

<p>Yorkshire and the Humber Strategic Health Authority</p> <p><b>BOARD MEETING</b></p>	
<p><b>Date:</b> 30 September 2011</p>	<p><b>Report Author:</b> Joanne Dally</p>
<p><b>Title of paper:</b> Board Assurance Framework and Corporate Risk Register</p>	
<p><b>Actions Requested:</b> The Board is asked to note the Board Assurance Framework and Corporate Risk Register and consider whether additional assurances are required to address any of the identified risks.</p>	
<p><b>Governance Requirements</b></p>	
<p><b>SHA Objectives supported by this paper:</b> Make the SHA an excellent organisation</p>	
<p><b>Risk Management:</b> 12. Uncertainties about the future affect the capacity and capability of SHA staff and undermines the SHA's ability to deliver its objectives, sustain governance and accountability arrangements, remain fit for purpose and true to its corporate values.</p>	
<p><b>Board Assurances:</b> The corporate risk register identifies the strategic risks to the achievement of the SHA's objectives for 2011/12. The reporting of assurances that the identified risks are being effectively controlled form the basis of the Board's agenda.</p>	
<p><b>Risk Assessment:</b> Risks have been rated in accordance with the SHA's Risk Strategy and are monitored by the Business Assurance Group (chaired by the Director of Communications &amp; Public Relations), which reports to SMT. Risk ratings were also reviewed in detail by the Board at its development session on 12-09-11</p>	
<p><b>Communication (including public and patient involvement):</b> All directorates are represented on the Business Assurance Group and representatives co-ordinate discussion of risk and assurance within their teams</p>	
<p><b>Resource Implications – including productivity and value for money:</b> No specific resource implications</p>	
<p><b>Legal Implications:</b> No legal issues have been identified</p>	
<p><b>Equality and Diversity:</b> There are no specific Equality &amp; Diversity considerations associated with this report</p>	
<p><b>NHS Constitution:</b> This report upholds the guiding principle of accountability</p>	

## **Yorkshire and the Humber Strategic Health Authority**

**30 September 2011**

### **2011/12 Board Assurance Framework and Risk Register**

#### **Introduction**

At its meeting in May 2011 the Board agreed a set of high level risks that potentially challenged the SHA's ability to achieve its corporate objectives.

The Board Assurance Framework summarises the controls in place and the assurances that have been reported to the Board, or are planned to be received to evidence that risks are being controlled as far as possible.

Some risks are innate and will not be reduced however strong the mitigating actions. Red denotes focus and alertness. Others are manageable with effective actions so risk scores have changed.

The Board reviewed risk in workshop session earlier this month. This iteration reflects those discussions. In particular it is important to note that risks relate to the 2011/12 Corporate Strategy. In a number of areas (e.g. money, QIPP) future year's risks are likely to be higher as flat allocations bite further.

#### **Current Position**

The potential for risks to be realised is heightened in the context of transition. Ideally, where gaps in controls or assurances are identified, actions to remedy these should have a positive impact on risk scores. Risk ratings pre and post remedial action have been reviewed by the Business Assurance Group (which oversees the risk and assurance process), by SMT, by the Audit Committee and the Board.

Because of the continuing risks associated with the operation of the SHA during a period of major transition, directors have taken a prudent approach to down-grading risk scores, despite the actions that are in progress to continue to control potential risks.

We have discussed this position with Auditors, who have indicated that in the current context, maintenance of a risk score could be viewed as positive evidence that risks are being effectively controlled.

The Board had an opportunity to review risk ratings in detail at the development session held on 12 September 2011. Conclusions in respect of the individual risks are summarised as follows:

1. *Organisation and system instability due to transition following publication of the White Paper*

Remains at red – it was agreed that the current rating and score are appropriate given the scope and complexities of transition to the new architecture. The risk is likely to remain high until new systems become fully established.

*2. SHA interventions fail to support the delivery of required outcomes, standards and improvements*

Remains at amber – the revised score determined on the basis of performance reporting, risks associated with specific organisations and issues associated with the implementation of improvement plans.

*3. Productivity gains are at the expense of quality (as measured by safety, clinical effectiveness and patient experience) and safeguarding.*

Remains at amber - revised score based on assurances provided by Finance and Quality reports to the Board.

*4. QIPP opportunities identified fail to deliver expected benefits*

Reduced to green – score revised due to over-delivery in-year but noting the potential for this risk to increase going forward if the delivery of QIPP plans fails to bring about the transformation necessary to sustain the system when levels of funding are reduced.

*5. Public confidence and the reputation of the NHS is damaged by uncertainties arising from prospective change or reform*

Remains at amber – score confirmed in view of latest polling that reflects a decline in levels of public confidence in the NHS locally.

*6. Pressures may result in some organisations being unable to deliver financial balance/agreed control totals*

Remains at amber - score reduced on the basis of assurances provided via regular reporting on the management of financial risks.

*7. The SHA fails to facilitate the establishment and development of effective and efficiently functioning GP commissioning and transition to the NHS Commissioning Board*

Remains at amber –score confirmed taking account of issues flagged in regular reporting on the progress of Commissioning Development

*8. The SHA fails to deliver its provider development programme, including an effective strategic solution for the remaining non-FTs*

Remains at amber – current score agreed in view of issues associated with specific organisations.

*9. Transition disrupts delivery of MPET SLA*

Reduced to green – score revised due to progress on plan and the establishment of shadow transition arrangements.

*10. Transition disrupts delivery of programme targets for IM&T*

Remains at amber –score confirmed due to ongoing uncertainties associated with the delivery of the LSP Secondary care system.

*11. SHA fails to deliver effective partnership structures to manage the functional transfer to local government*

Reduced to green – score revised as a result of additional assurance arising from the establishment of the Joint Transition Leadership Group and Public Health Transition Group

*12. Uncertainty about the future affects the capacity and capability of SHA staff and undermines the SHA's ability to deliver its objectives, sustain governance and accountability arrangements, remain fit for purpose and true to its corporate values.*

Increased to red – score agreed to reflect current uncertainties about the impact of clustering.

**Recommendation**

The Board is asked to note the Board Assurance Framework and Corporate Risk Register and consider whether additional assurances are required to address any of the identified risks.

Karl Milner  
Director of Communications and Public Relations  
September 2011

## Summary of Strategic Risks to the Achievement of the Corporate Ambitions 2011/12

Priorities and Commitments in 2011/12	Risk	Probability x Impact = Current Score	May 2011 Score	Lead Director
<b>Overarching risk to the corporate ambitions/strategy 2011/12</b>	1.Organisation and system instability due to transition following publication of the White Paper	5x3=15	15	CE
70% of outcome improvements set out in PCT strategic plans will be improving in line with trajectory	2.SHA interventions fail to support the delivery of required outcomes, standards and improvements	3x3=9	12	RDPH
Operating Framework standards for 2011/12 to be met in aggregate across Y&H				DoP
Plans for improvement in stroke, vascular, dementia, VTE and trauma all on schedule				DoP/MD
By the end of 2011/12 there will be no outstanding safety alerts after the deadline/target date or CQC qualification of registration on account of quality	3.Productivity gains are at the expense of quality (as measured by safety, clinical effectiveness and patient experience) and safeguarding	3x3=9	12	MD
Safeguarding plan will be delivered	4.QIPP opportunities identified fail to deliver expected benefits	2x3=6	8	MD
80% of QIPP milestones in Y&H will be delivered on schedule				
Sustain 2010/11 positive media	5.Public confidence and the reputation of the NHS is damaged by uncertainties arising from prospective change or reform	2x4=8	8	DoComms
Complete review of Health services in NYY by June 2011 - <b>achieved</b>				
All Y&H NHS Trusts and PCTs will deliver financial control totals in 2011/12	6.Pressures may result in some NHS organisations being unable to deliver financial balance/agreed control totals	3x3=9	12	DoF
All Commissioner Development programme milestones achieved	7.The SHA fails to facilitate the establishment and development of effective and efficiently functioning GP commissioning and transition to the NHS Commissioning Board	2x4=8	8	DoCD
Support the acquisition of SNEY by York to completion by March 2012	8.The SHA fails to deliver its provider development programme, including an effective strategic solution for the remaining non-FTs	3x3=9	9	DoP
Agree final FT plans with the 7 remaining NHS Trusts or decide alternative route				
All provider development programme milestones achieved				
Manage Y&H Workforce & Education to agreed targets and the transition to the new arrangements as outlined in Developing the Workforce consultation	9.Transition disrupts delivery of MPET SLA	2x3=6	8	DoW&Ed
Manage IM&T programmes to agreed targets	10.Transition disrupts delivery of programme targets for IM&T	3x3=9	9	CIO
Implementation Plans for Public Health transition agreed by Jan 2012	11.SHA fails to deliver effective partnership structures to manage the functional transfer to local government	2x3=6	8	RDPH
Ensure effective HR transition arrangements are in place to support staff e.g. effective communication, career support and appraisal	12.Uncertainty about the future affects the capacity and capability of SHA staff and undermines the SHA's ability to deliver its objectives, sustain governance and accountability arrangements, remain fit for purpose and true to its corporate values	4x4=16	12	DoW&Ed
[Implement] SHA functional migration plan				DoComms
Make Y&H SHA an excellent organisation through corporate social responsibility programmes				CE

Key: Scores 1 -5 (rare/insignificant to almost certain/catastrophic) Ratings: 1-6 = Green; 8-12 = Amber; 15-25= Red

**YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY**

**RISK MONITORING REPORT:**

**ASSURANCE FRAMEWORK AND RISK REGISTER 2011/12**

(v1 19 Sept 2011)

## Principles of the Approach

This document is intended to be dynamic. Each potential risk is given a score (risk level) that is derived from consideration of the probability of the risk arising and the consequences for the achievement of the objective (or impact), if it does. This score should take account of the controls and assurances that are in place to mitigate the risk.

Where gaps are identified in controls or assurances, a corresponding action plan is included. A second 'anticipated risk score' is then calculated, which reflects the level of risk posed to the achievement of the relevant objective once the appropriate action has been completed. (Where the action is split into several stages, a single score should be awarded for all stages).

As actions are completed, additional controls and assurances resulting from those actions should be registered in the appropriate sections. The gaps should be removed and where possible, the risk level reduced (in terms of probability and/or impact) accordingly. Risks on the assurance framework will not be removed if the risk level is reduced, but will remain so as to provide continued assurance to the Board that controls and assurances are in place.

Where after due consideration no gaps in either controls or assurances have been identified, the table will be shaded to demonstrate that data is not incomplete, but rather that is not required within that field.

Risk scores are traffic lighted: **Low-medium (1-6) = Green**      **High (8-12) = Amber**      **Significant (15-25) = Red**

### Key to Risk Level (for full details see *SHA Risk Management Strategy and Responsibilities Statement*)

Prob = Probability/likelihood

Impact/Consequence

1 = Rare

1 = Insignificant

2 = Unlikely

2 = Minor

3 = Possible

3 = Moderate

4 = Likely

4 = Major

5 = Almost Certain

5 = Catastrophic

**Probability x Impact = Risk Score** (Monitoring intervals in accordance with SHA Risk Management Strategy)

1 – 3 = Low Risk (Monitored by the Business Assurance Group annually)

4 – 6 = Medium Risk (Monitored by the Business Assurance Group annually)

8 – 12 = High Risk (Monitored by the Business Assurance Group quarterly)

15 – 25 = Significant Risk (Monitored by the Business Assurance Group at each meeting)

## Yorkshire and the Humber Strategic Health Authority

### Assurance Framework and Risk Register 2011-12

<b>Overarching risk to Corporate ambitions/strategy 2011/12</b>												
Lead Director/s	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
		Prob Impact Score	Score probability 1 (rare) to 5 (almost certain)	Impact 1 (Insignif.) to 5 (catastrophic)						Prob Impact Score	Score probability 1 (rare) to 5 (almost certain)	Impact 1 (Insignif.) to 5 (catastrophic)
Chief Executive	1.Organisational and system instability due to transition following publication of the White Paper	5	3	15	Directions on transition  SHA Transition Board (established April 2011)  HR Framework  SHA Corporate Strategy  DH requirements for transition assurance  PCT Cluster Accountability Framework  Regional Emergency Preparedness Executive Group	Transition assurance report to the Board (12-09-11)  Transition Board reports to the SHA Board (July 2011)  SHA Operational transition group  SHA transition plan  HR activity Board reports  Half year update on the Corporate Strategy (12-09-11)  Board development session re transition assurance (May 2011)  Organisational clustering to enhance resilience  Structure and operating model for NHS North of	DH Transition assurance assessment visit (13-05-11)  Audit Commission scrutiny via 'Managing the Transition'  DH monitoring of SHA transition planning  Planned assurances: Internal Audit review of SHA's management of transition and migration of hosted programmes and functions	Issues identified by Transition Assurance  Audit Committee review of the BAF (May 2011) questions whether all the risks of transition are adequately captured.  Risks identified in the NHS Transitional Resilience Assurance Framework	Action plan to address issues identified by Transition Assurance monitored by SMT  Board review of Assurance Framework and Risk Register (Development session 12 Sept 2011)  Actions identified to address each risk – process overseen by the SRO for Emergency Preparedness, reporting to SMT	5	3	15

					England (draft for consultation 12-09-11)							
					Board report on SHA clustering (12-09-11)							
					NHS Transitional Resilience Assurance Framework							

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## SHA Ambition: Healthier People and Finest Health Services

**Healthier People: 70% of outcome improvements set out in PCT strategic plans will be improving in line with trajectory (a)**  
**Finest Health Services: Operating Framework standards for 2011/12 to be met in aggregate across Yorkshire and the Humber (b)**  
**Plans for improvement in stroke, vascular, dementia, VTE and trauma all on schedule (c)**

### -----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director/s	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	Prob Impact Score		
RDPH (a)  Director of Performance (b) and (c)  Medical Director (c)	2.SHA interventions fail to support the delivery of required outcomes, standards and improvements	3	3	9	Single Assurance & Accountability process (SAAP)  Vital signs requirements	Performance management interventions where indicated by SAAP dashboard and risk monitoring  Annual review process with health communities  Monthly Quality, Safety & Performance reporting to the Board	DH monitoring of performance against national commitments and priorities  YH13/2011: Internal Audit Evaluation of SAAP process – findings incorporated into wider SAAP Evaluation report  YH09/2011 Internal audit review of Public Health Observatory & Quality Observatory (evaluated governance protocol, financial & performance management arrangements) – Significant assurance  Delivery against regional HV trajectories and targets	Insufficient number of Health Visitors in Yorkshire and the Humber	Interventions with organisations not delivering vital signs requirements   Implementation of agreed plans resulting from Healthy Ambitions regional reviews (Vascular, Stroke and Major Trauma)  SHA monitoring and interventions to ensure delivery of outcomes set out in PCT strategic plans  Health Visitor Development Project	2	3	6

**SHA Objective: Finest Health Services**

By the end of 2011/12 there will be no outstanding safety alerts after the deadline/target date or CQC qualification of registration on account of quality; Safeguarding plan will be delivered;

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	<b>Prob Impact Score</b>		
Medical Director	3.Productivity gains are at the expense of quality (as measured by safety, clinical effectiveness and patient experience) and safeguarding	3	3	9	<p>Single Accountability and Assurance process (incorporates safety and quality)</p> <p>SUI management and independent inquiry process</p> <p>Safeguarding Strategy</p> <p>Independent Investigations Committee (remit includes Safeguarding)</p> <p>LSA processes for the regulation of Midwifery</p>	<p>Monthly Quality, Safety &amp; Performance reporting to the Board</p> <p>Interventions as indicated by performance monitoring of quality metrics</p> <p>Annual report on Safeguarding (12-09-11)</p> <p>Independent Investigations Committee reports to the Board (April, July, Sept. 2011)</p> <p>LSA Annual report (due Dec 2011)</p> <p>Actions recommended in National Quality Board report: Maintaining Quality and Safety during Transition</p> <p>Patient reported outcome &amp; experience measures</p>	<p>Care Quality Commission registration and monitoring - All Y&amp;H trusts are registered without conditions</p> <p>National Patient Safety Agency monitoring of patient safety alerts</p> <p>Planned assurance: Internal audit review of safeguarding and serious incident reviews</p>	<p>Uncertainty over capacity, leadership and accountability for Safeguarding, SUI management and other safety issues during transition</p>	<p>Transition planning around safeguarding, SUIs and independent inquiry processes</p>	3	3	9

**SHA Objective: Finest Health Services**

**80% of QIPP milestones in Yorkshire and the Humber will be delivered on schedule**

-----**Risk Action**-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place				Action Plan to Reduce Probability or Impact of Risk								
Lead Director	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	<b>Prob Impact Score</b>		
Medical Director	4.QIPP opportunities identified fail to deliver expected benefits	2	3	6	PCT QIPP plans and programmes  Single Integrated plan  SAAP process  Regional Service Reviews  Regional Standards for Stroke  Major trauma project plan	SHA monitoring of delivery of PCT QIPP plans  Board reporting on QIPP  ‘Better for Less’ briefings and QIPP resource packs  SAAP process fully operational incorporating QIPP monitoring  Public consultation on new model for Vascular Services (March 2011)  PCT agreement to implement Vascular Services proposals  SHA quality assurance of implementation plans for Vascular services  Stroke assurance framework	Audit review of QIPP plans to be confirmed  DH sign-off of Single Integrated Plan					

**SHA Objective: Finest Health Services**

**Sustain 2010/11 positive media;  
Complete review of health services in North Yorkshire and York by June 2011 [Review published – implementation phase]**

**-----Risk Action-----**

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	Prob Impact Score		
Director of Communications & PR	5.Public confidence and the reputation of the NHS is damaged by uncertainties arising from prospective change or reform	2	4	8	Regional communications network  Communications and engagement indicators incorporated into SAAP process  Transition plan (incorporates communications and external relationships)	Engagement with stakeholders  SHA oversight of local communications strategies where significant change is proposed  Transition planning to ensure functional resilience  Communications resources clustered for resilience, in preparation for a national shared service for communications and engagement  Media monitoring reports	External Overview and Scrutiny		Communications input to public engagement associated with Commissioning Development  Proposed national shared service for communications and engagement: pre-consultation engagement exercise to begin August 2011	2	4	8

**SHA Objective: Finest Health Services**

All Yorkshire and the Humber NHS Trusts and PCTs will deliver financial control targets in 2011/12

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level Prob Impact Score			Key Control Mechanisms	Management Assurance/Actions What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed Prob Impact Score		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk		External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk			
Director of Finance	6.Pressures may result in some NHS organisations being unable to deliver financial balance/agreed control totals	3	3	9	SAAP process incorporating :  Financial planning process  FIMs monitoring; Financial metrics; Contract monitoring  Strategic investment fund	Monthly finance report to the Board – includes summary of financial risk and variance from plans  SHA Board consideration of financial plans  Financial risk sharing process	Planned assurance: External Audit review of Financial balance/planning  DH monitoring of financial plans and ongoing monitoring of financial position		Implementation of plans to support organisations with financial challenges and others presenting financial risk	2	3	6

**SHA Objective: Creating the new NHS**

All commissioner development milestones achieved

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level Prob Impact Score			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed Prob Impact Score		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk			
Director of Commissioning Development	7.The SHA fails to facilitate the establishment and development of effective and efficiently functioning GP commissioning and transition to the NHS Commissioning Board	2	4	8	Health and Social Care Bill and Directions on Transition  SAAP process  2011-15 Planning guidance to PCTs  Regional performance management framework, including milestones for commissioning development	Establishment of PCT Clusters  Cluster Accountability Framework (in development)  Targetted programme of support for CCGs delivered through PCT clusters  Health Transition Leadership Group established with LAs  Scenario planning with Commissioning leadership community  Commissioning Development and Contingency Programme Group established with reps from all work streams  Commissioning Development and Contingency Programme established jointly with SHA and PCT chief executives (incorporated into	Transition Assurance process (visit 13-05-11)  Planned assurance: Internal Audit review of the management of transition and the migration of functions		Finalise and agree Cluster Accountability Framework with CEs (Ailsa Claire)	2	4	8

					SAAP) Nominated lead managers and Cluster DCD sponsors for each work stream Engagement with CCGs Commissioning Development updates to the Board					
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**SHA Objective: Creating the new NHS**

- Support the acquisition of SNEY by York to completion by March 2012
- Agree final FT plans with the 7 remaining NHS Trusts or decide alternative route
- All provider development milestones achieved

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	Prob Impact Score		
Director of Performance	8.The SHA fails to deliver its provider development programme, including an effective strategic solution for the remaining non-FTs	3	3	9	Provider Development Board  Tripartite Formal Agreement (TFA) process for aspirant FTs  Board-approved framework for Transforming Community Services (TCS)  Regional Innovation Fund & Regional Innovation Strategy	SHA assurance of development of FT applications  TFA process report to the SHA Board (April 2011)  TCS Assurance process  SHA Board approval of TCS transactions  Annual Innovation report 2010/11 (July 2011)	Scrutiny by Monitor and the Cooperation and Competition Panel  DH rating on TCS and progress through FT pipeline					

**SHA Objective: Creating the new NHS**

**Manage Yorkshire and the Humber Workforce & Education to agreed targets and the transition to the new arrangements as outlined in *Developing the Workforce* consultation**

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level Prob Impact Score			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed Prob Impact Score		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Score probability 1 (rare) to 5 (almost certain)	Impact 1 (Insignif.) to 5 (catastrophic)		The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk			
Director of Workforce & Education	9. Transition disrupts delivery of MPET SLA	2	3	6	<p>'Delivering the Healthcare Workforce'</p> <p>Interim Yorkshire and the Humber NHS Education and Training Workforce Partnership (ETWP) - established as a Committee of the SHA Board (Sept 2011)</p> <p>Single Integrated Plan</p> <p>Contracts with education and service providers</p> <p>Workforce benchmarking data and metrics</p>	<p>Programme Board established to develop new arrangements</p> <p>Board approved governance arrangements and delegated functions for the Interim Yorkshire and the Humber NHS Education and Training Workforce Partnership (ETWP) (12-09-11)</p> <p>Regional Workforce Plan</p> <p>Consultation on education and training commissions with education and service providers</p> <p>W&amp;Ed reports to the Board</p>	<p>Centre for Workforce Intelligence scrutiny of commissioning plans</p> <p>YH05/2011 Internal Audit Review of University Contracts – Significant assurance</p> <p>YH 07/2011 Internal Audit Review of Deanery locality arrangements (governance, budgetary financial control &amp; probity) – Significant assurance</p> <p>YH08/2011 Internal Audit Review of Learning &amp; Development Agreements – Full assurance</p>		Implementation of the W&ED Business Plan	1	3	3

**SHA Objective: Creating the new NHS**

**Manage IM&T Programmes to agreed targets**

-----**Risk Action**-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	Prob Impact Score		
Chief Information Officer	10. Transition disrupts delivery of programme targets for IM&T	3	3	9	Yorkshire and Humber Programme for IT  Informatics Shared Services Programme  National Informatics Transition Programme	YHPfIT monitoring of national and regional programmes of work  Board reporting on NPfIT  Programme management and coordination  National engagement	Monitoring by the Informatics Executive Group  Risk monitoring by Connecting for Health and the NHS CIO	Since the formation of PCT Clusters some PCT IM&T Programme Boards have not met, IM&T Cluster Governance needs to be set up  Develop/extend collaboration across localities to mitigate capacity issues	SHA Locality Leads (ACIOs) now assigned to PCT Clusters to ensure IM&T Cluster Governance arrangements are in place by the end of August 2011  Encourage the development of Shared Services and support organization for collaboration	3	3	9

**SHA Objective: Creating the new NHS**

Implementation plans for Public Health transition agreed by Jan 2012

-----Risk Action-----

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk							
Lead Director	Potential Risk	Risk Level Prob Impact Score			Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed Prob Impact Score		
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Score probability 1 (rare) to 5 (almost certain) Impact 1 (Insignif.) to 5 (catastrophic)			The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk			
Regional Director of Public Health	11.SHA fails to deliver effective partnership structures to manage the functional transfer to local government	2	3	6	Public Health Outcomes Framework	Public Health Transition Programme Health Inequalities Delivery Plan (re transition) GP Commissioning Consortia development programme Assurance on fit for purpose Joint Strategic Needs Assessments Provision of tools and training to LA boards Work with developing Health and Wellbeing Boards Board reporting on Public Health transition (latest 12-09-11) Peer review visits (Summer 2011)	Planned assurance: Internal audit review of management of transition and migration of functions	Awaiting guidance on the position of staff who may potentially transfer from the NHS to LAs  Awaiting confirmation of scope of Public health shadow budgets for LAs and the NHS	Not for local action  Not for local action	2	3	6



**SHA Objective: Support SHA staff through transition**

- (a) Ensure effective HR transition arrangements are in place to support staff e.g. effective communication, career support and appraisal
- (b) [Implement] SHA functional migration plan
- (c) Make Y&H SHA an excellent organization through corporate social responsibility programmes

**-----Risk Action-----**

Current assessment of level of risk to achievement of objective – based on controls and assurances in place					Action Plan to Reduce Probability or Impact of Risk					
Lead Director	Potential Risk	Risk Level		Key Control Mechanisms	Management Assurance/Actions	Independent Assurance	Gaps in Controls or Assurance	Action Plan (Include lead person and end date)	Anticipated Risk Score After Action Plan Completed	
	Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control	Prob Impact Score		The systems and processes in place that mitigate this risk	What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board i.e. <b>include dates of planned Board reports</b>	External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Where an additional system or process is needed, or evidence of effective management of the risk is lacking	How the identified gap is to be addressed and how the risk is to be diminished OR further proposed action to diminish the risk	Prob Impact Score	
				Strategy IM&T Strategy Group	Audit Committee annual report 2010/11 (July 2011)  Board reaffirmation of commitment to SHA values (April 2011)  Creation of care leavers employment opportunities; Employer-supported volunteering scheme  SHA Sustainability Group and associated work programme  Equality & Diversity Annual Report 2010/11 (July Board)  July Board development session on Equality & Diversity  Information Governance reports to the Audit Committee					

**Appendix:**

**Independent Assurances provided by Internal Audit Review Reports:**

YH01/2011 – Core Processes (Quarter 1) – Significant assurance

YH02/2011 – Movement of Funds (Protocol for approving resource transfers) – Significant assurance

YH04/2011 – Financial Management & Budgetary Control; Payroll & Staff Expenses; Financial Ledger - Significant assurance

YH10/2011 - Order, Receipts & Payments (for goods and services) – Significant assurance

YH 11/2001 – Assessed validity of the SHA's self-assessment for IGT v8 – Self-assessment confirmed in all areas

YH12/2011 – ESR: Probity & Governance – Significant assurance

YH14/2011 – Tenders & Quotes – Significant assurance

YH15/2011 – Travel expenses – Significant assurance

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