

**NHS County Durham and Darlington
Corporate Risk Register**

Ref No	Entry Date	Policy Link/Area	Directorate	Identified Risks : Risk Description: description of each specific risk scenario with regard to people, information, physical assets, finances, reputation etc	Controls :Action to Reduce Risk What we are doing now to manage this risk, what controls are in place?	Key Performance Indicators	Responsible Officer : Assigned to	Impact	Likelihood	Risk Score	Risk Rating	Assurances: Progress/Evidence - what are the assurances that the controls work? Please provide evidence signposting and detailed assurances These are the evidence trails to prove that controls are in place and working.	Date of update & review of risk rating	Impact	Likelihood	Risk Score	Residual Risk Rating	Review Date
Deliver the 2009/10 initiatives against strategic objectives and enablers in the 5 year strategic plan																		
PH 002	Jul-09	Corporate Priority 1 To reduce suicide rates and improve levels of mental wellbeing within communities	Public Health	Potential cluster of suicides in the Seaham area	SMG paper July 09- outlines immediate and long term action (multi-agency working group set up with commissioning of mental health services under review)	Suicide prevention	Director Public Health / North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health	3	5	15	R	SMG paper, minutes of multi agency meetings and practice review papers. Risk will continue to remain high, a review report is expected end of February 2010	No change from July - 09, last update to ME Feb-10	3	5	15	R	Quarterly
SQRM16	Nov-08	CORP Ob ,5.1 & 5.2 SFBH C4a Vital sings Tier 1 HCAI performance targets	Public Health	Failure to meet MRSA bacteraemia target for 2009/10. Failed to meet 2008/09 target and subject to heightened scrutiny.	Detailed action plan monitored by monthly meetings with all health economy and HPA, monthly performance meetings (weekly updates) with CDDFT, monthly SHA meetings. All cases subject to rigorous root cause analysis.	Performance trajectory target for 2009/10 for CDDFT. NHS CD is aligned to this target.	Director of Public Health	4	4	16	R	Regular reports at all Board meetings. All key actions implemented. Feb 2009 escalation process with SHA & with CDDFT. ME to consider removal at next update	All infection control policies, last update to ME Feb-10	4	2	8	A	Monthly
SQRM3	01/05/2007 UPDATE JULY 2009	SBH (C24) Corporate priority 3	Public Health	DoH currently rates flu pandemic as a significant risk based on advice from the World Health Organisation. UPDATE pandemic of influenza A H1/N1v announced by WHO June 2009	Flu plan tested during 'Winter Willow' national exercise and action taken to address gaps. Plan revised to reflect national guidance. Region and national testing of plans and assessment of state of readiness. UPDATE OCC established and meeting weekly. Flu director appointed. All required actions to date in place	Flu pandemic plan in place. UPDATE ongoing response	Director of Public Health	4	5	20	R	CD&D PCTS' pandemic plan in place and has been revised to reflect national guidance. Local and national testing of flu pandemic plans. UPDATE verbal (minuted) updates to all management and Board meetings since April 2009. Written report to Board 21 July 2009. Weekly OCC minutes. Still red rated as impact of virus as yet unknown Flu pandemic plan. Updated December 2008 . Plan reviewed and reissued July 2009	Feb-10	4	5	20	R	

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AOP 4	Oct-09		Strategy and Involvement	Media interest /adverse reputational impact/ risk implications resulting from the ongoing review of the AOP position	Risk analysis to ensure minimum impact	1.Significant proportion of funding released 2.minimum impact related to suspended funding	Director of Strategy and Involvement	5	4	20	R	The paper to IBB on 5th November 2010 set out the position regarding ongoing monitoring of the AOP and the suspended schemes within this. The review of suspended schemes continues on a monthly basis with Policy leads reporting any risks to Pat Keane/SDG. Should the financial position improve this in turn will lead to a review of management arrangements regarding the AOP. To remain as high risk, overview of year end position to be reported to Board	01/01/2010, last update to ME Feb-10	4	5	20	R	Monthly	
Financial Management /Investment planning																			
EER1	May-07	Assurance Framework (AF4) SBH (C7) Corporate priorities 3, 4	Finance	Financial management does not achieve economy, effectiveness, efficiency, probity and accountability in the use of resources.	Continued monitoring of financial management and controls systems.	Meeting statutory financial duties	Director of Finance	2	4	8	A	Standing Orders, Financial Instructions and Scheme of Delegation and Reservation in place Financial management and control system Allocated and named budget holders Financial performance report to the Board and Executive Committee Capital planning and projects processes and Local Delivery Planning processes.	Dec-09	2	2	4	G	Quarterly	
EER13	Jul-09	WCC Corporate priorities 3,4	Finance	Failure to implement action plan on VFM opinion			Director of Finance	4	5	20	R		Jan-10	4	5	20	R		
FR001	Jul-09		Finance	Achievement of action plans developed to manage in-year financial pressures and address over-activity to ensure achievement of control totals agreed with SHA Slippage and unused reserves endanger delivery of control totals	Stop the line process to review acute sector over performance. 'Pre-QIPP' task group managing action plans to address current year position. Full reserves analysis linked to AOP project planning.	Reduction in acute sector activity / improvement in forecast outturn	Director of Finance	5	4	20	R	Stop the line has taken place and related actions now being implemented. 'Pre-QIPP' group established and actions identified. Reserves analysis ongoing to calculate impact of 'minimum spend' scenario	Feb-10	5	4	20	R	Continual Review	

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FR003	Jul-09		Delivery and Performance	NHS Provider acute healthcare contract over-performance due to activity against contracted levels and introduction of HRG4. Variation from planned outturn on acute contracts impacts on spending plans and delivery of control totals	Stop the Line process underway. Detailed review of year to date information and analysis of forecast information against demand plan projections The activity management process is being used to investigate all areas of over performance at CDDFT. Audits are being carried out into short stay emergency admissions, paediatric readmissions, elective surgery for myringotomy and tonsillectomy and prescription of anti TNF drugs. Queries have been raised where relevant and are being investigated by providers. The forecast position improved slightly at month 8.	Reduction in activity / financial outturn.	Director of Delivery and Performance	5	4	20	R	Business Intelligence team are reviewing and challenging data from NHS Providers. Risks around coding of activity at City Hospitals Sunderland. Activity delivered faster than 18 weeks being challenged at Director level. Exploring opportunity to increase certainty of year end figures.	Jan-10	5	4	20	R	Continual Review
FR007	Jul-09		Finance	Continuing Healthcare. Impact of increasing case numbers along with ongoing non-performance of database are impacting upon delivery of robust financial information to managers.	Significant time invested into collation of client level analysis by Finance.	1. Reduction in forecast outturn. 2. Improved confidence in accuracy of forecast outturn.	Director of Finance	4	5	20	R	Cross referencing of accruals and payments have released £2.3m bringing budget in line with projected outturn Finance staff are continuing to work in partnership with CHC team to determine accurate accruals and forecasting.	Feb-10	3	3	9	A	Continual Review
FR015	8-Sep		Strategy and Involvement	Achievement of disinvestment target given acute commissioning risks	Ongoing discussion with commissioners to identify disinvestment opportunities.	Identification of disinvestments	Director of Strategy and Involvement	4	3	12	A	Partial achievement of targets.	Mar-10	4	3	12	A	Continual Review
EER09	Sep-08	Use of Resources SBH (C7a,b) Counter fraud Corporate priorities 3 & 4	Delivery and Performance	Risk to the organisations assets, resources and reputation arising from fraud or corruption. Could relate to staff, contractors and commissioning activities.	Counter fraud and corruption policy and procedures in place. Counter fraud and corruption team and resource. Awareness training for staff.	Performance against compound level indicators	Director of Delivery and Performance	4	3	12	A	Risk profile has changed as a result of the separation of provider and commissioning. Lower risk in relation to overtime and timesheet fraud. Programme of training in 08/09. Counter fraud and corruption policies and procedures available on internet.	Feb-10	3	2	6	Y	Quarterly
DFO12	Aug-09		Finance	Risk of prescribing over spend across County Durham and Darlington and volatility in prescribing performance endangering delivery of financial plans (CVD risk assessment)	Close monitoring and assessment of forecasts in partnership with prescribing adviser colleagues		Director of Clinical Quality /Director of Finance	4	4	16	R	Minutes from prescribing meetings. Additional assurance to be provided from medicines management Team for next update, last update ME Feb -10	Feb-10	4	4	16	R	

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EER10	Oct-08	Partnership arrangements (Joint Commissioning) Corporate priorities 1,3,4	Mental Health, Learning Disability and Offender Health	Joint commissioning: Transfer of funding and commissioning responsibility of health funded social care to Local Authority. Key risks, financial in terms of future assessed health need and Transfer of Undertakings Employments Protection risk for related posts.	Action plan and programme in place to manage the transfer.	Meet agreed transfer date	North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health	4	4	16	R	Action plan has been implemented and the transfer of funding signed off. Existing policies used within the process	Mar-10	2	1	2	G	Quarterly
NOT/01	May-09	NEOHCU objective 3	Mental Health, Learning Disability and Offender Health	Primary Care provider unable to deliver NHS equivalent admin and reporting (Ack and Cast)			North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health	4	4	16	R	AOP submission unsuccessful funding to come out of reserves now included within the spend plan ,awaiting contract variation to transfer funds to provider	Nov-09	3	4	12	A	
Partnerships																		
COO 1	Sep-09		Corporate	Partnership risk - associated risk unitary authority unknown quantity	Development of strong relationships and governance		Company Secretary	3	4	12	A	Development of Partnership Policy and register	Feb-10	3	3	9	A	

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External regulators : WCC, CQC																		
COO 2	Oct-09	WCC	Mental Health, Learning Disability and Offender Health	Competency and governance levels not achieved.	1. Task & Finish Group to be established to review evidence in a "forensic" method. 2. Reports to management group and boards. 3. External validation/challenge to be procured.	WCC assurance process	North East Director of Commissioning Mental Health, Learning Disabilities and Offender Health	3	4	12	A	Task group established since April 2009. Regular organisation reviews. Workshops held with staff.	Jan-10	3	4	12	A	
SQRM1 2	Aug-08	SBH (C7e, C13a,b,c) Corporate priority 1,2, 4	Strategy and Involvement	PCT does not implement the requirements of the Mental Capacity Act due to the extensive training and policy requirements.	Project lead has been appointed to over see the implementation of the requirements.	Progress to project plan	Director of Strategy and Involvement	1	2	2	G	Policy implemented risk controlled, Project lead in post. Formal removal agreed at ME 10.02.10	Jan-10	1	2	2	G	Agreed removal
SQRM7		SBH (C7e)	Mental Health, Learning Disability and Offender Health	PCT Fails to challenge discrimination, equality and does not respect human rights	Failure to provide equity of Mental Health provision to BME communities - scored "red" in autumn assessment		NE Director of Mental Health and Learning Disabilities Commissioning	3	4	12	A	Funding approved in LDP. Posts will be in place in December 2009 HR policies and procedures	Feb-10	2	2	4	Y	Quarterly
Reputational Management : Public Concern																		
SQRM1	May-07	SUI	Clinical Quality Directorate	Risk of criminal or civil legal action and adverse media attention arising from previous concerns regarding a GP's performance. Predecessor organisation staff, processes and evidence under scrutiny and could result in further questions regarding the current assurances in place to manage a similar GP performance investigative environment.	Communications team preparing statements to address issues of assurances currently in place that ensure the effective investigation of performance issues, including the processes by which decisions are discussed and made and actions are taken and monitored where appropriate. Operational Procedures-Management of Serious Untoward Incidents, Policy for Assuring High Standards of Professional Performance	Further reports requests from relatives or police action	Director of Clinical Quality	4	3	12	R	Work being taken forward on implementing lessons learned. High court has overturned decision by Coroner not to hold an inquest. Recommend increase of residual risk to amber due to potential impact. Operational Procedures-Management of Serious Untoward Incidents, Policy for Assuring High Standards of Professional Performance	Jan-10	3	3	9	A	
EER6	May-07	NICE, SBH (C3, C5) Corporate priorities 2,3,4	Public Health	Potential financial impact and media attention arising from specialist drugs or treatments	Ongoing monitoring		Director of Public Health	4	3	12	R	Exceptional Case Committee process in place Implementation of NICE Guidance Policy	Procedure s Revised August 2008	3	3	9	A	