Management of Health and Safety at Work Regulations 1999. Regulation 13 which states that "...health and safety training... shall be repeated periodically where appropriate". In addition, senior managers will not have up to date

health and safety knowledge at their disposal when making senior level decisions.

*Number of Directors/ADs have now received training, sufficient senior level trained to reduce risk. Final cohort booked in for 4 December 17. Future training on case-by-case identified at time of appointment to role.*

**Risk 791: LCD Complaint handling**

IF LCD does not follow policy and procedure for the recording and management of complaints THEN there is potential for failure to meet regulatory requirements RESULTING IN public criticism from the Ombudsman, possible financial penalties and failure to learn from complaints. *Complaints processes are being followed and quality and performance is improved. Risk rating reduced and will be managed locally.*

**Risk 814: Impact of calculation of holiday pay to include regular overtime in remuneration**

IF holiday pay calculations requires inclusion of overtime as part of normal remuneration THEN YAS would be required to address the financial impact of implementing this legislation RESULTING IN a financial cost to the organisation

*Finance have confirmed that the impact has been budgeted based on worst case scenario. Risk reduced Amber (9)*

**Risk 849: PTS resource to deliver change programme**

IIF there is lack of Programme and Project resource within PTS THEN there may be a failure to deliver the PTS change programme RESULTING IN failure to realise the associated benefits, including CIPs

*Programme and project manager positions in post from internal resource, risk has been closed.*

**Risk 918: Apprenticeship Levy**

IF there isn't a plan to get the value out of the apprenticeship levy pot THEN after 24 months the HMRC take away the money and YAS will fail to meet the Public sector organisations expectation to have 2.3% workforce on apprenticeship standard training RESULTING IN lost opportunity to spend the money on training and an unknown penalty for failure to meet the %

*Plan in place, Dedicated lead for this project and Working Group established, Subcontract arrangement in place and application for training provider status. Risk likelihood reduced and to be monitored locally.*

**Risk 946: Re-negotiate contractual terms PTS Hgt, Ham, Rich, Whitby**

IF YAS does not effectively deliver the re-negotiated activity in the contractual terms of the Harrogate, Hambleton, Richmond and Whitby PTS contracts THEN there will be a financial impact to YAS bottom line RESULTING IN a funding gap.

*Work being progressed to align activity to commissioned level, in partnership with CCGs. Risk likelihood reduced and to be managed locally.*

**Risk 949: Information Governance management in Workforce Team**

IF there are not robust checking processes in place within Workforce THEN information may be incorrectly disclosed RESULTING IN breaches of person-

identifiable, sensitive information, potential financial penalties from ICO and reputational damage

*Training delivered, no further incidents, risk likelihood reduced with local monitoring and ongoing awareness raising.*

**Risk 983: Ineffective breathing**

If EMDs are not able to appropriately distinguish when a patient is ineffectively breathing then an incorrect code may be reached potentially resulting in an inappropriate response.

*Tracking of Serious Incidents and Quality Audits in relation to identification of ineffective breathing in EOC has seen a reduction in incidents since the training days in June. Risk likelihood reduced and to be monitored locally.*

**Risk 991: Casework**

IF YAS managers are making incorrect decisions due to Workforce Casework not being effectively managed THEN this could lead to Employment Tribunals RESULTING IN reputational damage and financial impact

*Risk relating to capacity within Workforce Team has reduced meaning that support for casework is managed. Training for investigation skills and hearings for managers has been delivered and further courses being delivered in Q4 and into Q1 18/19. Risk reduced and will be managed at local level*

**Risk 992: Workforce Team capacity**

IF the Workforce Team do not have capacity to manage their workload THEN they will be unable to provide early support to managers RESULTING IN failure to follow policy, procedure and employment law




*Restructure complete and key roles filled, vacant posts are being recruited to. Risk likelihood reduced and to be monitored locally.*

**Risk 1000: Implementation of Back Up matrix**

IF the Back-Up Requests Matrix is not fully implemented THEN RRVs will not come clear at scene RESULTING IN us not optimising capacity to respond to emergencies

*Back up matrix in place and being used. Risk closed.*

- 3.5 The CRR is colour coded to indicate the risk is within the remit of the Quality Committee, Finance and Investment Committee or the remit of both committees.

Quality Committee	
Finance & Investment Committee	
Both	

### **3.6 RISK FOCUS – BIG WORD TRANSLATION SERVICE**

- 3.6.1 A risk is recorded on the Corporate Risk Register in relation to assurance provided to YAS in respect of information governance arrangements by the Big Word translation service, and its sub-contractors, as follows:

**Risk 1030: Big Word – Information Governance**

IF 'The Big Word' translation services subcontract outside of the UK to a company who are not accredited to the EU/US Privacy Shield THEN YAS would not have adequate assurance RESULTING IN lack of adequate privacy protection. Risk rating Amber (12)

- 3.6.2 YAS has become aware that a sub-contractor of Big Word, based in the United States, have been recording and storing calls outside of the EEA (European Economic Area) which is effectively processing personal data in breach of Principle 8 of the Data Protection Act 1998 and in breach of the Big Word contract.
- 3.6.3 Additionally to our information governance concerns, the quality and patient safety element of the service is under question due to issues raised around the accuracy of translation of responses from callers into both NHS111 and 999, and also failure to meet KPIs for call connection. There are also incidents reported of calls being disconnected which are being discussed as part of contract management.
- 3.6.4 The information governance risk was reviewed at Information Governance Working Group 17<sup>th</sup> January and it was considered that this should be raised at national level. For Information Governance this will be through NAIGG (National Ambulance Information Governance Group) and for the quality and patient safety aspect at NASMED (National Ambulance Service Medical Directors group).
- 3.6.5 Individuals within NHS111 and Procurement are being supported by the Information Governance Manager to obtain assurance of governance arrangements at Big Word for the retention of records in accordance with legislation. Big Word have been asked to provide copies of standard contracts with their third party providers.

### **4. VEHICLE ACCIDENT REDUCTION – Lead Rich Moyes, Head of Fleet**

- 4.1 The Quality Committee requested an update in the March 2018 meeting on work being undertaken to reduce vehicle accidents and improve staff and patient safety. A detailed paper was presented to TEG in February 2018, and the narrative below is a summary of key points.
- 4.2 Over the last 3 years the Trust has incurred an annual insurance related accident cost of up to £2.1M caused by approximately 1300 accidents per year. Analysis shows half of these were avoidable. Although the number of incidents is showing a downward trend through 2017, movement is slow.
- 4.3 YAS has a significant history of avoidable incidents, and these make up the majority of claims and associated costs. Notably a very low proportion of

incidents occur whilst responding to an emergency and collisions whilst reversing, with parked vehicles or with buildings/property are key categories.

- 4.4 YAS has seen a reduction in accident cost over the last 3 years and this can be directly associated with implementation of a more robust claims management system and processes. Additionally settling liability quickly with insurers caps solicitor and handling fees and reduces cost of credit hire vehicles and the cost of third party claims.
- 4.5 Separate to the costs that are directly associated with the insurance funds and premia are non-funded costs liable as a cost pressure against Fleet revenue budget.
- 4.5.1 Fleet was set a £300k accident reduction CIP in 2017/18 but reported to TEG in February that this is unlikely to be achieved given that repair charges for the year 2017/18 to January 2018 account for only £88,000 of revenue. Additionally any reduction in the number of accidents will drive lower premiums and insurance rebates which is taken as a further CIP, not deducted from the initial accident reduction CIP.

#### Development of Policy

- 4.6 A Vehicle Accident Reduction Group (VARG) has been established and as part of their workplan has undertaken a comprehensive review of the Trust 'Driver at Work' policy. The review takes into account changes in law and national policy which impact Driving standards and training requirements. Work has been undertaken with other Trusts to understand where best practice has resulted in the reduction of accidents and this has been fed in to the revised policy and associated guidance.
- 4.6.1 The resultant policy recommends a fair, supportive and consistent approach to managing incidents which will directly impact on the ability to improve accident reduction, investigation and learning, and claims management. The policy provides an increased level of detail in relation to driving expectations for all employees who drive as part of their role. The main change to the policy is the recommendation to implement a YAS points system or YAS driving licence.
- 4.6.2 The policy adopts a 'Just Culture' in which staff will be encouraged to provide essential safety-related information but where makes it clear what is acceptable and unacceptable behaviour. An effective reporting culture seeks to apportion accountability and disciplinary outcomes appropriately to reduce likelihood of recurrence and determine the outcome for the individual and the organisation.
- 4.7 The risk associated with failure to change how we manage road-related incidents is that the number of avoidable incidents will not reduce and that these could result in potential for harm to staff, patients, Trust assets and a failure to reduce claims and associated costs.
- 4.8 The policy and guidance will be progressed through the corporate governance cycle for approval and plans for implementation will be finalised

**5. GENERAL DATA PROTECTION REGULATION (GDPR) –  
Lead Caroline Balfour, Head of Legal Services, Allan Darby, IG Manager**

- 5.1 This section gives a summary of the detailed update provided to Quality Committee this month on progression of the plan for implementation of the new General Data Protection Regulations (GDPR).
- 5.2 The new General Data Protection Regulations (GDPR) will come into force from 25 May 2018. A risk is recorded on the Corporate Risk Register to set out the financial impact of non-compliance with GDPR and the mitigating actions required to deliver compliance. The risk is articulated as follows

**Risk 1009: General Data Protection Regulations (GDPR) compliance**  
IF YAS does not implement all the requirements of the General Data Protection Regulations by 25 May 2018 THEN non-compliance will occur RESULTING IN investigations or audits by the Supervisory Authority (Information Commissioner's Office) which may require specific remediation within a specified time and could lead to administrative fines of up to €20 million or 4% total global annual turnover (whichever is higher).  
Risk rating Amber (12)

- 5.3 YAS already has embedded Information Governance arrangements based on requirements of the Data Protection Act and this gives a positive starting point in terms of implementing GDPR which is in turn reflective of the current IG Toolkit standards.
- 5.4 There are a number of workstreams in place to deliver GDPR compliance, and the detail of these form part of the implementation plan. In summary the workstreams are as follows:
- Raise Awareness of GDPR
  - Capture and Review Records of Processing Activity (ROPA)
  - Determine the Legal Basis for Processing
  - Demonstrate Compliance with Consent Requirements
  - Comply with more stringent Transparency and Fair Processing Requirements
  - Manage Children's Rights
  - Support Individual's Rights
  - Manage Subject Access Requests (SARs)
  - Detect, Report and Investigate Personal Data Breaches
  - Carry out Data Protection Impact Assessments (DPIAs)
  - Implement Data Protection by Design and Default
  - Appoint a Data Protection Officer (DPO) – Appointed Head of Legal Services with support from the IG Manager as the qualified Subject Matter Expert.
- 5.5 The DPO has oversight of delivery of the action plan and mitigation of associated risk, this is reported via the Corporate Risk Register through the corporate governance cycle.

5.6 The action plan to implement GDPR will continue to be progressed.

## **6. PROPOSALS/NEXT STEPS**

6.1 Agreement of the end position for the BAF 17/18

6.2 Draft of the BAF 2018/19 to go through the next corporate governance meeting cycle

6.3 The Corporate Risk Register will continue to be reviewed at each meeting of the Risk and Assurance Group, with monthly updates to TMG..

6.4 Progress agreement and approval of the Driver at Work policy and guidance through JSG, TMG and TEG

6.5 Continue to deliver the action plan to implement GDPR

## **7. RECOMMENDATIONS**

It is recommended that the Trust Board:

7.1 reviews and comments on the indicative Q4 end position on the BAF for 2017/18

7.2 reviews the summary of proposed changes to principal risks in section 2 which will form the re-cast of the BAF 2018/19

7.3 notes changes to the Corporate Risk Register and gains assurance from the robust processes in place to manage risk

7.4 acknowledges work underway to mitigate the operational and financial impact of vehicle accidents

7.5 acknowledges the plan in place to achieve compliance with GDPR

## **8. APPENDICES/BACKGROUND INFORMATION**

8.1 Appendix 1: Board Assurance Framework 17/18 March 2018  
Appendix 2: Corporate Risk Register