NHS Commissioning Board
A special health authority

NHSCBA/19/07/12/01

BOARD PAPER - NHS COMMISSIONING BOARD AUTHORITY (NHS CBA)

Title: NHS Commissioning Board Overarching Programme Update
Clearance: Bill McCarthy, National Director: Policy
Purpose of Paper: • to provide an update on delivery of the NHS Commissioning Board Development and Implementation Programme.
Key Issues and Recommendations: The report provides a progress update covering the period between 10 May 2012 and 30 June 2012 and provides an overview of the main activities during this period. This report also sets out strategic risks in the form of a board assurance framework at Annex B.
Actions Required by Board Members: • to note current progress with delivery of the programme; and • for board members' views regarding the risks associated with each critical success factor (CSF).

NHS Commissioning Board Overarching Programme Update

Background

1. The NHS Commissioning Board Development and Implementation programme is focused on setting up the new NHS Commissioning Board (NHS CB) and making sure it is operational by April 2013.

2. At the board meeting on 13 April 2012 there was a commitment made to provide a programme update to every meeting of the NHS Commissioning Board Authority's (NHS CBA's) board, in order to provide assurance regarding delivery and to enable the board to manage progress. This is the third of those updates.

3. This paper sets out:

   - a summary of overall programme progress;
   - the business plan milestone progress to date; and
   - the board assurance framework, setting out key strategic risks and mitigating actions.

Summary of programme progress to date

4. The NHS CB establishment programme continues to make good progress. This is checked and monitored regularly to make sure momentum is kept up and that resources are directed to priority areas of work. Highlights of the progress during this reporting period are outlined below.

NHS Commissioning Board corporate accountability and governance

5. The Secretary of State held the third accountability meeting with Professor Malcolm Grant, Chair of the NHS CBA on 25 June 2012. The meeting was also attended by Sir David Nicholson in his role of Chief Executive of the NHS CBA, and Bill McCarthy. The main items discussed were NHS CB recruitment, Clinical Commissioning Groups (CCG) authorisation and equality and inequalities along with the following standing agenda items: Outcomes Framework; NHS Constitution and the cash limit. The minutes of this meeting will be published in due course.

Organisational design and recruitment

6. Tim Kelsey has been appointed as the National Director: Patients and Information; this now completes the recruitment to the NHS CBA executive team. Tim joins the NHS CBA from HM Government where he was the first Executive Director of Transparency and Open Data.

7. The Department of Health (DH) has announced the appointment of four new non-executive directors of the NHS CBA as follows:

- Margaret Casely-Hayford is currently Director of Legal Services and Company Secretary at John Lewis Partnership plc, and board member of the British Retail Consortium. She has previously been a trustee and special trustee of Geffrye Museum and of Great Ormond Street Hospital Charity.

- Dame Moira Gibb is currently a Civil Service Commissioner and until December 2011 was Chief Executive of the London Borough of Camden. She is also Chair of the Social Work Reform Board on behalf of Department of Education and Department of Health, and board member of UK Statistics Authority. She has previously been President of the Association of Directors of Social Services and a member of the NHS Future Forum.

- Mr Naguib Kheraj is currently Vice Chairman of Barclays Bank plc, member of the Investment Committee of the Wellcome Trust, member of the Board of Trustees of the Aga Khan University and Chair of Aga Khan Foundation (UK) National Committee. He is also a member of the board of commissioners of the UK-US Fulbright Commission and member of the board of governors at The Institute of Ismaili Studies.

- Lord Adebowale is currently Chief Executive and Company Secretary of Turning Point. He is a cross bench peer and non-executive director at the Audit Commission. He is President of the Community Practitioners and Health Visitors Association (CPHVA) and a patron of Social Enterprise UK. He is also a commissioner for the UK Commission for Employment and Skills and a member of the NHS Future Forum. His previous roles include the Chief Executive at Centre Point, the youth homelessness charity.

Design of the NHS Commissioning Board Operations Directorate

8. Significant progress has been made in finalising the design of the Operations Directorate. The NHS CBA has now confirmed that there will be a total of 27 local area teams, all with the same core functions around CCG development and assurance, emergency planning resilience and response, quality and safety, partnerships, configuration and system oversight - but with variations around the scope of their direct commissioning responsibilities. These 27 local area teams will have local staff of the operations directorate working from a number of office bases across their geographical area.

Commissioning of primary care services within the NHS

9. The NHS CBA has published the single operating model for the commissioning of primary care services within the NHS - "*Securing excellence in commissioning primary care*".

10. The new system will come into effect from 1 April 2013. At this date, the NHS CB will take on many of the current functions of primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions currently undertaken by the DH.

11. The document describes the system by which the NHS CB will use the £12.6bn the NHS spends on commissioning primary care to secure the best possible outcomes for patients. In time, through this new system, the NHS CB will also develop the future strategy for primary care.

12. The benefits the NHS CBA hopes to achieve from this change are:

- greater consistency and fairness in access and provision for patients, with an end to unjustifiable variations in services and a reduction in health inequalities;

- better health outcomes for patients as primary care clinicians are empowered to focus on delivering high quality, clinically-effective, evidence-based services; and

- greater efficiencies in the delivery of primary care health services through the introduction of standardised frameworks and operating procedures.

13. It is a system change which will have an impact on patients, providers and their teams, and commissioners, and the NHS CBA has systematically taken 18 months to research, develop and consult upon the proposals to ensure they are practical and workable. It has worked closely with current commissioners, patient representatives, PCT medical directors, dental, pharmaceutical and optometric advisors, and key national, regional and local stakeholder and professional bodies to seek to understand and preserve the best of the current system, learn from good practice, and ensure that the system changes will be managed effectively.

14. The document is based on three guiding principles:

- people should have access to continuously improving, high quality primary care provision regardless of where they live;

- the commissioning system should be clinically led and professionally managed to balance the needs of local communities within a single operating system; and

- there should be consistency in the contractual relationship between providers and the NHS CB as the commissioner.

15. Over the next few months, local area teams, which will be responsible for the delivery of the new system, will be appointed as will central and regional primary care commissioning teams. CCGs, commissioning support services and local authorities will start to assume their future roles and responsibilities. This document will provide a guide for these teams and bodies as they establish and/or further develop their organisations

Clinical senates

16. Clinical senates will help CCGs, health and wellbeing boards (HWBs) and the NHS CB to make the best decisions about healthcare for the populations they represent by providing advice and leadership at a strategic level.

17. Dr Kathy Mclean, Clinical Transitions Director at the NHS CBA has been working with SHA cluster medical and nursing directors, clinical leaders locally and the NHS CBA's regional directors to determine the most appropriate number and coverage of clinical senates. As a result of this work it has now been confirmed that there will be a total of 12 senates.

18. Clinical senates will be made up of a range of clinicians and professionals from health, including public health and social care alongside patients, public and others, as appropriate. The NHS CBA is working with clinicians and stakeholders on the exact makeup of clinical senates, and there will be opportunities for engagement and co-production within this work.

Commissioning development - clinical commissioning groups (CCGs)

19. The NHS CBA has published "*Clinical commissioning group authorisation: Draft guide for assessors undertaking desk top review".* It is an accompaniment to *Clinical commissioning group authorisation: Draft guide for applicants* (approved by the NHS CBA Board in May 2012) and covers:

    - the overarching principles, approach and methodology of the assessment process;
    - the key stages of assessment, and the requisite outputs of each stage; and
    - the published domain definitions, criteria and authorisation thresholds as set out in the applicants guide and how to assess CCG evidence submissions against them.

20. The recruitment of Wave one assessors for the desktop review elements of the CCG authorisation process by SHA clusters has begun. The assessors role will be to ensure that the evidence submitted by CCGs is assessed transparently, consistently and fairly and assessors will receive training and accreditation before they start work.

21. The NHS CBA has also recently published a self-certification information pack to help CCG applicants for authorisation self-certify their compliance on the application form. The pack is designed to help ensure that interim accountable officers and chairs, as well as governing bodies more broadly, understand the intent of compliance with the statements in the application form.

22. In addition, a financial governance tool has been published to help CCGs collect the evidence required for their application for authorisation and to put in place the financial governance arrangements required from 1 April 2013.

23. The submission deadlines for applications for each wave have also been confirmed and these are:

- Wave 1 – 2 July 2012;
- Wave 2 – 3 September 2012;
- Wave 3 – 1 October 2012; and
- Wave 4 – 1 November 2012.

24. Many potential CCG leaders have now completed the leadership assessment centres. As at 15 June 2012, over 600 people had registered and 276 had completed it.

Commissioning development - commissioning support services (CSS)

25. Assessment centres for the CSS managing director posts commenced at the end of May 2012, followed by interviews in mid-late June 2012. The appointments to these posts will be made by a panel chaired by Dame Barbara Hakin, National Director: Commissioning Development at the NHS CBA, as CSSs will be hosted by the NHS CB in the first instance.

26. The 23 NHS CSSs which were successful at Checkpoint two of the commissioning support assurance process have now agreed development plans which outline the progress they will need to make in advance of Checkpoint three (August 2012). Milestones in the plans were agreed at meetings with the CSS Business Delivery Unit during May and they will continue to be regularly reviewed**.** If the milestones in the plan are not met, the NHS CBA will review its support for the CSS.

NHS CBA business plan

27. The NHS CBA has published its business plan covering the period from April 2012 until October 2012, when it is scheduled to become an executive non-departmental public body (ENDPB). Key milestones were identified in the business plan as vital to the successful transition of the NHS CBA to the NHS CB as an ENDPB. Below is an update on each of the milestones identified.

Milestones – April 2012	**Update**
Launch of the NHS Leadership Academy	The NHS Leadership Academy was successfully launched on 10 April 2012.
Milestones – May 2012	**Update**
2011/12 NHS CBA accounts completed, approved, audited and signed	The NHS CBA 2011/12 accounts have been completed, approved, audited and signed-off by Sir David Nicholson on 28 June 2012.

Key products for CCG pre-assessment made available	"Clinical commissioning group authorisation: Draft guide for applicants" was published on 24 April 2012 following its formal ratification at the board meeting of the NHS CBA on 13 April 2012. The guide is still formally a 'draft' because the authorisation regulations have yet to be passed by Parliament. As such, the final version is scheduled to be published in October 2012 once the NHS CB is established. However, emerging CCGs should use this document as the basis for their authorisation applications. In addition, a number of supporting documents and tools have been made available via the NHS CBA website at http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/auth/)
Partnership strategy agreed and approach communicated with stakeholders	The NHS CB partnerships strategy was agreed on 19 April 2012 by the Future Design Group, and is also scheduled to be presented to the NHS CBA board on 19 July 2012. Communication with stakeholders regarding the agreed NHS CB approach is on-going.
Milestones - June 2012	**Update**
Intelligence needs of commissioners and solutions roadmap developed	The information and intelligence requirements of emerging CCGs have been presented in the form of a commissioning intelligence model. To assist emerging CCGs reflect on this over the coming months, a commissioning intelligence self-assessment tool (CISAT) has also been developed. The NHS CB intelligence tool solutions roadmap is in place to deliver the tool by February 2013 based on the business ability to provide initial requirements to instruct the chosen supplier by the end of July 2012.
Laying of secondary legislation for the disestablishment of the NHS CBA and the establishment of the ENDPB	The Statutory Instrument for the disestablishment of the special health authority (SpHA) was laid before Parliament on 27 June 2012. The relevant Commencement Order for the establishment of the ENDPB is scheduled to be laid before Parliament during July 2012.
Consultation on draft mandate begins	The launch of the DH consultation on the draft mandate was delayed and started on 4 July 2012. The delay was due to the need to align better with wider communications activities. Publication will be in October 2012.

National Patient Safety Agency (NPSA) transfer	On 1 June 2012 the key functions and expertise for patient safety transferred to the NHS CBA from the National Patient Safety Agency (NPSA). This will ensure patient safety is at the heart of the NHS and will build on the learning and expertise developed by the NPSA, driving patient safety improvement. The NHS CBA will harness the power of the National Reporting and Learning System (NRLS), the world's most comprehensive database of patient safety information, to identify and tackle important patient safety issues at their root cause.
Guidance published and engagement activities undertaken to support CCGs in the procurement of commissioning support from April 2013	Detailed guidance is currently being developed, though a summary sheet regarding this was included as part of the CCG authorisation guidance. A new initiative has been set up to help CCGs with the decisions they need to make around commissioning support services (CSSs) to meet the requirements for authorisation. A series of practical activities is scheduled to take place between June and October 2012 and will include: • revised 'ready reckoner' tool to help CCGs calculate the costs and implications of how they will carry out their functions, how they will structure themselves, what additional external support they need; • guidance for commissioning support services (CSSs) on collaboration with local authorities, independent sector or voluntary sector suppliers; • a quick guide for CCGs to procuring commissioning support; • regional CCG procurement of commissioning support master classes; • consultation with CCGs and non-NHS suppliers of commissioning support to explore: the potential procurement options; CCGs' preferences, for example, through framework arrangements or other procurement vehicles, including collaborative procurements; the timescales; and what support CCGs might need during procurement of commissioning support; • learning network for CCG leads on commissioning support; and • regional and national 'market days' in which CCGs can meet a range of potential suppliers from the NHS, local authorities, and commercial and voluntary sectors.

Commissioning support services identified and operating models published	23 CSSs have been identified through CSS business checkpoint 2. The NHS CBA will be working with these CSSs to create their full business plans and finalise their operating models over the summer of 2012, prior to checkpoint 3.

Board assurance framework

28. In May 2012, the NHS CBA board agreed the NHS CBA critical success factors (CSFs) for 2012/13 (attached at Annex A). Strategic risks to the programme have previously been reported to the board. Eleven strategic risks were discussed and noted by the board on 31 May 2012. As a first stage of developing the board assurance framework (BAF), these eleven risks have been mapped against the programmes CSFs. This mapping is set out in Annex B. The second stage of this work will be to further clarify the detailed strategic risks associated with each CSF. This will be presented at the September board meeting.

29. The BAF not only defines the high-level potential risks, but also summarises the controls and assurances that are in place or are planned to mitigate against them. It aligns principal risks, key controls and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the board to develop and subsequently monitor a board assurance action plan for closing the gaps.

30. The board is asked for its views regarding the risks associated with each CSF.

Summary

31. Overall, the programme of the NHS CB remains on track. There is a high level of inherent risk, particularly around the movement, and recruitment of, nearly 4,000 staff over a short period. This is being closely programme managed, with mechanisms to raise risks and resourcing issues to both the senior management group and the board as necessary.

Bill McCarthy
National Director: Policy
19 July 2012

Annex A

NHS Commissioning Board Authority (NHS CBA) – critical success factors

The overarching role of the NHS Commissioning Board (NHS CB) is ensuring that the NHS delivers better outcomes for patients. The NHS CBA is responsible for ensuring the successful establishment of the NHS CB and overseeing delivery of the programme. The following critical success factors have been developed to determine the success of this programme. In addition to these factors, the success of the programme will be dependent on operational and financial performance being sustained over the transition period (although this is not specifically in the remit of the NHS CB programme itself).

Critical – by April 2013
1. Safe transfer of functions from current organisations (Department of Health (DH), Primary Care Trusts (PCTs), Arm's Length Bodies (ALBs) and Strategic Health Authorities (SHAs)) to a new commissioning system comprised of the Board, CCGs and commissioning support organisations.
2. Safe transfer of emergency preparedness, resilience and response (EPRR) responsibilities at all levels.
3. The **Board is established** with the full set of legal powers required to deliver its functions.
4. The Board is **adequately resourced** to enable it to carry out its functions, with people transferred from existing organisations (Department of Health, SHAs, PCTs, and ALBs) in accordance with the People Transition Policy.
5. There is full coverage across England by **established CCGs**, with the majority **fully authorised**.
6. Commissioning support services, with robust oversight arrangements, are in place, providing high quality support to the Board and CCGs.
7. The Board has an agreed **mandate**, which provides the freedom and resources to deliver its full set of functions.
8. A new **finance spine** is in place and continuity of Family Health Services (FHS) payments has been delivered.
9. Agreed **operating plans** are in place focused on delivering the NHS Outcomes Framework, the NHS Constitution, any other requirements that flow from the mandate and statutory requirements for: a) fully or partially authorised CCGs; b) the Board for all services that it will commission directly (offender health, military health, specialised commissioning and primary care); and c) shadow CCGs (established but not authorised).

10. Partnership agreements are in place which capture the way the Board will co-operate and collaborate with external partners to deliver its statutory functions, consistent with its organisational objectives.
11. The Board has received **positive feedback from partners** on its values, behaviours and whether the Board is delivering on its commitments.
12. The Board can demonstrate that **patients, the public and their representatives feel they have been engaged** and the Authority's board has responded to their views on the establishment of the Board.
13. An **organisational development strategy and plan** is in place, providing interventions designed to create a high performing, healthy organisation where people want to work and with whom others want to do business.

The following risks are the NHS Commissioning Board Authority (CBA) Programme's Strategic Risks

Current assessment of level of risk to achievement of objective – based on controls and assurances in place | **Action plan to reduce probability or impact of risk**

Critical Success Factor: 1

Safe transfer of functions from current organisations (Department of Health (DH), Primary Care Trusts (PCTs), and Strategic Health Authority's (SHAs) to a new commissioning system comprised of an NHS Commissioning Board, clinical commissioning groups (CCGs) and commissioning support organisations.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level: Impact	Risk Level: Likelihood	Risk Level: RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed: Impact	Likelihood	RAG Status
National Director: HR	**S1**	There is a risk that the NHS Commissioning Board (NHS CB) may fail to populate its organisational structure by March 2013. This risk has a number of causes: 1. there may be delays in finalising the NHS CB organisational design, reducing the time available for recruitment; 2. there may be delays resulting from disagreements with sending organisations regarding the nature of functional transfers; 3. the NHS CB may fail to secure sufficient capacity to manage the large volume of recruitment required at the necessary pace; and 4. Trade Unions may challenge elements of the transition process if processes are not properly agreed and implemented.	**5**	**4**	**R**	**Very High**	Programme management of recruitment strategy; regular review of progress by Chief of Staff SMT	1. Detailed work on organisation design is being progressed. Design of operations directorate reviewed and revised structure determined. FDG to confirm finalised design 4/5 July. 2. Job descriptions (JDs) are being developed for all posts. JDs to be completed for all posts by the end of June (all directorates except Operations - mid July). 3. Policies and procedures for managing the transition are being developed in partnership with sending organisations and trade unions. These will be incorporated into a revised people transition policy for the NHS CB. This will be presented to the board on 19th July 2012. 4. Discussions have taken place with sending organisations about the process for identifying functional transfers. It is planned to finalise agreement with sending organisations regarding specific functional transfers during July. Five meetings with senders and TUs have been scheduled for July. 5. A detailed recruitment plan for the period July to December is being finalised and will be presented to the board in July. A programme manager has been appointed to support the implementation of the strategy. 6. Further appointments have been made to the people transition team and additional support has been secured via a partnership with NHS Employers. 7. There has been continued emphasis on work in partnership with trade unions. An NHS CB partnership forum is being established with trade unions. A full day partnership event is scheduled for 6th July and fortnightly business meetings have also been arranged.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. Regular monitoring by DH transition IPO. 4. A state of readiness assurance review planned September to November 2012. 5. Assurance meeting to include external scrutiny July 2012.	1. Further assessment of the risks associated with the recruitment timetable need to be further assessed; 2. There is no contingency plan in place.	1. Recruitment strategy to be revised and strengthened. 2. Contingency plan to be developed.	1. 6 July 2012 2. 13 July 2012	**5**	**3**	**R**
Chief Operating Officer	**S3**	There is an overarching risk surrounding the directorate build of the operations directorate (including the regional and local area teams). For example, current costs of Family Health Services (FHS) functions (to be transferred from primary care trusts to the NHS CB) and the variety of existing delivery models, may not be sustainable within the planned NHS CB running costs budget. In addition, we need to retain talent within the system and the risk is that we will see key talent migrating to other agencies and organisations on the basis that the recruitment process is taking too long and also that we will not be able to offer appropriate grade or interest in the jobs if we implement too flat a structure. ***Please note that this risk also appears under Critical Success Factor 4.***	**4**	**3**	**AR**	**Medium**	Chief Operating Officer (COO) has a small senior team addressing directorate build. The team includes Regional Directors (RDs) and interim directors.	Costed structure to be agreed by early July 2012.	1. Regular reports to NHS CBA Board. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4.Assurance meeting to include external scrutiny July 2012.	None identified	1. Work in hand to produce costed structure and job descriptions by 31st July 2012. 2. Work is under way to define the detail of the operations directorate build, so that the vision for new roles is understood and recruitment can progress. As part of this, we are seeking to ensure in design work that posts are attractive to prospective applicants. 3. In relation to FHS, a new delivery model is being developed to rationalise current arrangements and achieve efficiency gains. Work is underway to test these design proposals and finalise the funding model. The new FHS delivery model is likely to take two - three years to implement and is expected to release significant savings against the 2010/11 baseline cost of these services. Funding for the end-state FHS functions will need to be identified from several sources.	Ongoing to 31 March 2013	**3**	**2**	**A**
National Director: Commissioning Development	**S6**	There is a risk that commissioning support is less than fully developed to support CCGs by April 2013, which may lead to CCGs receiving inefficient and ineffective services from Commissioning Support Services (CSS). ***Please note that this risk also appears under Critical Success Factors 6 and 9.***	**4**	**3**	**AR**	**Medium**	Robust programme governance arrangements in place to monitor and manage each milestone.	1. Ongoing business review process. 2. Development programmes. 3. Recruitment of CSS managing directors following thorough process to ensure right calibre of leadership. 4. Engagement with key national bodies and CCG leads. 5. Secure hosting for NHS CSS from April 2013, by NHS CB.	1. Reported to NHS CBA Board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	1. Clarity of CCG intentions and ability to sign Service Level Agreements (SLAs) with CSSs (2013/2014) for checkpoint 3 2. Operational arrangements and control during hosting needs to be defined; i.e. performance management of CSSs	1. Ongoing business review process which will assure both NHS CB and CCGs that the emerging commissioning support services (CSSs) models are responsive, business focused and fit for purpose. Checkpoint 2 complete with 23 CSSs progressing to checkpoint 3. 2. Commercial / customer orientated development programme underway to support organisational development of CSSs. 3. CSS managing director recruitment process launched that will ensure the right calibre of leadership. 4. Ongoing engagement with key national bodies and CCG leads through the GP stakeholder groups and 'informed customer' programme. Series of events and products planned for CCGs to support the design of their commissioning support intentions and CSS arrangements. 5. NHS CB to define hosting for NHS CSS from April 2013.	1. October 2012 2. Ongoing 3. August 2012 4. Ongoing 5.January 2013	**4**	**2**	**A**

National Director: Policy	**S10**	There is a risk of a lack of strong stakeholder engagement during the design process, leading to lack of support and lack of rigour in the design. Also a risk of the broader system, in particular the NHS, not understanding the role of the NHS CB (and Special Health Authority before it). **Please note that this risk also appears under Critical Success Factor 10.**	**4**	**3**	**AR**	**Low**	1. Ongoing programme of design workshops 2. Development of partnership strategy 3. Presentations to stakeholder forums and organisations 4. Involvement of stakeholders in NHS CBA Future Design Group (FDG) 5. Detailed process of clinical engagement on networks, senates and other aspects of design 6. Regular updates on design to FDG and the board, including reports on stakeholder engagement	1. A communications team has been recruited which is developing a strategy to ensure strong, coherent messages about the NHS CB are heard throughout the system. 2. There is a key piece of work on clinical leadership with a strong element of stakeholder engagement. 3. An engagement plan will be developed for each core business process; this has begun, critically in areas of commissioning development. 4. Beginning to engage clinical commissioning groups (CCGs) in the broader programme. 5. There has been significant work on a partnership strategy and to develop partnership arrangements with a range of stakeholders. 6. Building on the organisational design workshops, monthly workshops are held on an on-going basis with design leads and Senior Responsible Officers to support co-production and implement matrix working. 7. Design updates were reported to the board in February, April and May, and will continue as required.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	There is not yet any systematic assessment of stakeholder engagement in, or understanding of, the organisation design.	Proposals are being developed for regular assessment of stakeholder and partner satisfaction as part of the development of the NHS CB partnership strategy. This will be integrated into the NHS CB corporate dashboard.	An initial feedback process will be introduced by the end of 2012	**4**	**1**	**A**

Critical Success Factor: 2

Safe transfer of Emergency Preparedness, Resilience and Response (EPRR) responsibilities at all levels.

Lead Director (SRO)	**Risk Ref**	**Potential Risk** *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	**Risk Level**			**Inherent Risk Level** *Is a risk which is impossible to manage or transfer away*	**Key Control Mechanisms** *The systems and processes in place that mitigate this risk*	**Management Assurance/Actions** *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	**Independent Assurance** *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	**Gaps in Controls or Assurance** *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	**Action Plan** *How the identified gap is to be addressed and how the risk is to be diminished*	**Expected date of completion**	**Anticipated Risk Score After Action Plan Completed**		
			Impact	**Likelihood**	**RAG Status**								**Impact**	**Likelihood**	**RAG Status**
Chief Operating Officer	**S4**	There is a risk that although the Department of Health, Public Health England and the NHS CBA have approved the Emergency Planning Resilience and Response (EPRR) Policy, there is limited time remaining to implement the model. Effective delivery of the model is dependent on the timely and effective transfer of roles and responsibilities to existing and emerging organisations, and excellent communications and engagement with the service.	**4**	**3**	**AR**	**Medium**	Governance structure in place ultimately reporting to Chief Operating Officer (COO) via the NHS EPRR Implementation Programme Group.	Four workstreams reporting to a weekly NHS EPRR Implementation Programme Group (chaired by NHS Director of Operations). Director of Ops reporting to COO on exception basis until NHS EPRR Steering Group is established.	1. Regular reports to NHS CBA board. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4.Assurance meeting to include external scrutiny July 2012.	None identified	1. Establish an NHS CBA implementation group to focus on the NHS element of the EPRR policy. 2. Recruit EPRR critical staff at national, regional and local level to avoid corporate memory loss and maintain operational response capability. 3. Statement of assurance of meeting the requirements for delivering EPRR across the NHS by 31 March 2013. 4. Work with partner agencies and stakeholders to ensure these organisations understand the changes in health EPRR. 5. Establish Local Health Resilience Partnerships (LHRPs) and identify NHS CBA co-chairs prior to regional testing in November. 6. Identify and align EPRR roles and responsibilities to reflect emerging organisational design and accountability of the NHS CBA. 7. Support provider organisations to identify and train accountable emergency officers. 8. Support clinical commissioning groups (CCGs) to understand the need for own organisational resilience/business continuity planning, and the need for EPRR to be included in commissioning/contracts. 9. Integrate new health EPRR arrangements into local contingency plans. 10.Training, test and exercise of new arrangements. 11 Seek statement of assurance from NHS organisations of state of readiness to respond to incident following transfer of responsibilities on the 31/03/2013.	Ongoing to 31 March 2013	**3**	**2**	**A**

Critical Success Factor: 3

The NHS Commissioning Board is established with the full set of legal powers required to deliver its functions.

Lead Director (SRO)	**Risk Ref**	**Potential Risk** *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	**Risk Level**			**Inherent Risk Level** *Is a risk which is impossible to manage or transfer away*	**Key Control Mechanisms** *The systems and processes in place that mitigate this risk*	**Management Assurance/Actions** *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	**Independent Assurance** *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	**Gaps in Controls or Assurance** *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	**Action Plan** *How the identified gap is to be addressed and how the risk is to be diminished*	**Expected date of completion**	**Anticipated Risk Score After Action Plan Completed**		
			Impact	**Likelihood**	**RAG Status**								**Impact**	**Likelihood**	**RAG Status**
National Director: Policy	**S11**	There is a risk that if not established as an Executive Non Departmental Public Body (ENDPB) on 1st October 2012, it would lead to the inability of the organisation to authorise clinical commissioning group (CCGs).	**3**	**1**	**AG**	**Very Low**	1. Weekly telephone conference with Department of Health (DH) sponsor branch. 2. National Director: Policy has monthly assurance meeting with Richard Douglas.	Monitor through the two mechanisms of meetings and there is an interdependency with DH.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	NA	No current mitigating action.	NA	NA	NA	NA

Critical Success Factor: 4

The NHS CB is adequately resourced to enable it to carry out its functions, with people transferred from existing organisations (DH, SHAs, PCTs, and Arms Lenghts Bodies (ALBs) in accordance with the People Transition Policy.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level			Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed		
			Impact	Likelihood	RAG Status								Impact	Likelihood	RAG Status
National Director: Policy	**S2**	There is a risk that directorate designs are not completed in a consistent way, leading to delays in recruitment, incomplete implementation of duties and transfer of functions, and lack of clarity about allocation of resources. **Please note that this risk also appears under Critical Success Factor 9.**	**4**	**2**	**A**	**Very Low**	1. Provision of clear guidance, design principles and timetables to design leads and SROs 2. Regular reports to FDG to approve design proposals 3. Clear alignment between design process, OD programme and people transition programme.	1. Common design principles have been shared with national directors. 2. Consistent timescales have been set for the completion of detailed designs and job descriptions. 3. Bi-lateral meetings between the design team and national directors are scheduled to confirm the full range of duties and functions. 4. The Future Design Group (FDG) has agreed the approach for managing the contingency reserve and discretionary non-pay funds. 5. The treatment of the costs of informatics and public health functions, and support for networks, is being agreed with the Department of Health (DH).	1. Reported to NHS CBA board at every meeting 2. Gateway review February 2012 3. A state of readiness assurance review planned September to November 2012	Lack of capacity in the Operations Directorate has delayed the design process.	1. Senior appointments are now being made in the Operations Directorate. This will provide the capacity to move ahead with the detailed design. 2. Additional short term capacity will be identified to support Operations Directorate.	Detailed designs should be completed by mid July.	**4**	**1**	**A**
Chief Operating Officer	**S3**	There is an overarching risk surrounding the directorate build of the operations directorate (including the regional and areas offices). For example, current costs of Family Health Services (FHS) functions (to be transferred from primary care trusts to the NHS CB) and the variety of existing delivery models, may not be sustainable within the planned NHS CB running costs budget. In addition, we need to retain talent within the system and the risk is that we will see key talent migrating to other agencies and organisations on the basis that the recruitment process is taking too long and also that we will not be able to offer appropriate grade or interest in the jobs if we implement too flat a structure. **Please note that this risk also appears under Critical Success Factor 1.**	**4**	**3**	**AR**	**Medium**	Chief Operating Officer (COO) has a small senior team addressing directorate build. The team includes Regional Directors (RDs) and interim directors.	Costed structure to be agreed by early July 2012.	1. Regular reports to NHS CBA board. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4.Assurance meeting to include external scrutiny July 2012.	None identified	1. Work in hand to produce costed structure and job descriptions by 31st July 2012. 2. Work is under way to define the detail of the operations directorate build, so that the vision for new roles is understood and recruitment can progress. As part of this, we are seeking to ensure in design work that posts are attractive to prospective applicants. 3. In relation to FHS, a new delivery model is being developed to rationalise current arrangements and achieve efficiency gains. Work is underway to test these design proposals and finalise the funding model. The new FHS delivery model is likely to take two - three years to implement and is expected to release significant savings against the 2010/11 baseline cost of these services. Funding for the end-state FHS functions will need to be identified from several sources.	Ongoing to 31 March 2013	**3**	**2**	**A**
Chief Financial Officer	**S8**	There is a risk of failure of effective and co-ordinated finance and information flows through the new system (including information systems, finance spine). **Please note that this risk also appears under Critical Success Factor 8.**	4	3	AR	**Very Low**	Information flows working group reports on progress and escalates issues to Senior Management Team.	1. Information flows working group oversight of detailed workstreams making recommendations for issue resolution or escalation as appropriate. 2. Dedicated resource in place working with Directorates to confirm detailed information requirements (financial and non-financial).	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4. Assurance meeting to include external scrutiny July 2012.	Confirmation of operating model detail required so that finance and information flows can complement this.	1. A working group has been established, chaired by the Interim Chief Financial Officer, overseeing financial issues, information flows, and tariffs. This reports to the senior management group. 2. Procurement of an integrated finance accounting system is complete and the implementation is now underway. 3. Coordination of existing information flows.	1. Working group established and in operation 2. Finance system implementation (NHS CB HQ by 1/10/12, remainder by 1/4/13) 3. Ongoing	**3**	**2**	**A**
Chief Financial Officer	**S9**	There is a risk that programme budgets may not be available in time and that clearance processes are not set up in time to allow delivery of all parts of the programme.	**4**	**3**	**AR**	**Low**	Chief Financial Officer working group reporting to senior management team.	1. Directorate structures being developed within agreed operating budget. 2. PCT Baseline Resource Analysis exercise launched, results to inform adequacy and deployment of NHS CB resources. 3. Engagement with DH to determine scope and value of central budgets transfer to the NHS CB.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4. Assurance meeting to include external scrutiny July 2012.	1. Development of detailed plan for 2012/13 budget development and CCG allocations methodology. 2. Policy to be finalised in some areas to determine commissioning responsibilities.	1. The business plan was signed off by the NHS CBA board in March 2012 and published on 29 May 2012. 2. Agreed operating budget with DH for 2012/13. 3. A working group has been established, chaired by the Chief Financial Officer overseeing financial issues, information flows, and tariffs. 4. A formal sub-committee of the NHS CBA board, "Finance and Procurement Controls", was established on 13 April 2012 enabling procurement decisions to be taken as necessary.	1. Complete 2. Complete 3 . In operation 4. In operation. 2012/13 Programme Budgets - Feb.'12	**3**	**2**	**A**

Critical Success Factor: 5

There is full coverage across England by established CCGs, with the majority fully authorised.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level: Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed: Impact	Likelihood	RAG Status
National Director: Commissioning Development	**S5**	The authorisation of 212 CCGs between October 2012 and January 2013 is a challenge. There is a risk that, if there is insufficient capacity this will lead to the process being less robust. The organisational change during this period, as NHS CB becomes established, presents an additional risk. We must also mitigate the risk of CCGs not being ready for full authorisation.	**4**	**3**	**AR**	**Medium**	1. Robust programme governance arrangements in place to monitor and manage each milestone 2. Work with NHS CBA regions to assure readiness of CCGs.	1. Development programme for all CCGs. 2. Resource to support authorisation assessment. 3. Applicants guide published setting out requirements for authorisation. 4. Establishment of the 4 waves of authorisation. 5. Assessors guide to authorisation . 6. Assessor training. 7. First wave of applicants on track to submit.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	1. Securing adequate and stable assessor resource during transition. 2. Targeting appropriate development needs for CCGs during transition together with Regional Directors.	1. Full development programme for all CCGs. 2. Identify NHS resources to support authorisation assessment and procure external support. 3. Draft applicants guide for authorisation published setting out requirements for authorisation alongside details of the authorisation process and timetable 4. Establish the make-up of the four waves of authorisation. 5. Assessors guide to authorisation made available. 6. Training of assessors to take place to ensure nationally consistent approach to authorisation. 7. First wave of CCG applications to be received. 8. Identify further targeted support to meet the development needs of CCGs as agreed with Regional Directors.	1. Ongoing 2. Complete 3. Complete 4. Complete 5. Complete 6. June 2012 7. July 2012 8. July 2012	**4**	**2**	**A**

Critical Success Factor: 6

Commissioning support services, with robust oversight arrangements, are in place, providing high quality support to the NHS CB and CCGs.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level: Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed: Impact	Likelihood	RAG Status
National Director: Commissioning Development	**S6**	There is a risk that commissioning support is less than fully developed to support CCGs by April 2013, which may lead to CCGs receiving inefficient and ineffective services from Commissioning Support Services (CSS). **Please note that this risk also appears under Critical Success Factors 1 and 9.**	**4**	**3**	**AR**	**Medium**	Robust programme governance arrangements in place to monitor and manage each milestone.	1. Ongoing business review process. 2. Development programmes. 3. Recruitment of CSS Managing Director's following thorough process to ensure right calibre of leadership. 4. Engagement with key national bodies and CCG leads. 5. Secure hosting for NHS CSS from April 2013, by NHS CB	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	1. Clarity of CCG intentions and ability to sign SLAs with CSSs (2013/2014) for checkpoint 3 2. Operational arrangements and control during hosting needs to be defined i.e. performance management of CSSs	1. Ongoing business review process which will assure both NHS CB and CCGs that the emerging commissioning support services (CSSs) models are responsive, business focused and fit for purpose. Checkpoint two complete with 23 CSSs progressing to checkpoint three. 2. Commercial / customer orientated development programme underway to support organisational development of CSSs. 3. CSS Managing Director recruitment process launched that will ensure the right calibre of leadership. 4. Ongoing engagement with key national bodies and CCG leads through the GP stakeholder groups and 'informed customer' programme. Series of events and products planned for CCGs to support the design of their commissioning support intentions and CSS arrangements. 5. NHS CB to define hosting for NHS CSS from April 2013.	1. October 2012 2. Ongoing 3. August 2012 4. Ongoing 5.January 2013	**4**	**2**	**A**

Critical Success Factor: 7

The NHS Commissioning Board has an agreed mandate, which provides the freedom and resources to deliver its full set of functions.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level: Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed: Impact	Likelihood	RAG Status
National Director: Policy	**S7**	There is a risk that the commitments in the mandate are unaffordable and / or not flexible enough to allow for local clinical leadership to flourish.	**4**	**3**	**AR**	**High**	1. Provide sounding board to the DH regarding the implications of implementing mandate objectives. 2. NHS CBA participation in the engagement process being led by the DH.	1. Monthly Programme Management Office (PMO) reporting through workstream 14 (NHS Mandate and relationship with DH). 2. Strategic risk reported to CBA Board at every meeting. 3. Regular discussion at CBA Board.	1. Gateway review February 2012. 2. A state of readiness assurance review planned September to November 2012.	None identified	Outlined in the key control mechanisms.	31/10/2012 (recurring annually)	**4**	**2**	**A**

Critical Success Factor: 8

A new finance spine is in place and continuity of Family Health Services (FHS) payments has been delivered.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
Chief Financial Officer	**S8**	There is a risk of failure of effective and co-ordinated finance and information flows through the new system (including information systems, finance spine). **Please note that this risk also appears under Critical Success Factor 4.**	4	3	AR	**Very Low**	Information flows working group reports on progress and escalates issues to Senior Management Team.	1. Information flows working group oversight of detailed workstreams making recommendations for issue resolution or escalation as appropriate. 2. Dedicated resource in place working with Directorates to confirm detailed information requirements (financial and non-financial).	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012. 4. Assurance meeting to include external scrutiny July 2012.	Confirmation of operating model detail required so that finance and information flows can complement this.	1. A working group has been established, chaired by the Interim Chief Financial Officer, overseeing financial issues, information flows, and tariffs. This reports to the senior management group. 2. Procurement of an integrated finance accounting system is complete and the implementation is now underway. 3. Coordination of existing information flows.	1. Working Group established and in operation. 2. Finance system implementation (CB HQ by 1/10/12, remainder by 1/4/13). 3. Ongoing.	**3**	**2**	**A**

Critical Success Factor: 9

Agreed operating plans are in place focused on delivering the NHS Outcomes Framework, the NHS Constitution, any other requirements that flow from the mandate and statutory requirements for:
a) fully or partially authorised CCGs;
b) in the NHS Commissioning Board for all services that will be commissioned directly by the Board (offender health, military health, specialised commissioning and primary care); and
c) shadow CCGs (established but not authorised).

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
National Director: Policy	**S2**	There is a risk that directorate designs are not completed in a consistent way, leading to delays in recruitment, incomplete implementation of duties and transfer of functions, and lack of clarity about allocation of resources. **Please note that this risk also appears under Critical Success Factor 4.**	**4**	**2**	**A**	**Very Low**	1. Provision of clear guidance, design principles and timetables to design leads and SROs 2. Regular reports to FDG to approve design proposals 3. Clear alignment between design process, OD programme and people transition programme.	1. Common design principles have been shared with national directors. 2. Consistent timescales have been set for the completion of detailed designs and job descriptions. 3. Bi-lateral meetings between the design team and national directors are scheduled to confirm the full range of duties and functions. 4. The Future Design Group (FDG) has agreed the approach for managing the contingency reserve and discretionary non-pay funds. 5. The treatment of the costs of informatics and public health functions, and support for networks, is being agreed with the Department of Health (DH).	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	Lack of capacity in the Operations Directorate has delayed the design process.	1. Senior appointments are now being made in the Operations Directorate. This will provide the capacity to move ahead with the detailed design. 2. Additional short term capacity will be identified to support Operations.	Detailed designs should be completed by mid July	**4**	**1**	**A**
National Director: Commissioning Development	**S6**	There is a risk that commissioning support is less than fully developed to support CCGs by April 2013, which may lead to CCGs receiving inefficient and ineffective services from Commissioning Support Services (CSS). **Please note that this risk also appears under Critical Success Factors 1 and 6.**	**4**	**3**	**AR**	**Medium**	Robust programme governance arrangements in place to monitor and manage each milestone.	1. Ongoing business review process 2. Development programmes 3. Recruitment of CSS Managing Director's following thorough process to ensure right calibre of leadership 4. Engagement with key national bodies and CCG leads 5. Secure hosting for NHS CSS from April 2013, by NHS CB	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	1. Clarity of CCG intentions and ability to sign SLAs with CSSs (2013/2014) for checkpoint 3 2. Operational arrangements and control during hosting needs to be defined i.e. performance management of CSSs	1. Ongoing business review process which will assure both NHS CB and CCGs that the emerging commissioning support services (CSSs) models are responsive, business focused and fit for purpose. Checkpoint two complete with 23 CSSs progressing to checkpoint three. 2. Commercial / customer orientated development programme underway to support organisational development of CSSs. 3. CSS Managing Director recruitment process launched that will ensure the right calibre of leadership. 4. Ongoing engagement with key national bodies and CCG leads through the GP stakeholder groups and 'informed customer' programme. Series of events and products planned for CCGs to support the design of their commissioning support intentions and CSS arrangements. 5. NHS CB to define hosting for NHS CSS from April 2013.	1. October 2012 2. Ongoing 3. August 2012 4. Ongoing 5.January 2013	**4**	**2**	**A**

Critical Success Factor: 10

Partnership agreements are in place which capture the way the NHS Commissioning Board will co-operate and collaborate with external partners to deliver its statutory functions, consistent with its organisational objectives.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
National Director: Policy	**S10**	There is a risk of a lack of strong stakeholder engagement during the design process, leading to lack of support and lack of rigour in the design. Also a risk of the broader system, in particular the NHS, not understanding the role of the NHS CB (and Special Health Authority before it). **Please note that this risk also appears under Critical Success Factor 1.**	**4**	**3**	**AR**	**Low**	1. Ongoing programme of design workshops. 2. Development of partnership strategy. 3. Presentations to stakeholder forums and organisations. 4. Involvement of stakeholders in NHS CBA Future Design Group (FDG). 5. Detailed process of clinical engagement on networks, senates and other aspects of design. 6. Regular updates on design to FDG and the Board, including reports on stakeholder engagement.	1. A communications team has been recruited which is developing a strategy to ensure strong, coherent messages about the NHS CB are heard throughout the system. 2. There is a key piece of work on clinical leadership with a strong element of stakeholder engagement. 3. An engagement plan will be developed for each core business process; this has begun, critically in areas of commissioning development. 4. Beginning to engage clinical commissioning groups (CCGs) in the broader programme. 5. There has been significant work on a partnership strategy and to develop partnership arrangements with a range of stakeholders. 6. Building on the organisational design workshops, monthly workshops are held on an on-going basis with design leads and Senior Responsible Officers to support co-production and implement matrix working. 7. Design updates were reported to the Board in February, April and May, and will continue as required.	1. Reported to NHS CBA board at every meeting. 2. Gateway review February 2012. 3. A state of readiness assurance review planned September to November 2012.	There is not yet any systematic assessment of stakeholder engagement in, or understanding of, the organisation design.	Proposals are being developed for regular assessment of stakeholder and partner satisfaction as part of the development of the NHS CB partnership strategy. This will be integrated into the NHS CB corporate dashboard.	An initial feedback process will be introduced by the end of 2012.	**4**	**1**	**A**

Critical Success Factor: 11

The NHS Commissioning Board has received positive feedback from partners on its values, behaviours and whether the NHS CB is delivering on its commitments.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
		No identified risk at this time.													

Critical Success Factor: 12

The NHS Commissioning Board can demonstrate that patients, the public and their representatives feel they have been engaged and the Board has responded.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
		No identified risk at this time.													

Critical Success Factor: 13

An organisational development strategy and plan is in place, providing interventions designed to create a high performing, healthy organisation where people want to work and with whom others want to do business.

Lead Director (SRO)	Risk Ref	Potential Risk *Should be high-level potential risks that are unlikely to be fully resolved and require ongoing control*	Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *The systems and processes in place that mitigate this risk*	Management Assurance/Actions *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan *How the identified gap is to be addressed and how the risk is to be diminished*	Expected date of completion	Anticipated Risk Score After Action Plan Completed Impact	Likelihood	RAG Status
		No identified risk at this time.													