

Newly identified risk
Amended text
Risk proposed for removal from CRAF

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1	TR003	London-wide	C,F,R, Transit'n	Delivery of major service changes There is a risk that, during the transition to a new end-state for decision-making processes and accountability, there may be insufficient focus to deliver the necessary transformation at pace. This applies both to existing changes that are agreed but not yet fully implemented and to proposed changes that will emerge over the remainder of 2011. The consequence of this risk could be that the transformational changes in health services envisaged in London's QIPP plans in response to the clear clinical case for change, may not be realised in full or are delayed, thereby undermining significant improvements in the health of Londoners.	Ongoing	Oct-11	5	4	20	Existing Mitigation: NHS London's role in quality assuring PCT clusters 2012/13 -2014/15 plans includes oversight of strategic planning. This provides an opportunity to ensure plans focus on the necessary transformation and its implementation. Planned Mitigation: Once plans articulate the transformation required in detail and signal the need for consultation, NHS London will use its role in assuring all major service change to ensure robust processes are followed. For all large scale schemes this will include NHS London Board approval before launching consultation. This will mitigate against further delays created by OSC referrals and judicial reviews that come as a result of poor process. In addition, to remind the health system of NHS London's role and the correct processes to be followed, the Reconfiguration Guide will be updated and re-issued before the end of September 2011.	5	4	20	Existing Assurance There is assurance through: - Monthly meetings of Project Boards for Cancer and other care pathways with senior representation from NHS London on all project boards; - Monthly meetings of the Strategy and Innovation PLG; - Monthly meetings of the Delivery Group; and - Meetings of the NHS London board. - two IAS studies (Please note that following review of this risk EMT requested the likelihood post mitigation be raised from three to four, making the post mitigation risk equal to the initial risk.)	David Mallett / Bred O'Brien	Alastair Finney	Hannah Farrar	05.09.10	29/09/2011	Transition
2	PHR002	London-wide	C,F,R Transit'n	Public Health Transition The public health workforce in London amounts to around 1000 people, equivalent to roughly 25% of the workforce in PCTs. The Public Health Transition Programme at the Department of Health is only recently established and so currently lacks detail. There is a risk that the period of transition to the new public health system in London (which involves public health staff dispersing into local government, Public Health England and commissioning organisations) could result in a fragmented workforce. Some mitigating actions are beyond the direct control of NHS London. The consequence of this risk could be a negative impact on the leadership and structure of the public health workforce and thereby delivery of public health services.	March 2013	Dec-11	5	4	20	Existing Mitigation The Regional Director of Public Health (RDPH) meets regularly with DH and keeps abreast of the development of Public Health England. The London Public Health Transition Programme Board manages the risks associated with transition and is in active discussion with local government and the Health Protection Agency on these risks. The RDPH chairs a Screening Improvement Board and the London Health Advisory Board where risks to delivery are identified and actions taken. The Head of Emergency Preparedness has audited the emergency preparedness arrangements for PCT clusters. The RDPH and Head of Emergency Preparedness sit on the national DH Programme Board for Emergency Preparedness. Work on the London Operating Model will consider the establishment of a "PH transition vehicle" to provide governance and risk assurance for the London public health function, and to ensure a coordinated transfer of the functions to the final "receiving organisations". A dedicated HR manager has joined the transition team to address staff transfer issues.	5	3	15	Existing assurance The Public Health Transition Programme Board meets monthly under the chairmanship of the RDPH. A formal programme with nine workstreams has been established. Each workstream has a workplan that identifies interdependencies, risks and mitigating actions. Every month the workstream leader produces a report on progress, the impact on risks of changes in the preceding month and action to address them. These are presented to the Programme Board through a monthly Highlight Report which is discussed and signed off by each Board meeting. The report is then used to advise the Public Health England and SHA Transition Risk Registers.	Simon Tanner	Pui-Ling Li	Simon Tanner	04/08/2011	06/10/2011	
3	QIPP04	London-wide	C, F, R Transit'n	In-year Delivery of Operating Framework and QIPP There is a risk that planning for and implementing the Government's White Paper reforms, including the transitional arrangements, may have a disruptive effect on the delivery of business across the system. This includes risks to: • maintaining a grip on financial and service performance during the period of change; and • implementing agreed commissioner QIPP plans and provider savings plans. The consequences of this risk could be patients receiving sub-optimal care and planned QIPP savings could be difficult to achieve which would place a strain on the financial performance of the NHS and reputational damage could be done to the NHS in London.	Ongoing	Nov-11	4	4	16	Existing mitigation PCT cluster 11/12 plans have been reviewed by the NHSL performance and finance teams for assurance that QIPP and national standards will be delivered. A dedicated performance team is in place to hold the PCT clusters to account for delivery of the Operating Framework standards and to provide limited performance improvement support. Dedicated Financial Performance teams provide intensive support to trusts and PCT clusters who are at variance to plan. Appropriate National Intensive Support Teams are engaged where trusts are challenged. Escalation processes are in place for key priorities and regular performance meetings scheduled with PCT clusters. A QIPP Programme Management Office is in place to monitor QIPP delivery. The performance team reporting to the Delivery Group covers both in year delivery and the transition/reform agenda.	4	3	12	Existing assurance Monthly meetings of Performance PLG, Primary Care PLG and Finance PLG. Monthly meetings of Delivery Group receive an integrated dashboard and milestone tracker. NHS London underwent a Transition Assurance visit on 8 April 2011. DH feedback has been broadly positive with particular mention of leadership in the PCT clusters and their ownership of plans while recognising the complexities of implementing the plans against challenging timescales. Planned assurances forthcoming IAS study	Vicky Scott/ Andrew Hines/ Cluster Heads of Finance and Performance	Richard Wells/ Azara Mukhtar	Sara Coles/ Paul Baumann	03/08/2011	29/09/2011	
4	MD004	London-wide	C, R Transit'n	Clinical Engagement and Leadership There is a risk that there may be a failure to: - deliver effective change which supports and enables GPs to take the lead in strengthening commissioning due to insufficient GP engagement and agreement - ensure GPs and clinicians are fully engaged with NHSL strategic priorities including GP Consortia and patient safety, which could hinder work to drive through clinical quality improvements - deliver QIPP due to a lack of clinical engagement, particularly of GPs. This risk should be looked at in conjunction with risk SSMR001. The consequence could be a loss of effective clinical engagement and an inability to move current programmes forward, including all programmes focusing on secondary care. When read in conjunction with risk SSMR001, the consequences could impact on the ability to deliver the new commissioning arrangements to schedule.	Ongoing	Qty	5	3	15	Existing Mitigation: There is additional engagement with the GP community through established Clinical Leadership Groups. GP engagement is expanding in current and future service developments. Clinical engagement is undertaken from the Chief Nurse and medical directors. The Clinical Leadership programme (Clinical Senate) brings together senior clinicians on a bi-monthly basis, and has a wide programme of seminars includes clinicians and GPs. The appointment of Honorary Clinical Directors across a range of specialities is completed. The Clinical Senate meeting continues to be well attended and evaluated positively, more are planned. There is a monthly meeting held with PCT cluster Medical Directors progressing clinical workstreams. The two Associate Medical Directors of Primary Care (AMDs) and the CE of Londonwide LMCs are lead members of the Commissioning Development PLG which has a clinical member from each cluster, including GPs, pharmacists and nurses and oversees the Commissioning Development programme. This programme support the development of Clinical Commissioning Groups to take on delegated responsibilities and to prepare for successful authorisation (see risk SSMR001). Planned Mitigation: There is a project being initiated to develop an interventional radiology network to support emergency care review standards	5	2	10	Existing Assurance Medical Directorate meetings include the Clinical Steering Group and the leadership of AMD Primary Care post appointments. There are monthly meetings of the Reform and Delivery groups. There are bi-monthly meetings of the Quality and Clinical Governance Committee. Clinical senate meeting dates are planned through 2011. Bi-monthly meetings of the Clinical Senate	Denise Chaffer	Denise Chaffer	Andy Mitchell	05.09.10	05.09.10	

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5	TR002	SHA	C, F, R Transit'n	System Transition There is a risk that NHSL may have insufficient clarity of where current functions across the whole system will migrate to. Additionally, receiving organisation 'start-up' timelines are not aligned and, with SROs not yet appointed, the meaning of 'shadow' status for each organisation remains unclear. Clarity is also required for: NHS Commissioning Board People Transition Policy (NHS CB PTP) to be clear on posts and people in scope; severance costs, and; the potential impact of the national SHA Clustering process, to ensure business continuity. This risk will increase if timescales are extended. The consequence could be that: - NHSL may fail to manage organisational change effectively during transition to March 2013; - NHSL may fail to maintain management cost reductions; - staff deployment may fail to deliver planned work; - lines of accountability may become confusing without clear guidance - there may be a decreased focus on business critical activity as staff start to look to the future structures; and - uncertainty may lead to staff turnover and loss of key talent.	December 2011	Monthly	5	3	15	Existing mitigation NHSL is - Implementing a transition plan beginning with function mapping (this is complete but will be regularly refreshed). The NHSL Business Plan for 11/12, including realisation of the management costs savings, is monitored by SMT. (Ongoing) - Ensuring support to staff during the transition period and mapping future destinations where applicable to give security to staff about their futures as far as possible. (2 individual staff conversations have already taken place and a further 4 are planned between now and Oct 2012) - Refining functions mapping exercise as information emerges on receiving organisations. (Ongoing in line with DH updates and data submission requests) - Providing regular updates to staff through its staff engagement plan . The Workforce Transition Tracker will allow the quick revision of mapping and matching activities. - Maintaining emergency and service continuity arrangements during transition. Design teams are aware of their emergency preparedness, resilience and response responsibilities and will maintain these for the future arrangements. - Maintaining strong engagement with key DH transition leaders and their teams (Ongoing) Planned mitigation NHSL's EMT and Cluster Chief Executives away day (12/13 September) will agree priorities to March 2013 to ensure: momentum is maintained in building on the good work delivered to date; governance structures reflect the needs of transition, and; a strong and sustainable legacy is handed over to the new system in April 2013.	5	2	10	Existing assurance: Clear priorities for NHS London are agreed and published (NHSL Business Plan March 2011). Financial monitoring of +N8 management costs reduction (monthly basis by SMT). Effective communications strategy in place, based on feedback from staff survey, previous and new one. SMT monthly monitoring, HR data quarterly. Routine updates to EMT and Cluster Chief Executives, and regular Board Focus update sessions. Regular reporting to Reform Group via Transition Executive meetings and Programme Delivery Groups has been established from October 2011. Following the EMT awayday, Anne Rainsberry has been determined as the EMT owner for the system transition work Planned assurance: The baselining of the work on Priorities including risk identification has begun and will report in January 2012. Further information will be available following the Board session of October.	Sheree Axon	Maria Robson	Sara Coles	01/09/2011	06/10/2011	Transition
6	TR004	London-wide	C,F Transit'n	Commissioning support There are a number of risks arising from the abolition of PCTs on 31 March 2013: 1) There may be a significant gap in the breadth and depth of commissioning support available for Clinical Commissioning Groups and NHS Commissioning Board 2) There could also be a skills deficit amongst commissioners to act as intelligent customers for commissioning support 3) CCGs may not be able to secure the range of support activities they need from within the running cost range, currently expected to be between £25-£35 per head. The consequence of this could be that the quality of the commissioning of health care may be poor, both in securing the best health outcomes for London's population and in maximising value for money.	Mar-13	Nov-11	5	3	15	Existing Mitigation The programme has completed a diagnostic phase to develop thinking on: a) what support pathfinders want; b) current capabilities of PCT Clusters; and c) the cost of providing services and economies of scale 9 Sept - EMT / Cluster CEs met and drew initial conclusions for the future shape of commissioning support across London Planned Mitigation Aug / Sept 2011 - Three events for Pathfinders, PCT Clusters, Local Authorities to discuss how commissioning support can be provided within expected running cost envelope. Aug to Nov 2011 - Develop assurance process so that those future commissioning support organisations (CSOs) that may be fragile if left to stand alone, may be hosted instead by the NHS Commissioning Board Sept 2011 onwards - deliver (organisational, leadership) development support for emerging NHS CSOs Oct 2011 to Apr 2012 - 'Road map' phase to design and implement recommendations	5	2	10	Existing Assurance The Commissioning Development Programme plan and PMO is reviewed every two weeks There is a monthly Assurance Dashboard There are monthly Commissioning Development PLG meetings There are monthly Reform Group meetings Planned assurances forthcoming IAS study	Rachel Carrell/Rachel Bartlett	Alastair Finney	Hannah Farrar	05/09/10	29/09/2011	Transition
10	CN007	London-wide / SHA	C, R 1	Safeguarding Children There is a risk that any breach of compliance with the policy for safeguarding children, dilution of expertise within NHS London or wider workforce i.e. loss of substantive Designated/Named professionals, and weaknesses in information sharing systems and processes may increase or create a risk to children in London. The consequences of this may be preventable harm to children, damage to the reputation and loss of public confidence in NHS London and the NHS in London.	Ongoing	01/12/11	5	4	20	Existing Mitigation Safeguarding Children (SgC) Improvement Team visits strengthen local practice. NHSL has produced a report on emerging themes and issues disseminated across London There is an ongoing audit of all Serious Case Reviews (SCR) reported by Trusts to NHSL and SCR action plans are monitored until full implementation. NHSL has an SCR Database with the capability to track and report emerging themes. NHSL is a member of the multi-agency London SgC Board which produces regular reports. Support for Designated/Named Professionals (D/NP) for SgC including leadership training, report writing training for lead officers and formal clinical networks. New guidance on 'Working Together' (2010) has been written and implemented across London. Guidance has been given to PCT/Clusters to maintain D/NP capacity in new structures. NHSL SgC capacity has been increased in 10/11 and reviewed for 11/12. The Leadership Programme for D/NPs fourth cohort is underway. D/NPs for Mental Health Trusts and Looked After Children have been established. An honorary Lead Paediatrician for SgC is working with the Medical Director and SgC Advisor to improve the engagement of doctors. Planned Mitigation The Health Visitor (HV) project will increase numbers by 691 for London by 2015.	5	3	15	Existing Assurance: Safeguarding Improvement Visit reports and action plans reviewed by the NHSL. Briefings regarding the reports and action plans are reported to the Safeguarding Children's Review Group bi-monthly. - Communications, DH and NHSL Safeguarding Children Review Group are informed of all highly sensitive Serious Case Reviews (SCRs). - All SCR numbers and location by PCT are reported bi-monthly to SMT by PSAT. - SCR reports are routinely audited to ensure consistency and quality. SCR findings are reported to Safeguarding Children Review Group. Reports and action plans are monitored and discussed with PCT Designated Professional leads as appropriate. - Safeguarding Designated Professionals meet together quarterly for supervision. - Safeguarding Children Review Group is held every two months (and reports to the quarterly Quality and Clinical Governance Committee) . - Substantial assurance has been achieved following Internal Audit review. - Planned Assurance: Questionnaire/survey of all Designated/Named Professionals (Sept/Oct 2011). Walk in Centre/Urgent Care Centre audit results currently being analysed (Sept/Oct 2011). Intervention/advice from NHSL Safeguarding Team when indicated.	Briony Ladbury/ Maggie Rogers	Janet Shepherd	Trish Morris-Thompson	08/08/2011	08/08/2011	Patient Safety (Maintained / Improved service performance and patient safety).
11	CN008	SHA	C, R 1	London Maternity Services There is a risk that women may be exposed to unsafe services/systems/processes which could cause them harm if NHS London fails to implement a comprehensive approach to planning the capacity of maternity services and capability of the workforce.	Ongoing	Dec-11	5	4	20	Existing Mitigation NHSL works in partnership with both the providers and commissioners in developing capacity and capability. A co-ordinated approach ensures easy access for midwives wishing to undertake a Return to Practice Programme. NHSL has funded the first foundation degree programme to develop the role of the Maternity Support Worker (MSW). More undergraduate training has been commissioned each year. A pan-London recruitment drive was established in 2009-2010 to recruit midwives from European countries who had an over-supply of midwives - Vacancy rates in maternity services in London have fallen by 25 per cent on average this year. Each Serious Incident (SI) report is reviewed by either the LSAMO or the Maternity Services Advisor and a Patient Safety Manager. Where concerns within a particular trust are evident from these reports the LSA, NHSL work in collaboration with the trusts to include meeting with executive members of the trust board. Root Cause Analysis training has been provided by NHSL. NHSL runs a workshop twice per year specifically for maternity risk managers. These mitigating actions should be read in the context of Risk TR003 and PTR002. Planned mitigation NHSL is setting up a maternity services board to oversee the establishment of 6 maternity provider networks.	5	3	15	Existing Assurance NHSL monitors monthly funded establishments, vacancy rates, number of new starters and number of retirements. The number of suspensions of maternity services is submitted weekly . The Heads of Midwifery, the Consultant Midwives and the Clinical Placement Facilitators Networks meet bi-monthly with NHSL. Identification of trends from SIs is reported to NHSL. An external review of all maternal deaths, in 2009 and the first six months of 2010 was commissioned. The review made a number of recommendations. A detailed action plan is in development and it is proposed that this will be approved at the next Clinical Governance committee. Monitoring of local actions will be performed through the London six clusters. Planned Assurance: NHSL has received responses from all Cluster CEOs except Outer North East London, where a deadline of 31 August was agreed due to delayed receipt of the request letter. Four of the five clusters which have responded have outlined systems for quality assurance, and workforce plans. Further information is being requested from South East London in order to obtain the same level of assurance. Further analysis will be undertaken of all six clusters' responses to ensure that adequate assurance has been given. This analysis will be completed by the end of September.	Margaret Richardson	Janet Shepherd	Trish Morris-Thompson	08/08/2011	08/08/2011	Patient Safety (Maintained / Improved service performance and patient safety).

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12	CN003	SHA	C, R 1	<p>Patient Safety and Clinical Quality</p> <p>There is a risk that patients may be exposed to unsafe systems/processes which could cause them harm if NHS London fails to implement a comprehensive approach to patient safety, including the management of Serious Incidents.</p> <p>There is also a risk of failing to identify seriously under-performing organisations at an early stage, if a sufficient assessment and escalation framework is not managed by the NHS in London.</p> <p>The consequence of this could be poor or unsafe care for patients and loss of public confidence in healthcare in London.</p>	Ongoing	Qtrly	4	4	16	<p>Existing Mitigation</p> <p>NHSL monitors serious incidents reported by trusts and identifies themes and trends to share with the health community. Where NHSL has responsibility for SI performance management, all reports are reviewed by a Patient Safety Manager (PSM) and Expert Lead, where appropriate, to ensure the standard has been met and that learning occurs.</p> <p>Each trust has regular contact with a PSM for guidance and support. Where there are concerns about the ability of a trust to manage patient safety the team ensures there is proportionate support and intervention to effect improvements. Issues or concerns are shared with the Performance Management Directorate and clusters. Data from SIs and incidents are fed into the Organisational Health Intelligence dashboard, along with metrics from other directorates. Cross Directorate and PCT cluster interface meetings assess the 'hard' data and any 'soft' intelligence. The dashboard is shared with London's Medical Director, Chief Nurse and PCT cluster CEOs quarterly.</p> <p>These mitigating actions should be read in the context of Risk TR003.</p> <p>Planned Mitigation A formal escalation framework is agreed by Delivery Group so all trusts with a red rated indicator on the patient safety dashboard will receive a letter to the Director leading on patient safety asking for an action plan for improvement. October 2011.</p>	4	3	12	<p>Existing Assurance:</p> <p>Quarterly patient safety reports to SMT and Quality and Clinical Governance Committee including SI and safeguarding data. NHSL Audit Committee commissioned an internal audit of SI processes in February 2011. The auditors provided an opinion of Substantial Assurance.</p> <p>All trusts report incidents to the National Reporting and Learning Service, categorised by the level of harm. This data can be triangulated with the incidents reported to NHS London via STEIS. The DH maintains the Central Alerting System and publishes data showing the status for each trust. CAS compliance status is a patient safety dashboard indicator. The Patient Safety Dashboard is fed into the Organisational Health Intelligence dashboard.</p> <p>SHA Clinical Quality Leads have a cohesive network and meet bi-monthly.</p> <p>The quarterly refresh of the dashboard updates the Quality and Clinical Governance Committee.</p> <p>An internal audit of Early Warning System processes, in April 2011, provided an opinion of Substantial Assurance</p>	Vicky Aldred	Janet Shepherd	Trish Morris-Thompson	08/08/2011	08/08/2011	Patient Safety (Maintained / Improved service performance and patient safety).
14	QIPP03	London-wide	C, F, R 3	<p>Quality of Commissioner and Provider plans</p> <p>There is a risk to the delivery of timely and quality commissioning strategy plans for 2012/13 to 2014/15 and to the delivery of high-quality provider plans, and therefore to the medium-term viability of a number of NHS organisations in London, due both to reduced capacity and capability in commissioners during the transition period and to the capability of some providers.</p> <p>The consequences of this risk may be that the quality benefits, productivity gains and financial balance may not be realised in the timeframe. Where plans do expose financial non-viability for some organisations, this may have an impact on the quality and safety of services.</p>	November 2011	Qtrly	5	5	25	<p>Existing mitigation</p> <p>NHS London has finalised revised strategic planning guidance for commissioners that aims to address the quality and robustness of PCT Cluster plans, emphasising the need for much better quality underpinning financial and activity analysis. The guidance, co-designed with commissioners and other stakeholders, also establishes a revised set of design principles to support the planning process between now and the end of November, to ensure ownership of the plans with emerging clinical commissioning groups, plus responding to lessons learnt from the previous planning round. The guidance will also set out the need for commissioning strategies to be clear across the planning period, to enable providers to produce clear plans of their own, which in turn will be reflected in the Tripartite Formal Agreement (TFA) process.</p> <p>Planned mitigation</p> <p>NHS London's Strategy and Finance teams will hold regular and frequent discussions with Cluster leads, jointly when relevant, including facilitating a workshop in early September with Cluster Directors of Strategy and Directors of Finance and their deputies, to agree what good practice in planning looks like and to identify common problems and challenges that will need to be addressed together during the planning round.</p> <p>NHS London to hold a series of meetings with all 18 of the acute NHS Trust Boards in September to help Trusts inform the financial challenges better, which will be reflected in revised TFAs</p>	5	4	20	<p>Existing assurance</p> <p>There are monthly meetings of the Strategy and Innovation PLG and the Finance PLG to discuss and address common issues, identify further risks to delivery and agree actions. The most significant issues will be escalated to monthly meetings of the Delivery Group, which will also be the forum for monitoring progress.</p>	Alastair Finney	Alastair Finney & Azara Mukhtar & Mark Johnson	Hannah Farrar	05/09/2011	05/09/2011	QIPP strategic planning.
15	PF004	London-wide	C, F, R 4	<p>Winter Plans</p> <p>There is a risk that winter plans may not be sufficiently robust in order to ensure business continuity during pressure surges over winter 2011/12. This includes an additional aspect of the risk which is associated with a lack of clarity over the introduction of new clinical A&E indicators.</p> <p>The consequences could be compromised clinical care and patient safety, the failure of the 95% operational standard for A&E waits and a concomitant impact on other trust services, as well as considerable damage to the reputation of NHSL and the wider NHS in London in failing to manage the pressures of winter effectively.</p>	Winter 2011/12	October 2011	5	3	15	<p>Existing mitigation The A&E Clinical Indicators Board has been established to ensure accurate and timely collection and reporting of 2011/12 mandated A&E data set and that it is used across London to improve emergency care. The implementation of a pressure surge reporting tool - the Capacity Management System (CMS) - across London. Its usage will inform actions to be taken at each level of trigger.</p> <p>Critical Care preparedness this year has been strengthened through the adoption of the critical care module of the CMS system combined with the updating of the Critcon definitions, enabling an up to date view of critical care capacity to be maintained across London during the winter, backed by a system wide escalation process should it be required. This will be supported by a rota of critical care leads, available to provide clinical advice to NHS London should it be necessary. Critical Care leads are meeting ahead of winter to discuss the system and other aspects of critical care work.</p> <p>The development of an updated pressure surge management regime, drawing on lessons learnt from 2010/11, has been circulated across London.</p> <p>Planned mitigation</p> <p>Pressure Surge assurance process (Winter Planning) is carried out on behalf of NHS London by the 6 PCT clusters, against a comprehensive checklist of evidence required to provide assurance that appropriate planning has been undertaken - overseen by the Performance Directorate at NHS London and the SHA Winter Lead. Implementation of specific winter management arrangements by PCT clusters to ensure the co-ordination of activities during winter to mitigate risks and manage issues.</p>	5	2	10	<p>Planned assurance</p> <p>Winter assurance meetings to be held with PCT clusters to review PCT clusters' assurance process, risk ratings, management arrangements and mitigating actions. Feedback will be provided to PCT clusters, and further planning undertaken to build on this. There is an ongoing process for dialogue with the PCT clusters regarding implementation of actions to mitigate winter pressures.</p> <p>Review of performance at regular performance meetings with PCT clusters and via Performance PLG.</p> <p>Implementation of escalation and reporting system set out in the Pressure Surge Planning and Management Arrangements 2011/12 Guidance, which includes the roles and responsibilities of the PCT clusters and NHS London in managing winter pressures, including the actions to be taken under NHS London command and control arrangements, led by NHS Gold, and the trigger points for enactment.</p>	Richard McEwan	Richard Wells	Sara Coles	03/08/2011	03/08/2011	Service Planning
16	F&I016	London-wide	C, F, R 5	<p>London Financial Control Total</p> <p>Trust and PCT clusters might fail to perform in line with their operating plans in 2011/12, which reflect their control total as agreed with the DH in March 2011. This might manifest in failure to control activity growth, a lack of robustness or slippage against QIPP schemes and/or additional income/cost pressures arising during the financial year.</p> <p>The consequence of this could be a failure to deliver the London Control Total or more in deficit organisations than agreed with DH. This may involve specific failures or deteriorations in the financial position of one or more NHS organisations, with the resulting loss of operating credibility.</p>	Ongoing	Qtrly	5	4	20	<p>Existing Mitigating Actions</p> <p>Operating plans have been subject to a rigorous process of scrutiny. Triangulation of plans has taken place across activity, income/expenditure and workforce. There have been iterative meetings with the PCT clusters and those trusts considered to be challenged or facing significant risk. This has involved the CE and DOF at the organisations, PCT cluster leadership and a cross-functional NHSL review team.</p> <p>This process is continuing during the course of the year, with regular review and escalation processes in place at local health economy, PCT cluster and pan-London levels. New reporting requirements have been introduced to provide early warning of financial risks arising. In addition to regular performance meetings, the Finance and Investment Director and Performance Director are working with the most challenged organisations to oversee their turnaround activities and coordinate interventions where required.</p>	5	3	15	<p>Existing assurance</p> <p>Final triangulation to ensure that PCT and Trust plans are consistent has taken place. All demand management schemes were RAG rated by the Performance and Finance teams.</p> <p>Activity trends and achievement of QIPP will continue to be monitored regularly by the Finance Professional Leadership Group, and they will be reported along with financial results at the Delivery Group, Audit Committee and Board.</p>	Cluster Heads of Financial Performance	Azara Mukhtar	Paul Baumann	03/08/2011	03/08/2011	2011/12 financial targets delivered including under QIPP.

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19	PTR001	London-wide	C, F, R 7	Achievement of Foundation Trust status There is a risk that NHS trusts may not meet the DH deadline of March 2014 or may not have a plan with a definitive timeline to achieve FT status or make substantial progress by 2012/13, for the achievement of FT status due to a lack of progress in respect of organisational and service reconfiguration, financial challenges, organisational capacity/capability issues and agreement of stakeholders etc. Related risk of not satisfying CQC requirements. The consequence of this could be the application of the trust administration regime and further delay in the creation of a sustainable provider landscape that can deliver high quality clinical services in an affordable way.	Ongoing	Qtrly	4	5	20	Existing Mitigations - The application of NHS London and DH/ Monitor FT guidance including robust internal approval processes for FT applications (this includes a newly implemented Gateway Review to provide additional assurance in respect of the quality and safety of a trust's services). -The Tripartite Formal Agreements between trusts and NHS London / DH detailing the key work and timetable for achieving NHS FT status is to be finalised and trusts performance managed on this basis (final sign off due end of September 11). -The delivery of development and support programmes as required for NHS trusts aiming for FT status as standalone organisations. -The Challenged Trust Board work programme will rigorously scrutinise the capacity and capability of challenged trusts and recommend remedial action. -Performance management of trusts is undertaken e.g. PCT cluster acute commissioning units, community provider performance regime, QIPP plans (see QIPP03 risk). Planned Mitigation Pan-London Productivity Improvement Programme being developed in partnership with national leadership to support trusts in realising substantial savings potential identified through benchmarking	4	4	16	Existing Assurance There is: - The performance management of trusts against milestones set out in the Tripartite Formal Agreements (weekly/ monthly/ quarterly on a case by case basis). - Programme management of development and support programmes (weekly/ monthly/ quarterly on a case by case basis). - Regular monitoring of operational, clinical and financial performance (quarterly) - Performance/ F&I directorates/ PCT clusters. - Provide Development programme management controls, including directorate senior team meetings (weekly), M&A team meetings (weekly), PD organisational trackers (monthly). - CIC approval of FT applications (ongoing). Planned assurances forthcoming IAS study	Mark Brice	Mark Johnson	John Gouiston	05/08/2011	29/09/2011	Foundation Trusts.
20	PTR002	London-wide	C, F, R 7	Mergers and Acquisitions programme There is a risk of trusts' failure to deliver the necessary merger planning/ approval requirements. Related risk of failing to realise the financial and clinical benefits identified as part of the pre-merger due diligence and development of merger business cases (including integration plans). The consequence if this risk is realised could be that the newly created/ merged Trusts would not be financially and/or clinically sustainable and that their FT applications could either be delayed, or not be successful.	Ongoing	Qtrly	5	4	20	Existing Mitigations -The application of NHS London and DH transactions guidance (project by project). -The appointment of SRO and transaction Finance Directors to lead M&A transactions (project by project). -The robust testing of success criteria for transactions/ approvals prior to implementation (as required by the manual and OBC) on a project by project basis. - Close working between M&A and FT Assurance workstreams to sustain an organisation's "flight path" towards clinical and financial sustainability post-transaction as appropriate - through routine, cross-team monitoring of organisations' progress against agreed milestones and against the 'TrustTracker' and ongoing development of intervention/ support measures for organisations on transaction and standalone FT paths. -Workshops are being run by Provider Development to ensure the transaction process is robustly delivered. Planned Mitigation -The establishment of regular sessions with transaction leads' to share best-practice approaches to transactions.	5	3	15	Existing assurance There is: - The application of post transaction reviews of realisation of benefits against success criteria (project by project) - The embedding of learning from each successive M&A process (project by project) - Provider Development programme management controls including directorate senior team meetings (weekly), M&A team meetings (weekly), PD organisation summary report (monthly) - Capital Investment Committee approval of Business Cases (ongoing); final scrutiny and approval of business cases at NHS London Board. Planned assurances forthcoming IAS study	Andrew Woodhead	Mark Johnson	John Gouiston	05/08/2011	29/09/2011	Significant progress made with development of Foundation Trusts.
22	SSMR001	London-wide	C, F, R 8	Clinical Commissioning There is a risk that Clinical Commissioning Groups (CCGs) may not be established at the pace necessary to ensure that authorised CCGs are in place by April 2013. This risk is principally as a result of: - the scope and scale of the changes to the commissioning landscape; - the degree of development that will be required in order to establish CCGs - commissioning responsibilities not being delegated to GP pathfinders at the pace required to enable them to achieve authorisation; - variable and, in some cases, poor GP performance across London. The consequence of this risk could be that some GP pathfinders may not be authorised as CCGs within London by April 2013.	Ongoing	Qtrly	4	4	16	Existing mitigation: A London Clinical Commissioning Group (CCG) development programme has been established and sets out: - the development framework that GP pathfinders will progress through in order to become authorised CCGs, - the development support that will be offered to GP pathfinders, - provision of funding to support the development of Clinical Commissioning Groups. The programme was co-created with leading GPs and commissioners and has been shared with a large number of London's GP leaders. The POD team has now finalised the development support framework and are working with the PCT clusters to support pathfinders to select their preferred provider. The Commissioning Development team has worked with PCT clusters and pathfinders to develop a London-wide approach to support delegation of commissioning responsibilities. NHS London has assured the delegation of commissioning to pathfinders in three clusters; the remaining three clusters will be assured between August - September and full delegation to all London pathfinders is expected by March 2012. Nationally the timeline for CCG authorisation has been extended. NHS London's ambition is to enable every pathfinder that is ready to do so, to be authorised by April 2013.	4	3	12	Existing assurance The Commissioning Development programme is regularly reviewed at the Commissioning Development PLG. Regular progress reports are submitted to the Reform Group. Specialist advice has been procured to advise on the delivery of development support through the framework of providers, and the Combined Leadership & Talent Management and Workforce Transformation Boards review and assure progress. The London approach to delegation has been adopted as the national process.	Rachel Bartlett Deborah McKenzie	Alastair Finney	Hannah Farrar	05/09/2011	05/09/2011	Commissioning Development
23	PHR001	London-wide	C, F, R CB	Public Health Delivery during Transition There is a risk that performance on public health priorities may be negatively affected by the concentration on structural reform and transition. This risk can be cross-referenced with QIPP04.	March 2013	Dec 11	4	4	16	Existing Mitigation There is joint working with the Performance Directorate and Performance Improvement Team to ensure that emphasis on public health priorities is maintained alongside other performance indicators. Public Health Directorate provide support to networks to develop PCT cluster action plans, address common issues and maintain implementation of good practice across London. This risk can be cross-referenced with QIPP04.	4	3	12	Existing assurance: There is: - Quarterly reporting to EMT and the Board as part of performance report. - Quarterly reporting of performance against key indicators to Performance PLG - Planned programme of assurance visits by RDPH to PCT clusters (Dec 11) - Public Health & Performance monthly meetings	Simon Tanner	Pui-Ling Li	Simon Tanner	04/08/2011	04/08/2011	Core Business.
29	CN002	London-wide	R SO	Equalities, Diversity and Human Rights There is a risk that NHS London and NHS organisations in London may breach their statutory responsibilities in relation to the general duties required by the Equality Act 2010. This is a governance issue as some trusts are experiencing delays in implementation due to organisational change. Failure to ensure that appropriate governance processes are in place may damage organisational reputation and cause a loss of public confidence in the NHS due to significant adverse publicity.	Ongoing	Nov-11	4	4	16	Existing Mitigation A process is in place to monitor the progress being made against the Single Equality Scheme (SES) and associated outcome measures action plan - 2011/2012. - An internal equality, diversity and human rights group has been established (2011). The Single Equality Scheme and action plan outcome measures were approved by the NHSL Board on 26th January. The new Equality impact assessment guidance is approved by SMT. Training on EQIAs is provided. Equalities Act 2010 training was provided for managers in March 2011. Evaluation of training has taken place. - A London equality and diversity leads' network has been developed and meets each quarter. - NHSL worked with NHS and DH colleagues in designing an Equality Delivery System (EDS) for the NHS on behalf of the DH's Equality and Diversity Council. Integrated planning includes a requirement for equalities. PCT cluster guidance on EDS has been issued A progress review in Equalities is included in the quarterly PCT cluster review template. Revised web pages with case studies containing best practice have been published. Planned Mitigation- following the evaluation of training undertaken a series of training sessions will be organised for delivery in 2011/12.	4	3	12	Existing assurance - The SES 2010-13 and action plan outcome measures are being monitored by the lead for equalities. A regular process is established for reporting progress to the SMT now in place. A progress template including RAG status has been developed. The timeline for reporting to SMT has been developed and agreed. Directorate E&D, Human Rights leads have been identified. The Pan-London Equalities' leads network meets every two months. The London EDS Governance Group has been established and terms of reference developed. Quarterly meetings have been arranged. PCT cluster integrated and transition plans have been reviewed for inclusion of the equalities and diversity and EDS implementation timeline. The EDS has been formally launched and cascaded to all London E&D leads. The EDS has been published on the NHS London internal and external websites and NHS Alerts. Planned assurance- The London E&D leads are obtaining Board sign up to implementing the EDS. Progress reports are produced on a quarterly basis on the performance across London on related to the implementation of the EDS.	Mary Clarke	Janet Shephard	Trish Morris-Thompson	08/08/2011	08/08/2011	obligation

Newly identified risk
Amended text
Risk proposed for removal from CRAF

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30	MD002	London-wide	C, R SO	<p>Medical Revalidation There is a risk that some London NHS organisations may not deliver revalidation (through enhanced appraisal systems) at the pace and with the robustness that is necessary due to uncertainty regarding requirements and processes, and instability within primary care.</p> <p>The consequence of this could be a failure to embed improvements to standards of medical practice as a whole, and less assurance that poorly performing doctors would be identified in the future. Quality of care and patient experience could therefore be put at risk.</p>	Ongoing	Qtrly	5	3	15	<p>Existing Mitigation: The next self-assessment audit (Organisational Readiness Self-Assessment) was carried out in May 2011, after the appraisal cycle had been completed to track organisational readiness for revalidation. Report expected in August. The Responsible Officers have been appointed to each PCT cluster. Following the approval of the Medical Profession (Responsible Officers) Regulations 2010, NHS London has set-up RO Networks to support ROs in their new roles. This will provide a confidential environment for ROs to discuss issues associated with the introduction and implementation of revalidation including: strengthened medical appraisal, remediation, ROs' appraisal arrangements, associated medical regulatory reform changes and sharing best practice. Planned Mitigation: NHS London will facilitate the delivery of training to meet RST requirements in Sept/Oct 2011 NHS London will offer support and guidance to Primary Care organisations in order to develop appropriate structures to implement revalidation.</p>	5	2	10	<p>Existing Assurance RO Network board has now been set up to oversee the requirements for revalidation internally and externally. There are regular meetings with DH Revalidation Support Team and the 9 English SHAs. RO Networks are established to provide support and training, for both the NHS and Independent Sector. Some further scoping is continuing for the Independent sector Analysis of Organisational Readiness Self-Assessment (ORSA) will show readiness for revalidation of all NHS organisations in London. A communications network (Synapse) has been established for NHS Responsible Officers and a web page established on NHS London website for the independent sector.</p>	Ray Field	Denise Chaffer	Andy Mitchell	18/08/2011	18/08/2011	statutory