V1 17-04-07

Risk Scores: 15 to 25 = Significant Risk; 8 to 12 = High Risk, 4 to 6 = Medium Risk and 1-3 = low Risk

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1	2	3	4	5	6	7	8	9	10	11
1(i)	Assurance Framework Strategic Objectives	Insufficient input to assure adequacy of safety systems in PCTs and Trusts and cross agency child and adult protection	E	3	3	9	H	Patient Safety Strategy to be approved by Board October 2007 to include strengthening capacity and capability within PCTs to improve their own safety performance and performance manage FTs and other service providers they commission services from.	Sue Proctor	Oct-07
	AF	Reconfigured organisations have not yet been subject to AHC						Declarations submitted by Trusts and PCTs to Healthcare Commission - AHC process being undertaken by Healthcare Commission (results to be published October 2007)		
	AF	DH does not actively manage the SHA safety function		3	2	6	M	Need to seek assurances through benchmarking with other SHAs, NPSA and DH opinion - SHA capability review	Sue Proctor	When SHA capability review results published ? Dec 2007
	AF	Safety systems may be inadequate for purpose	E	3	2	6	M	Incident Management plans reviewed.June 2007. On-going monitoring planned	Sue Proctor	Ongoing
1 (ii)	AF	Limited influence over FTs (not obliged to report SUIs to SHA)	E	3	3	9	H	PCT patient safety network to be established; phased programme of handover of SHA performance management of SUIs to PCTs in newer FT economies	Sue Proctor	Dec-07
1 (iv)	AF	Failure to ensure learning from key national and local experience - risk of repeated preventable errors		2	3	6	M	Safety management action plan to be put in place, to include strengthening capacity and capability within PCTs to improve their own safety performance and performance manage FTs and other service providers they commission services from. NHS Y & H Patient Safety Networks including NPSA to be developed.	Sue Proctor	Networks to be established by 30 November 2007
1 (iii)	AF	High profile SUIs poorly handled by the SHA		3	1	4	M	Close working between Integrated Governance and Communications teams; SMT input; prioritisation	Sue Proctor	Ongoing
1 (v)	AF	Unsafe and unsuitable environment and facilities for modern healthcare		2	1	2	L	Audit of capital investment programmes to be sought	Sue Proctor	
4 (i)	AF	Clinically inappropriate and ineffective services are provided		3	2	6	M	Needs more work to ensure that NHS organisations (including the SHA) systematically use sources of best practice information and review services against these - developing more robust system for measurement of quality and clinical outcomes	Sue Proctor	
1 (vii)	AF	Risk of an uncoordinated approach to quality management on behalf of service regulators and the SHA		3	3	9	H	Risk concordat meetings with key partners now established by Healthcare Commission. Fornal MoUs with partner organisations need to be established to ensure clarity of roles and maximum	Sue Proctor	Dec-07
3 (ii)	AF	Poor understanding of reform mechanisms, under utilisation of reform mechanisms to commission improved health services	E	3	2	6	M	Health reforms delpoyment indicators - quarterly monitoring regime (starting Oct 2007). Reports to and holds events with SHA Baord and CE community.	Ros Roughton	
3 (iii)	AF	Insufficient knowledge of patient experience		2	3	6	M	Develop new methods to measure patient experience	Sue Proctor	
4 (vi)	AF	Workforce productivity does not improve		2	3	6	M	Quarterly report to Board - FIMS monitoring - Trust action plans	Tim Gilpin	
		Delayed implementation of HR balanced scorecard								
		HR Metrics not included in regular performance management processes								
1 (viii)	AF	Functionality of healthcare organisations limited because of inability to recruit to some professions		1	2	2	L	Revised focus in commissioning plans. MPET SLA sign-off	Tim Gilpin	
		No feedback from DH on commissioning plans								
3 (ix)	AF	Education and training does not meet service need		3	1	3	L	National Standard Contract implementation. Learning and Development agreements implemented with Trusts	Tim Gilpin	
		professions		3	5	15	H	implemented		

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1	2	3	4	5	6	7	8	9	10	11
		Implementation of MTAS		3	4	12	h	Progress reviews with DH. Review of action plans against key milestones with PG Deans and Trusts		
1 (ix)	AF	Non compliance with WTD requirements		3	2	6	M	6-monthly Action Team reports in SHA & with Trusts - Quarterly reports to SHA Board	Tim Gilpin	
		Failure to plan for 2009 requirements in sufficient time								
3 (iv)		Organisations fail to predict and respond to patient need	E	3	2	6	M	**[Needs to be joint with Commissioning directorate as would impact on Choice agenda]** Working with PPI leads through the established learning network we will provide a specific focus on Choice, MRSA and 18 week targets. In particular, work with NHS organisations across Y&H to pilot & develop mechanisms such as Patient Opinion, PALS, NHS Choices website.	Sue Proctor	Ongoing
3 (v)	AF	Transition from PPIFs to LINKs: risk that local people not properly involved in LINKs	E	2	1	2	L	event. PPI team working with network of overview and scrutiny of health officers across Y&H quarterly. Communications with HCC Engangement pilot, Links Early Adopter and CPPIH re existing FSOs. Updating Trusts at Learnign Network events and via regular mailings	Sue Proctor	Dependent on Bill passing through Parliament
3 (vi)	AF	No improvement or even deterioration in patient experience	E	2	2	4	M	CEO briefing re responsibilities in terms of patient experience. Comment/input to HCC healthcheck of all trusts. Patient & Public Engagement Learning Network across Y&H for PPI staff in trusts. Promotion and development of further mechanisms to support understanding of patient experience. Also a national and communications issue.	Sue Proctor	Monitored nationally
2 (i)	AF	Progress towards 18 weeks milestones not achieved							Annette Laban	
		Demand management plans not delivered	E	3	2	6	M	performance management of plans and activity. Monthly reports to SHA Board and to all health communities and at Chief Execs. Forum		8-Dec
		Technology to support delivery not realised	E	2	2	4	M	Expert group established under Programme Board structure to take forward actions with alternative options/workarounds explored. Monthly reports to SHA Boards and to all health communities and at Chief Execs. Forum		8-Dec
3 (viii)	AF	Patients not able to book appointments at their convenience							Annette Laban	
		National technology solutions delivered late or not fit for purpose	E	3	2	6	M	Coordinated group established to drive progress in line with national directives. Project structure in place. Link to national team where areas of need identified		7-Dec
2 (ii)	AF	Delays in recruitment and retention of effective PCT senior teams and achievement of key CPLNHS aims eg. savings and strengthened commissioning								
		development								
		Gaps through NHS reorganisation								
2 (iii)	AF	Services are not provided equitably to all groups and populations within the region	E						Paul Johnstone	
		Local action is not systematic and targets insufficient to effect required change	E					Programme of visits to all Spearheads to review systematic practice led by National Support Team Leader		
		another	E					PHO monitoring will alert		
		communities	E					Targetted SHA social marketing initiative addressing		

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		Different targets agreed through different mechanisms - data unavailable for the changes that need to happen	E					Reconcilliation is carried out and unintentional differences addressed through performance management reporting. Report identifies gaps and 'catalyst event' type approach adopted.		
		Poorly performing breast screening services								
		Plans to develop public health workforce capacity not integrated into core business. Plans based on HR measurements rather than qualitative competencies						Workforce needs assessment to be undertaken. Public Health Workforce network to be established. New working relationships to be established with SHA Workforce to promote competency model.		
1 (xii)	AF	Inadequate emergency planning and preparedness						performance assessment of major incident plans. Introduction of performance management of pandemic flu plans. Regular training followed by testing of major incident plans. SHA audit of staff leading emergency planning.	Paul Johnstone	
		Lead PCT model to be operationalised								
		Gaps through NHS reorganisation								
3 (x)	AF	Insufficient capacity to take forward key reforms							Ros Roughton	
		Frameworks still under development		1	2	2	low	Work to develop underway		7-Oct
3 (xi)	AF	Absence of strategic framework for service development and service change		2	1	2	low	Frameworks in development	Ros Roughton	7-Oct
3 (xii)	AF	Inadequate organisational and leadership development in PCTs/Trusts		1	5	5	low	Resource being identified	Tim Gilpin	
		reviews								
		information								
3 (xiii)	AF	Fit for purpose products are not delivered on time							RC/CIO	
		Pan SHA infrastructure still being developed under Local Ownership Programme (NLOP)	Ext	3	4	12	H	Work with CfH to establish robust governance arrangements under NLOP. In the interim work with NE Cluster to ensure there is a continuity plan for all tasks that they undertake. Interim Management arrangements are in place. An assurance review is being undertaken that will report to Chief Executives.		
3 (xiv)	AF	NHS organisations unable to meet deployment timescales							RC/CIO	
		Programme Board not yet established	E	3	2	6	M	SHA NPfiT Programme Board to be established, reflecting enhanced SHA NPfIT role under NLOP.		
3 (xvi)	AF	Systems development lags behind NHS policy and practice							RC/CIO	
		SHA can influence but not control mitigation of this risk	E	3	3	9	H	Establish expert reference groups to input user requirements as part of a rigorous process to agree prioirities for product development and functionality of future releases.		
5 (iii)	AF	Failure to ensure that hosted organisations have effective governance arrangements in place							Margaret Edwards	
		Audit plan needs to cover hosted organisations								
		SLAs with hosted programmes		3	2	6	M	SLA template in development		7-Jun
		Need additional scrutiny of SHA responsibilities in relation to newly merged LRECs		2	3	6	M	Work with COREC to define roles, responsibilities and policies	Sue Proctor	Dec-07

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	Obs.	Lack of business continuity during closure of St John's		3	2	6	M	To ensure all IT services are in place until the last possible point and that alternative arrangements are put in place in the event of having to close down the systems earlier	Margaret Edwards	7-Jul
	Obs.	Unsafe or unsuitable screening services								
		Non-compliant diabetic retinopathy screening services across NY&Y PCT						Action plan and risk assessment required by 25 June for monthly monitoring	Paul Johnstone	
		Poor performance on 36 month round length for Breast Screening Services in Humberside and Leeds/Wakefield						Round length action olans in place. Further work to be led through Directors of Commissioning	Paul Johnstone	
	IA YH02/2007(WYAC)	Need to strengthen governance processes around University payments					M	Formalised procedure notes should be produced (by 30/09/07) to document the expected checks and controls	Rob Cooper (Tony Dudson)	30-09-07
	IA YH03/2007(WYAC)	Need to strengthen governance arrangements around Salary Support Costs					H	As part of the changes planned for the system for paying salary support costs, formalised procedure notes should be produced (by 30/09/07) to document the expected checks and controls.	Rob Cooper (Tony Dudson)	30-09-07
	IA YH05/2007(WYAC)	SHA Board not fully informed of position on MADEL contracts and commitment of funds					High	SHA Board to be updated on contracts. One Learning and Development Agreement for each NHS body to be established, covering all business with that organisation.	Tim Gilpin	30-09-07
	Annual Governance Report 2006/07	Underlying reporting systems do not support the figures in the accounts	I				High	Full range of codes will be used - monthly reporting in FIMS to be brought in line with annual accounts	Rob Cooper	30-09-07
	Annual Governance Report 2006/07	Ensure adequate time is built into closedown timetable for quality review of accounts before submission for audit					High	Production of monthly accounts will improve the year-end process. Timetable will be reviewed	Rob Cooper	30-09-07
	Annual Governance Report 2006/07	Output from Electronic Staff Records (ESR) not routinely reconciled to ledger					High	Quarterly reconcilliations will be introduced	Rob Cooper	30-09-07
	Annual Governance Report 2006/07	Need to develop arrangements to maximise the benefit of the ESR system					High	Discussions taking place with HR service provider to extend access to database	Rob Cooper	30-09-07