


1	2	3	4	10	5	6	7	9	11	12	13	14	15	16	17	18
Number	Source of Risk (e.g. Assurance Std, Incident Risk etc)	Directorate	Summary description of risk	Summary of Risk Treatment Plan	Corporate Objective	Likelihood	Impact	Likely Impact to Trust	Anticipated resource implication (£)	Responsibility for implementing plan	Expected date of completion	Source of review (e.g. HC, NHS LA, DATAC)	Date for Review	Is this rating acceptable?	Change of Risk rating	Proposed Receiving Organisation
G27	CCGs	Standards (Oct 11)	Developing CCGs could leave the PCT open to legal challenge as the legal entity	Organisational Development Programme to be developed. CCG Board to provide regular assurance reports to the PCT Cluster Board	4	3	4	Red		Director of Standards			Mar-13		↔	Cluster Risk/ Closed
PH1 1	Surveillance of population health	public health (Oct 11)	Failure to maintain services due to severe weather events including flooding, heat wave, snow, storms due to impact of climate change	Major incident plan and business continuity plans cover most eventualities which should include assessment for health and safety of staff. Directorates are responsible for their own business continuity planning.		2	4	Amber		Head of Emergency Planning	ongoing	Public Health Governance Committee	Mar-13		↔	Cluster Risk/ Closed
F1	Strategic Financial Statements	Finance (Aug 09)	Failure to effectively manage financial performance 12/13	Q&P Strategy and programme in place. Transition and Reform Programme Board and Cluster Board receive regular programme updates. Monthly reports to SHA.	2	3	5	Red		Chief Exec / DOF	Mar-12	SHA / Audit	Mar-13		↔	Cluster Risk/ Closed
PH8	Board target	Public Health (Oct 11)	Capital funds not available to meet Board target of 25% reduction of 2008/09 carbon footprint by 2014/15. Original target based on provider and commissioning PCT which is now split. Estate still remains with commissioner.	Development of a Sustainable Development Plan complete. Target revised in line with aspiration. Annual reports to Board. Ongoing work on other areas to reduce carbon (eg energy champions, travel reduction, IT, maintenance work takes carbon into account).		3	3	Amber	Approx £4M	Public Health Consultant (Bruce Willoughby)/Director of Finance (Adrian Snarr)	Mar-13	Board	Mar-13		↔	Cluster Risk/ Closed
IM &T 3	Implementation of Provider Services Information systems	Strategy (Jan 08)	Lack of IM&T systems to provide the new Commissioning Information dataSet (CIDS) from 1st April 2012	the PCT is looking at the resource required to implement this across Community Services before April 2012	2	2	4	Amber		AD Informatics	Mar-11	Internal Audit	Mar-13		↔	Cluster Risk/ Closed

E1	Strategic Estates	Estates (Mar 09) / Primary Care (Jul 09)/Mental Health (Oct 11)	No long term estates strategic planning. Uncertainty of future provision of PCT accommodation.	Locally - review current infrastructure and look to have a sustainable plan. National guidance issued 4 Aug 11 - to review and agree next steps	2	3	4	Amber	£4M	Director of Finance	Ongoing programme over 3 years		Mar-13		↔	Cluster Risk/ Closed
G1	Strategic Board Assurance	Governance (Jan 08)	New Governance structure in organisation may cause potential weakness.	Assurance Framework becoming embedded. Further development of process for revision and moderation of Corporate Risk Register, robust audit committee. Internal Audit conducted March 11. Governance Structure - Quality and Governance Committee.	4	3	4	Amber		Director of Standards	Apr-11	Internal Audit / SfBH/ NHS LA	Mar-13		↔	Cluster Risk/ Closed
IG1	Information Governance targets	Standards (Jan 10)	Failure to meet national information governance targets IG Toolkit Criterion V9: 324 Pseudonymisation,	Achieved compliance against two outstanding criteria of contract compliance and NHS Number programme. Progress has been made with the pseudonymisation criteria, but still not at level 2	4	4	5	Red		Director of Standards	Mar-12	CfH, Audit Commission, SHA	Mar-13		↔	Cluster Risk/ Closed
	QIPP Programme - all schemes	Standards (Aug 11)	Corporate monitoring information (BI data) is not robust enough to enable robust monitoring of delivery	Monitoring system agreed with clear priorities. Capacity reviewed and enhanced as appropriate	4	4	4	Amber		Director of Standards	Mar-15		Mar-13		↔	Cluster Risk/ Closed
HR1	Human Resources	Human Resources (Aug 11)	As part of the transition programme, staff transfers do not follow legal guidelines	Ensure the appropriate framework is followed, include staff side in process, take legal advice where necessary	4	3	3	Amber		Chief Exec / AD Human Resources	Mar-13		Mar-13		↔	Cluster Risk/ Closed
HR2	Human Resources	Human Resources (Aug 11)	Staff anxiety at pace of transformational change.	Actions to include focus groups; annual staff survey action plan; quarterly local staff surveys; staff support plans, regular communications, CEO briefings.	4	3	3	Amber		Chief Exec / AD Human Resources	Mar-13		Mar-13		↔	Cluster Risk/ Closed

IG5	Information Governance	Standards (Mar 12)	The National Information Governance Board and Connecting for Health have issued guidance to assist organisation with maintaining good information governance during the transition. Capacity and resource issues within the PCT to comply with the guidance.	Paper to be taken to Directors. Handover and Closure Group setup (Sep 12). Actions include map current and new information assets and both internal data flows and transfers of information externally, data controller responsibilities, ensuring all records are managed appropriately, ensure secure data transfer.	4	5	5	Red	Paper to be taken to Directors. Identify a project lead.	Director of Standards	Apr-12		Mar-13			Cluster Risk/ Closed
	Handover and Closure	Standards (Aug 12)	Handover and Closure -Conflicting priorities and challenging timescales. Limited national guidance	Handover and Closure group setup. Each domain has a nominated Director lead and deputy. Regular updates on the programme are provided to Directors, Governance and Quality Committee and Cluster Board		3	3	Amber		Director of Standards	Mar-13		Mar-13		new risk added Aug 12	Cluster Risk/ Closed
	Handover and Closure	Standards (Aug 12)	Complex HR environments which requires high degree of coordination	Clear HR processes have been established. Ensure staff have access to regular information and have the capacity to raise concerns and be involved in the process.		3	3	Amber		Chief Exec / AD Human Resources	Mar-13		Mar-13		new risk added Aug 12	Cluster Risk/ Closed
	Handover and Closure	Standards (Aug 12)	Dwindling capacity as changes are implemented. Loss of expertise in specialist areas.	Regularly monitor resources for the transition programme, QIPP and statutory duties. Realign resources as required. Business Capacity review		3	3	Amber		Director of Standards	Mar-13		Mar-13		new risk added Aug 12	Cluster Risk/ Closed
	Handover and Closure	Standards (Aug 12)	Failure to novate contracts into new organisations	Collaborative working with new organisations and partners. PCT review of all clinical and non clinical contracts. Regular updates to be provided to the programme board.		5	3	Red			Mar-13		Mar-13		new risk added Aug 12	Cluster Risk/ Closed

UPC 8	Delayed Discharges	Localities (Oct 09)/Mental Health (Oct 11)	Risk of delayed discharges from acute providers and other agencies. Risk is that patients may be cared for in a setting inappropriate to their needs eg acute not community. Financial impact.	Mitigating actions: winter planning programme and Levels of Care Programme	1	2	4	Amber		Locality Directors	Risk will continue after Mar 11	IST Imp Board in SWR and York Partnership Board	Mar-13		↔	Delegate to CCG
Childrens 1	Service review identified waiting list issue	Performance and Standards (May 11)	Over 30 children waiting over 2 years for autism diagnosis SWR. Delay in diagnosis results in lack of access to additional support for parents/carers eg educational or a framework to manage the child more appropriately.	Issue identified and reported to locality director for inclusion on CMB. Meeting arranged with Business Manager SNEY. Report to be taken to Quality and Governance Committee	1,2,3	4	3	Amber	Non recurrent additional resource to address waiting list. Yet to be quantified	Interim Director of Nursing	End 11/12	Children's Commissioning team	Mar-13		↔	Delegate to CCG
G25	National Targets	Standards (Jul 11)	Identified as red on Dashboard (Jul 11) - % of patients who are able to arrange their outpatient appointment using the choose and book system	Monitored through Contract Monitoring Board	1	3	3	Amber		Director of Standards			Mar-13		↔	delegate to CCG
NT1	National Targets	dashboard (Sep 12)	Identified as red on Dashboard (Sep 12) - number of patients still waiting for treatment where they have waited 52 weeks or more from referral by their GP or other healthcare professional.	Monitored through Contract Monitoring Board	1	3	4	Amber		Director of Standards			Mar-13		new risk added Sep 12	Delegate to CCG
NT2	National Targets	dashboard (Sep 12)	Identified as red on Dashboard (Sep 12) - Number of patients the PCT is responsible for with MSSA and Cdiff infections	Monitored through Contract Monitoring Board	1	3	4	Amber		Director of Standards			Mar-13		new risk added Sep 12	Delegate to CCG
PH1	Performance monitoring target	Public Health (oct 11)	lack of accurate data collection in primary care in respect of key childhood immunisation and vaccination data.	four different methodologies to collect data from different practice systems. Risk is being managed through ongoing review of data and follow up with practices. Public Health Directorate and associated strategies and plans. Annual Health Check, Annual Public Health report, internal and external audit reports. Work with Assistant Director of Informatics		4	3	Amber	installation of systmOne Child Health Systems in Harrogate, York and Scarborough. Improvements to H&R child health system.	AD Performance and Delivery with input from relevant public health leads for each target/indicator. AD Informatics	ongoing	Public Health Governance Committee	Mar-13		↔	Delegate to CCG

CP 2/Q1 PP2	Strategic Failure to build collaborative relationships with key stakeholders e.g. Provider Organisations and Practice Based Commissioners	Finance and Contracting (Jan 08)/Localities (Mar 11)	Failure to engage effectively with stakeholders will result in contract over performance. Risk of overtrading.	SME have set out working arrangements for 11/12 with roles and responsibilities to be agreed. Link Q&P opportunities directly to strategic projects.	2	5	5	Red	Potential impact over £10 million	AD Contracting	Mar-12	System Management Executive	Mar-13	Yes	◀	↔	Delegate to CCG
VP 1	Continuing Care	Localities (Jan 08)	update Nov 10. The demand for NHS CHC assessments and potential funding has risen following the publication of the DoH Continuing Care Policy. As the threshold for accessing Full Continuing Healthcare funding has reduced this will increase the number of patients who are eligible for funding.	Review all new and existing Continuing Healthcare applications and funding packages to ensure the PCT only funds what it is responsible for. Patient safety will not be compromised by funding.	2	3	5	Red	potentially £8 million	AD Vulnerable People and NHS Continuing Healthcare	Risk will continue after Mar 11	Internal	Mar-13		↔	↔	Delegate to CCG
HC1 5	Continuing Care	Transition Programme Board	New deadline for applying for a retrospective NHS Continuing Care assessment. For periods of care occurring between 1 April 2004 and 31 March 2011, deadline 30 September 2012 (700 appeals received). Deadline for periods of care between 1 April 2011 and 31 March 2012 is 31 March 2013.		2	3	5	Red	Unknown liability	AD Vulnerable People and NHS Continuing Healthcare			Mar-13		new risk added Sep 12		Delegate to CCG
G22 /QIP P1	QIPP Programme - all schemes	Localities (Mar 11)	Capacity(in primary/secondary &PCT) to deliver QIPP schemes is not available due to management cost reductions, transition and other competing priorities	PMO in place which continues to review resources required, address gaps and escalate appropriately. SME in place for strategic discussions.	4	3	3	Amber		Director of Localities	Mar-13		Mar-13		↔	↔	Delegate to CCG
QIP P94	QIPP Programme - all schemes	Localities (Mar 11)	System engagement and ownership of QIPP schemes is not sufficient	SME in place to ensure secondary care ownership. Plans developed by CCG to ensure primary care ownership.	4	3	3	Amber		Director of Localities			Mar-13		↔	↔	Delegate to CCG

QIP P7	QIPP Programme - all schemes	Localities (Mar 11)	Public and political disagreement of QIPP plans	Clinical ownership of plans in place. Consultation planned appropriately. Communication plan developed as appropriate	4	2	4	Amber		Director of Localities		Mar-13		↔	Delegate to CCG
QIP P4/ QIP P5	QIPP Programme - all schemes	Localities (Mar 11)	The time for clinical practice and cultural changes to take place put at risk QIPP delivery	Plans developed bottom up, with significant involvement of those doing and leading these changes. Change management processes used to support delivery	4	3	3	Amber		Director of Localities	Mar-13	Mar-13		↔	Delegate to CCG
VP2	Child and Adolescent Mental Health Services within Scarborough Whitby Ryedale	Corporate + Localities (Feb 11)	Should there be an incident out of hours with a patient aged under 16 with a mental health problem then acute services are unable to provide the clinically appropriate care. This is creating considerable clinical risk for Scarborough Acute Trust.	Unless funding is identified to fund an out of hours service there will continue to be considerable risk to patients and clinicians. A service plan has been designed to meet the clinical needs but this requires new financial investment.	1	4	5	Red	Unless funding is identified to fund an out of hours service there will continue to be considerable risk to patients and clinicians. A service plan has been designed to meet the clinical needs but this requires new financial investment	Melanie Bradbury, AD Vulnerable People	Mar-12	Mar-13		↔	Delegate to CCG
PH3	Health Checks	Public Health (Oct 11)	Less than half year effect of NHS Health Checks LES. Insufficient to meet 2011/12 target to invite 18% eligible population, and not all practices signed up meaning insufficient capacity in primary care to meet 20% target for 2012/13	LES has been commissioned. Follow up with practices not currently participating to encourage participation 12/13 and development of plan for other providers to invite those patients if practices not participating.		5	3	Red	cost neutral (but dependent on stopping other LESs)	Public Health Consultant (Bruce Willoughby)	Apr-12	Primary Medical Services Commissioning Group PH Gov Committee	Mar-13	↔	delegate to CCG

Informatics 2	Central Server Room (Business continuity)	Strategy (Jan 10)	Business continuity compromised because server room is based within a HQ building.	IT review. Project lead identified to lead on business continuity and disaster recovery.	2	2	5	Amber	<p>Cost of supply and installation of Generator will be £25,000</p> <p>Cost of increasing the UPS capacity will be £4000 to £12,000 depending on the solution</p>	AD Informatics	Mar-11		Mar-13		↔	delegate to CSU
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