Newly identified risk
Amended text
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TR002	SHA	C, F, R Transit'n	**System Transition** There is currently a lack of clarity about where current functions across the whole system will migrate to. Additionally, receiving organisation 'start-up' timelines are not aligned and, with SROs of several receiving organisations not yet appointed, the meaning of 'shadow' status for each organisation is not clear. Further clarification is required in the following areas: NHS Commissioning Board People Transition Policy (NHS CB PTP) to confirm posts and people in scope; severance costs; and the potential impact of the national SHA Clustering process to ensure business continuity. There is a risk that the lack of clarity may result in the following consequences: - 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 - uncertainty may lead to staff turnover and loss of key talent.	March 2013	Monthly	5	4	**20**	**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** will be developed following finalisation of the priorities developed at NHSL's EMT and Cluster Chief Executives away day (12/13 September) and Board Focus session (20th Oct) 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	4	**20**	**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. **Planned assurance:** Regular reporting to Reform Group. From January the monthly review of this risk takes place in the System Transition Programme Board, which will be established as part of the programme governance arrangements	Sheree Axon	Sheree Axon	Anne Rainsberry	22/11/2011	22/11/2011	**Transition**
TR003	London-wide	C,F,R, Transit'n	**Delivery of major service changes** Major service change proposals and processes are subject to considerable external review and scrutiny. This can include formal reviews by Office of Government Commerce, National Clinical Advisory Team, the Independent Reconfiguration Panel, and judicial reviews. There is a risk that if NHS input to these is poorly managed it may lead to delay of months or years in implementation and consequent delay in delivering improvements to patient care potentially leading to avoidable patient mortality and morbidity and delaying improvements to the financial effectiveness of commissioners and providers.	Ongoing	Quarterly	5	4	**20**	**Existing mitigation** NHS London has a legal duty to quality assure major service change consultation processes. In support of this duty, NHS London has published a Reconfiguration Guide which provides detailed advice on how the local NHS should manage these processes. Version 3 of the Guide, incorporating the most recent changes to the national framework, will be issued at the end of November. All large scale schemes will include NHS London Board approval before launching consultation. The SHA Strategy Team works closely with the local NHS providing continuous support and advice. All these measures are designed to ensure that, when external reviews and scrutiny occur, they are conducted as speedily as possible and conclude that processes have been correctly followed.	5	3	**15**	**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. - The Internal Audit Study (IAS)	David Mallett / Breid O'Brien	Alastair Finney	Hannah Farrar	10/01/2012	10/01/2012	
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 (eg RTT) 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 if essential posts are left unfilled, 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	Monthly	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 dedicated programme is working on activity issues. Further engagement with clusters around the RTT risk 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	4	**16**	**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. Bi-monthly Performance/Finance review meetings. 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. An internal audit study on QIPP In-Year Delivery is currently being undertaken by Parkhill.	Vicky Scott/ Andrew Hines/ Cluster Heads of Finance and Performance	Richard Wells/ Azara Mukhtar	Sara Coles/ Paul Baumann	27/10/2011	27/10/2011	

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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 now working up policy in sufficient detail to implement effectively. 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. As the design authority for new arrangements rests with local government, the NHS cannot control, but must influence the transition plans of 32 Councils. 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	Feb-12	4	4	16	**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 Delivery Board manages the risks associated with transition and is in active discussion with local government and the Health Protection Agency on these risks. A PCT CE has taken on the role of Transition Director to lead the process, and has established a collaborative programme with shared ownership and responsibility between the NHS and Councils. The programme is being planned in three phases, consistent with national planning for PH transition. 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.	4	3	12	**Existing assurance** The Public Health Transition Programme Delivery Board meets monthly under the joint chairmanship of the NHS Transition Director and Council CE. A formal programme with six workstreams has been established with a PMO consistent with NHSL best practice. 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 / Robert Creighton	Pui-Ling Li	Simon Tanner	08/11/2011	08/11/2011	Transition
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 and clinicians to take the lead in strengthening commissioning due to insufficient GP and clinician engagement and agreement. - ensure GPs and clinicians are fully engaged with NHSL strategic priorities including Clinical Commissioning Groups 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	Quarterly	5	3	15	**Existing Mitigation:** There is engagement with GP's 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 Director. The Clinical Leadership programme (Clinical Senate) brings together senior clinicians on a bi-monthly basis, has a wide programme of seminars and includes clinicians and GPs. The appointment of Honorary Clinical Directors across a range of specialities is done. The Clinical Senate meeting continues to be well attended and evaluated positively, more planned. There is a monthly meeting held with PCT Cluster MDs progressing clinical workstreams. Two Associate MDs 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 and oversees the Commissioning Development programme. This programme support the development of CCGs to take on delegated responsibilities and to prepare for successful authorisation (see risk SSMR001). **Planned Mitigation:** On-going engagement with GPs is taking place as part of the Information Revolution project and GPs have been part of the project Steering Committee and Advisory Committee. The project will give every GP practice in London their own webpage, which will display the London GP Outcome Standards and provide tools for GPs to engage with their patients. In addition, a recent workshop was held to discuss the future operation and membership of the Clinical Senate and Commissiong Council. It is expected a further event will take place in the New Year.	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	Angela Helleur	Andy Mitchell	22/11/2011	22/11/2011	Transition
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 the 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 4) Local Authorities may not engage in joint commissioning and integration 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	Jan-12	5	3	15	**Existing Mitigation** Emerging CSOs are developing detailed plans for implementation and transition. We are also working with DH on delivering leadership development support for CSOs as well as designing the assurance approach and process for CSOs being hosted by the NHS CB. The review process of the CSO plans will run from 15 December 2011 to 16 January 2012. **Planned Mitigation** Nov 2011 to Dec 2011 - Shape intelligent customer development for CCGs Nov 2011 onwards - Deliver (organisational, leadership) development support for emerging NHS CSOs Dec 2011 - Environmental checkpoint (a Department of Health milestone) for emerging CSOs on their draft prospectus Mar 2012 - CSOs deliver an outline business plan (proposals to be reviewed by CMG/CIC as a quality check prior to submission to DH)	5	2	10	**Existing Assurance** The Commissioning Development Programme plan and PMO is reviewed every two weeks by the Deputy Director, Commissioning Development There are weekly Think Tank meetings There is a monthly Assurance Dashboard There are monthly Commissioning Development PLG meetings There are monthly Reform Group meetings **Planned Assurance** London Steering Group (with LAs, Clusters and pathfinders) - will be established by Nov 2011 Appointment of lead for partnerships (also chairs the steering group) - by the end of Nov 2011	Helen Cameron	Alastair Finney	Hannah Farrar	22/11/2011	22/11/2011	Transition

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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	Monthly	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** SgC audit schedule underway	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 SgC Review Group bi-monthly. ~ Communications, DH and NHSL SgC 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, findings are reported to SgC Review Group. Reports and action plans are monitored and discussed with PCT Designated Professional leads as appropriate. ~ SgC Designated Professionals meet together quarterly for supervision. ~ SgC 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 - April 2011. **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. SgC capacity across London is monitored.	Briony Ladbury/ Maggie Rogers	Janet Shepherd	Trish Morris-Thompson	26/10/2011	27/10/2011	**Patient Safety (Maintained / Improved service performance and patient safety).**
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, and/or experience poor quality care if NHS London fails to implement a comprehensive approach to planning the capacity of maternity services and capability of the workforce.	Ongoing	Monthly	5	4	**20**	**Existing Mitigation** NHSL works in partnership with both 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 f'dtion degree programme to develop role of 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 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. Where necessary Trust improvement plans are performance managed by the Chief Nurse who meets with Cluster and Trust responsible officers. When necessary senior clinical experts are sourced to support the Trust in delivering improvements. 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 midwifery 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 and a number of recommendations were made. A detailed action plan is in development. Monitoring of local actions will be performed via the London six clusters. **Planned Assurance:** NHSL will quality assure all six clusters' plans on how their local health economies will work towards improving the ratios of births to midwives and work toward the RCOG recommendations on consultant labour ward presence.	Margaret Richardson	Janet Shepherd	Trish Morris-Thompson	24/11/2011	24/11/2011	**Maintained / Improved service performance and patient safety).**
CN003	SHA	C, R 1	**Patient Safety and Clinical Quality** 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. 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. Timeliness of access to services and senior clinical skills at weekends and out of hours could impact on patient experience and outcomes in acute trusts. The consequence of this could be poor or unsafe care for patients and loss of public confidence in healthcare in London.	Ongoing	Quarterly	4	4	**16**	**Existing Mitigation** 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. 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 Cluster CEOs quarterly. A letter is sent to CEOs of trusts with Red rated indicators requesting an action plan for improvement. An Emergency services review has been undertaken. Recommendations from the review are being introduced into Commissioning Intentions. These mitigating actions should be read in the context of Risk TR003. **Planned Mitigation** A forum for Cluster patient safety leads to meet with the Patient Safety Action team is being established. This will help ensure a cohesive approach to SI management. 4 November 2011.	4	3	**12**	**Existing Assurance:** 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. 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. SHA Clinical Quality Leads have a cohesive network and meet bi-monthly. The quarterly refresh of the dashboard updates the Quality and Clinical Governance Committee. An internal audit of Early Warning System processes, in April 2011, provided an opinion of Substantial Assurance. **Planned assurance:** Commissioning Plans will be quality assured by medical Directorate.	Vicky Aldred	Janet Shepherd	Trish Morris-Thompson	20/10/2011	29/11/2011	

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CN009	London-wide	R 1	**Health Visiting (HV) Family Nurse Partnership (FNP) Project** There is a risk that NHSL may not achieve the vision (the standards of HV services) and/or be able to meet the required target number of HV by 2015. This may impact on NHSL and the NHS in London's reputation and success in relation to achieving early intervention strategies.	2015	Monthly	4	4	16	**Existing Mitigation:** Focused project to achieve identified milestones (of training commissions, HV establishment growth trajectories etc) reports to Programme Management Board which has Cluster membership reporting to the Delivery Group and Performance PLG. Three 'Early Implementer' Sites identified in London. Programme Manager appointed. Centralised recruitment process of student HVs commenced with full Cluster/provider participation. Return to Practice courses commenced. Increased number of student HV training places commissioned. Service Providers to develop workforce plans to achieve HV growth and improved service offer. Clusters to develop commissioning plans to achieve new service models and HV growth. **Planned Mitigation:** Three 'Early Implementer Sites' to share best practice to influence and facilitate change to HV services across London. Escalation process to secure substantive posts for all newly qualified HVs. A monthly meeting between the Education Commissioning Team, Workforce Development Team, Performance Directorate and Chief Nurse's Directorate at NHS London will coordinate actions to progress the programme.	4	3	12	**Existing assurance:** HV/FNP Programme Management Board established and reports to Delivery Group and Performance PLG. Performance management of project at Cluster level by Performance Team with input from Workforce Planning Team and Chief Nurse team. Data cleansing process completed September 2011 to inform NHSL and DH of actual staff in post. Assurance Framework (pilot) completed for DH August 2011 with follow-up meeting September 2011. Minimal Data set completed for DH October 2011. **Planned assurance:** Update DH Assurance Framework. Performance meetings with DH. Service Provider workforce plans and Cluster commissioning plans to be quality assured by NHSL to ensure alignment.	Briony Ladbury/ Maggie Rogers	Janet Shepherd	Trish Morris-Thompson	24/11/2011	24/11/2011	**Patient Safety (I**
QIPP03	London-wide	C, F, R 3	**Quality of Commissioner and Provider plans** 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. 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.	31/1/12	Quarterly	5	5	25	**Existing Mitigation** NHS London (NHSL) circulated 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 also establishes a revised set of design principles that includes ensuring ownership of the plans with emerging clinical commissioning groups, plus responding to lessons learnt from the previous planning round. NHSL's Strategy and Finance teams are holding regular and frequent discussions with Cluster leads, jointly when relevant, to identify common problems and challenges that will need to be addressed together during the planning round. NHSL's Provider Development and Finance teams are supporting acute trusts as they develop their plans following September's meetings between NHS London and each of the eighteen Trust boards. Meetings were held with all cluster in the latter half of November to provide interim feedback on emerging CSPs. NHSL wrote to all cluster on 21/12/11 providing feedback on their CSP plans which were submitted at the end of November. **Planned Mitigation** Clusters are submitting action plans in early Jan which outline how they plan to address feedback given on 21/12/11. NHSL will monitor action plans through to delivery of revised CSPs by the end of Jan/Feb.	5	4	20	**Existing assurance** 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.	Alastair Finney	Alastair Finney & Azara Mukhtar & Mark Johnson	Hannah Farrar	28/10/2011	28/11/2011	**QIPP strategic planning.**
PF004	London-wide	C, F, R 4	**Pressure Surge / Winter Plans** 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. 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.	Winter 2011/12	Monthly	5	3	15	**Existing mitigation :** Pan-London pressure surge guidance and the emergency department redirection and closure policy have been reviewed and reissued. Winter exercises to test these arrangements have been conducted covering each cluster. The pressure surge reporting tool (CMS) implemented last winter has been improved in sensitivity to pressures. An escalation process is in place with actions to be taken at each level of trigger. Conference calls have been scheduled through the winter with each cluster and these will increase in frequency as required. Critical Care preparedness has been strengthened through the adoption of the critical care module of the CMS system and a system- wide escalation process supported by a rota of critical care leads. The Intensive Support Team is working with 10 higher risk organisations to redesign pathways. **Planned mitigation :** NHSL is conducting a winter / pressure surge planning assurance process, which has been modified to learn lessons from last year. Each local health economy has been risk assessed for winter resilience with a greater level of assurance required for those considered a highest risk. The clusters are assessing plans against a comprehensive checklist of evidence, with input from the Performance Directorate for high risk health economies.	5	2	10	**Existing assurance** Winter assurance meetings held with PCT clusters to review PCT Clusters' assurance process, risk ratings, management arrangements and mitigating actions. Feedback 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. Review of performance at regular performance meetings with PCT clusters and via Performance PLG. Planned assurance 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.	Richard McEwan	Andrew Hines	Sara Coles	04/11/2011	08/11/2011	**Service Planning**

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F&I016	London-wide	C, F, R 5	**London Financial Control Total** 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. 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.	Ongoing	Quarterly	5	4	20	**Existing Mitigating Actions** 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. 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. NHS London set aside a small reserve to offset adverse performance of provider and commissioner organisations against Control Totals during the 2011/12 planning process.	5	4	20	**Existing assurance** 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. 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.	Cluster Heads of Financial Performance	Azara Mukhtar	Paul Baumann	27/10/2011	27/10/2011	**2011/12 financial targets delivered including under QIPP.**
PF008	London-wide	C, F, R 6	**Differential standards in primary care** There is a risk that newly formed PCT Clusters and CCGs have not agreed a primary care strategy that sets the vision for primary care services across the capital. Roles and responsibilities for primary care commissioning in the new system are still being described. There is a risk that PCT clusters and CCGs may not be able to prioritise performance management and improvements in standards of primary care through transition, which may result in greater inequity, poor contractual management and reduced standards of primary care. A further consequence could be that the QIPP financial challenge may not be delivered.	Ongoing	Monthly	5	4	20	**Existing Mitigation** Proposal for Transforming Primary Care submitted to EMT and Cluster CEO's setting out a delivery plan to March 2013. PCT cluster Medical/Clinical Directors and Directors of Primary Care are invited to be representatives on the Primary Care PLG. The governance arrangements for primary care are currently being reviewed to support the proposed work programme to March 2013. A high-level programme board to be established to oversee development of a vision for primary care. **Planned Mitigation** Proposals include delivery of: 1) A London-wide Primary Care Transformation Strategy to be developed with each Cluster to include an approach to CCG-led quality improvement. 2) Tools to support NHSCB and CCGs to undertake primary care commissioning - dashboards and best practice guides. 3) Pan-London principles for primary care commissioning and a pan-London approach to primary care development. 4) Handover to the NHSCB a single operating solution for primary care commissioning and a system-wide approach to quality improvement in London. 5) MHL will drive improvement in general practice by facilitating patient choice and feedback.	5	3	15	The performance management and contract management improvement programmes will be overseen by the monthly Programme Board chaired by Dr Howard Freeman. The Primary Care Leadership Group meets monthly to review operational implementation of these improvement programmes and the status of risks to delivery (chaired by the Director of Strategy and Commissioning Development). The NHS London Delivery Group receives monthly exception reports of key risks to delivery.	Jemma Gilbert/ Julia Murphy	Alastair Finney/ Richard Wells	Hannah Farrar	26/10/2011	27/10/2011	**Improved Quality and Access to Primary Care**
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	Quarterly	4	5	20	**Existing Mitigations** - The application of NHSL 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 have been signed off by DH and trusts will be performance managed on this basis -The delivery of development and support programmes as required for NHS trusts aiming for FT status as standalone organisations. -Performance management of trusts is undertaken e.g. PCT cluster acute commissioning units, community provider performance regime, QIPP plans (see QIPP03 risk). **Planned Mitigation** - Accountability Agreement agreed with each Trust in early 2012 to underpin the delivery of the TFA which would include: Pan-London Productivity Improvement Programme, the roll-out of Aspiring FT Assurance Framework (AFTAF) and the monitoring of the Action Plan arising from it; actions on organisational or service change where required over and above the productivity improvements; implementation of acute medicine and surgery 7/7 senior medical coverage; quarterly reviews of finance, performance and quality indicators; the adoption of the Single Operating Model for the FT pipeline across the four clustered SHAs; productivity support programme for trusts; a number of trusts are focusing on integrated care to support their FT process	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 Internal Audit Study. Bi-monthly reporting to the Delivery Group on the Accountability Agreement and FT Solutions priority; Monthly reports on TFA monitoring to the CIC meeting. The adoption of the Aspiring Foundation Trust Assurance Framework (AFTAF) for organisations in the pipeline.	Mark Brice	Mark Johnson	John Goulston	24/11/2011	24/11/2011	**velopment of Foundation Trusts.**

Key
Newly identified risk
Amended text
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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	Quarterly	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 being run by the directorate to ensure the transaction process is robustly delivered. **Planned Mitigation** The establishment of regular individual sessions with transaction leads' to share best-practice approaches to transactions; further development work to supplement NHS London's Approach to Transactions to apply best-practice standards on assurance of business cases, e.g., (FBC assessment criteria); Accountability Agreement agreed with each Trust in early 2012 to underpin the delivery of the TFA; the roll-out of AFTAF; clarification of the interface between potential organisation change and potential service change in TFAs; development of a Hospital Health Campus framework	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** Internal Audit Study found 'substantial assurance'. Bi-monthly reporting to the Delivery Group on the Accountability Agreement and FT Solutions priority; Monthly reports on TFA monitoring to the CIC meeting.	Andrew Woodhead	Mark Johnson	John Goulston	24/11/2011	24/11/2011	**Significant progress made with d**
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	Quarterly	4	4	16	**Existing Mitigation** The London Clinical Commissioning Group (CCG) development programme was co-created with GPs and commissioners and sets out: - the development framework pathfinders will progress through to become authorised CCGs, - the development support that will be offered to pathfinders, - provision of funding to support the development of CCGs. All pathfinders are now working with their preferred provider of development support, which will continue through the remainder of 2011/12. NHS London has assured the delegation of commissioning to pathfinders in five clusters; the remaining cluster will be assured in November. Full delegation to all pathfinders is expected by March 2012. **Planned Mitigation** Plans for 2012/13 are being developed. NHS London's ambition is to enable every pathfinder to be ready and willing to be authorised by April 2013. Pathfinders, supported by PCT Clusters, are undertaking a configuration risk assessment in line with national work. NHS London, PCT clusters and pathfinders will hold dialogue to resolve issues not rated 'green'.	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.	Helen Cameron Anne-Marie Archard	Alastair Finney	Hannah Farrar	26/10/2011	27/10/2011	**Commissioning Development**
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	Feb 2012	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	Pui-Ling Li	Pui-Ling Li	Simon Tanner	27/10/2011	08/11/2011	**Core Business**

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CN002	London-wide / SHA	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	Quarterly	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 SES 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 (E&D) 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. E&D training has been organised and uptake will be monitored through the E&D Group **Planned Mitigation:** The London E&D Leads Network Meeting will be held in November focusing on the requirements of the Equality Act to prepare NHS organisations in London to meet the specific duties.	4	2	**8**	**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 Shepherd	Trish Morris-Thompson	26/10/2011	08/11/2011	**statutory obligation**
MD002	London-wide	C, R SO	**Medical Revalidation** The majority of NHS organisations are preparing for revalidation by appointing and training their Responsible Officer and medical appraisers. However, there is a risk that a small number of London Independent organisations may not deliver revalidation (through enhanced appraisal systems) at the pace and with the robustness that is necessary due to lack of engagement with revalidation requirements and processes. 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.	Ongoing	Quarterly	5	3	**15**	**Existing Mitigation:** The self-assessment audit (Organisational Readiness Self-Assessment) carried out in May 2011, after the appraisal cycle had been completed to track organisational readiness for revalidation. The September audit report confirmed that the risk remains. Responsible Officers have been appointed to each PCT Cluster. The Responsible Officer (RO) Network Board has been established to identify specific actions going forward. 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:** Since May 2011 the number of independent organisations identified and contacted has increased but further scoping is continuing to reduce the number unknown independent medical practitioners. NHS London will be organising top-up medical appraiser training with a view to training 1000 appraisers in 2012 including some in independent sector. Further interim ORSAs to monitor organisational readiness to implement revalidation.	5	2	**10**	**Existing Assurance** RO Network board has now been set up to oversee the requirements for revalidation internally and externally. It has increased its membership to include GMC London Employer Liaison Officers and independent sector representative organisations. Regular meetings with DH Revalidation Support Team and the 9 English SHAs. Regular update meetings with Medical Director (SRO). RO Networks are established to provide support and training, for both the NHS and Independent Sector. Further scoping is continuing to reduce the number unknown independent organisations/medical practitioners. Analysis of Organisational Readiness Self-Assessment (ORSA) will show readiness for revalidation of all NHS organisations in London. A web communications network has been established for ROs which will be revisited in the light of changes to NHS London's website. NHS London has facilitated the delivery of RO training to meet RST requirements in Sept/Oct 2011.	Ray Field	Angela Helleur	Andy Mitchell	22/11/2011	22/11/2011	