Paper NHSE180705

BOARD PAPER - NHS ENGLAND

Title: Board assurance framework (incorporating the organisation's strategic risks)

Clearance: National Director, Policy: Bill McCarthy

Purpose of paper:

To present and gain approval of board assurance framework for NHS England which incorporates the strategic risks for the organisation.

Key issues and recommendations: The board assurance framework sets out a list of strategic risks, current mitigating actions and internal and external assurances. The board assurance framework identifies further mitigating actions to be taken for each risk area.

Actions required by Board Members:

- Review the strategic risks and
- Approve the board assurance framework for NHS England.

Board assurance framework

Background

1. Risk management is an essential tool for recognising and managing threats and challenges to the achievement of our objectives and values.

2. The board assurance framework (BAF) forms part of the NHS England risk management strategy and policy and will be the framework for identification and management of strategic risks, both risks internal to NHS England and those in the wider system in which NHS England has a role.

3. Strategic risks are defined as significant risks that have the potential to impact across NHS England and are raised and monitored by the executive team and the NHS England Board.

4. The BAF will support one of the core roles of the Board which is to understand and manage risks, whether they be:

   - risks to delivery of our commitments; or
   - risks that the actions we are committed to (and are delivering) are not achieving the successful outcomes we expected.

5. There are four processes that have been established to ensure effective risk management within NHS England, they are:

   - directorate risk registers – a list of operational risks for each directorate, monitored, managed and escalated by National Directors, where required;
   - a 'Risk map' – a risk identified against every deliverable in the business plan, by the directorate that is accountable for delivery;
   - list of strategic risks facing the delivery of the business plan set out in the BAF; and
   - supporting these three, an executive risk management group which has the task of managing the strategic risks and identifying the highest key priority risks in the directorate risk registers and risk map, so they can be escalated and brought to the attention of the Board, as necessary, in the BAF.

The Board sssurance framework 2013 / 2014

6. The executive risk management group met on the 4 July 2013 to review the draft BAF and finalised the list of strategic risks, confirmed action being undertaken, and checked assurances.

7. The BAF is attached as annex A.

8. There are currently twenty five strategic risks, covering the span of NHS England's role, including seven risks around the continued transition to the new health system.

Actions Required by Board Members:

9. The Board is asked to:

- Review the strategic risks; and
- Approve the board assurance framework for NHS England.

Bill McCarthy
National Director: Policy
July 2013

Proposed NHS England Board Assurance Framework (incorporating strategic risks) as at 9 July 2013

These are the significant risks directly associated with delivering the NHS England Business Plan. Also included are operational risks that have emerged through directorate reporting and escalation in terms of significance for the organisation

	Risk Ref	Potential Risk Description	Business Plan Score Card Priority											Risk Level			Mitigating Actions in Place	Internal Assurance	External Assurance	Further Mitigating Actions	Expected date of completion	Residual Risk Score		
		Should be high-level potential risks that are unlikely to be fully resolved and require on-going control	1 - Satisfied patients	2 - Motivated, positive NHS staff	3 - Domain 1, preventing people	4 - Domain 2, enhancing quality of	5 - Domain 3, Helping people recover from	6 - Domain 4, Positive experience of care	7 - Domain 5, Safe environment &	8 - Promoting equality and reducing	9 - NHS constitution rights and pledges	10 - Becoming an excellent organisation	11 - High quality financial management	Impact	Likelihood	RAG Status	*Systems and processes in place and operating that mitigate this risk*	*Internal evidence that this risk is being effectively managed (e.g. Board reporting, subcommittee and internal audit committee reviews)*	*External evidence that this risk is being effectively managed (e.g. planned or received external audit reviews)*	*Additional actions required to mitigate this risk further*	*For further mitigating actions*	Impact	Likelihood	RAG Status
																	PUTTING PATIENTS FIRST							
National Director: Policy Supported by: Chief Operating Officer and Chief Financial Officer	1	**Strategy:** There is a risk that the financial environment, the political context for service change, and the relatively underdeveloped relationships across the new health and care system undermine the ability of the NHS to continue to improve outcomes for patients into the future.	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	5	4	R	1. NHS England, with partners, will lead a "7 products" strategy process. 2. Working arrangements in place to share and agree NHS England strategic analysis with partners. 3. Post spending review work with Local Government Association (LGA) to agree conditions, including political buy in for use of integration fund. 4. 'Call to action' process to gain local ownership for actions.	1. Programme governance established. 2. Regular reporting to the Board. 3. Included in internal audit plan.	1. Arm's Length Body (ALB) joint executive group.	1. Joint review with Monitor, Care Quality Commission (CQC) and NHS Trust Development Authority (NHS TDA) of multi year planning approach.	30/08/2013	4	3	AR
Chief Financial Officer	2	**Financial risk in partner organisations:** There is a risk that in some places, serious financial difficulties elsewhere in the health and social care sector (e.g. provider or social care organisations) leads to an adverse impact on commissioners (CCGs and NHS England) either financially or operationally.								✓			✓	4	4	R	1.The shared financial agreement between NHS England, Monitor and the Department of Health (DH) considers health sector wide financial positions. 2. The planning process for 2013/14 included an on-going process of triangulation with the NHS Trust Development Authority (NHS TDA) of commissioner and provider plans. 3. NHS England has agreed a set of principles under which support may be provided to challenged Trusts outside of Public by Results (PbR) rules. 4. Local Authority & social care - Transfer of £859m to Local Authorities for social care in 2013/14 is a year on year increase and is overseen locally.	1. Providers: over the last 2 months NHS England and NHS TDA Executives have met to discuss and agree support to financially challenged Trusts in line with the agreed principles. The risks of both provider and social care financial positions impacting on CCGs or NHS England are most likely to crystallise in the over-performance of acute contracts. 2. Acute activity over-performance will be included as a risk item reported to Finance and Investment Committee (FIC).	None identified.	1. NHS England wide programme to ensure appropriate activity information is available, overseen by the Operations Directorate. 2. Timely and relevant information on activity trends is available to enable corrective action to be taken especially in direct commissioning.	01/09/2013	4	3	AR
Chief Operating Officer Supported by National Directors: Patients and Information, Policy & Chief Financial Officer	3	**Direct Commissioning:** There is a risk that underdeveloped direct commissioning processes do not discharge specialised commissioning responsibilities effectively. This could result in loss of potential outcome benefits and financial risk.	✓		✓	✓	✓	✓	✓	✓	✓		✓	4	4	R	1. Approach to the Single Operating Model has been reinforced.	1. Board development session 17 July 2013. 2. The Board has approved a Direct Commissioning Committee with Non - Executive Directors identified. 3. Specialised Commissioning oversight group. 4. Included in internal audit plan for review.		1. Dedicated project team to be established through rapid mobilisation of resources and high profile attention by the Executive Team. 2. Work underway to clarify roles and responsibilities across matrix. 3. Assurance framework for direct commissioning under development.	31/03/2014	4	3	AR
Chief Operating Officer	4	**Urgent Care Demand:** There is a risk that increasing demand for urgent and emergency services leads to a threat to delivery of key operational standards which are a marker for quality of care of patients.				✓	✓		✓					4	4	R	1. NHS A&E Improvement plan guidance published on 9 May 2013 on NHS England website. 2. A&E Improvement plan which has led to Urgent Care Boards being established in local health systems along with regional and national tripartite groups for oversight of recovery and improvement plans. 3. This work is also informed by Emergency Care Intensive Support Teams (ISTs) (ISTs are part of NHS Improving Quality (NHSIQ), and a joint intelligence group represented by NHS England, Department of Health (DH) NHS Trust Development Authority (NHS TDA) and Monitor. 4. Recovery and Improvement plans have been produced by all organisations with an A&E unit (not just those currently failing) to ensure whole systems sustainability and all year round delivery with a particular focus on winter.	1. Chief Operating Officer reports to the NHS Operations Executive and to the Board on current performance and related issues. 2.Weekly A&E data published on NHS England website.	1. Weekly delivery stock take meetings with Secretary of State (SofS). 2. NHS TDA, Monitor and Association of Directors of Adult Social services represented in regional and national tripartite groups providing assurance functions.	1. External stakeholders from Royal Colleges etc, currently being sought to inform this work. 2. Currently working to identify external stakeholders.	Ongoing	4	3	AR
Chief Nursing Officer Supported by National Director: Policy, Medical Director and Chief Operating Officer	5	**Patient Safety:** There is a risk that a possible lack of clarity of roles and responsibilities in national and local organisations leads to NHS England not delivering the desired improvements .	✓						✓					5	3	R	1. Domain 5 vision and framework. 2. Three-year strategy for nursing, midwifery and care staff. 3. Regional and Area team Nursing Directors in place responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect. 4. NHS England involvement in local safeguarding boards. 5. Work with the Care Quality Commission (CQC), professional regulatory bodies and other national partners. 6. NHS England responses to Francis and Winterbourne View reports. 7. Quality surveillance groups (QSGs) established. 8. Risk Summit process to allow identification and escalation of patient safety risks.	1. Chief Nursing Officer reports to the Board on Domain 5. 2. Reporting on adverse and near events.	1. Local safeguarding boards (tbc). 2. CQC, professional regulatory bodies and other national partners including National Advisory Group on the Safety of Patients in England.	Establish patient safety board.	30/09/2013	5	2	AR

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			1 - Satisfied patients	2 - Motivated, positive NHS staff	3 - Domain 1, preventing people	4 - Domain 2, enhancing quality of	5 - Domain 3, Helping people recover from	6 - Domain 4, Positive experience of care	7 - Domain 5, Safe environment &	8 - Promoting equality and reducing	9 - NHS constitution rights and pledges	10 - Becoming an excellent organisation	11 - High quality financial management	Impact	Likelihood	RAG Status	Systems and processes in place and operating that mitigate this risk	Internal evidence that this risk is being effectively managed (e.g. Board reporting, subcommittee and internal audit committee reviews)	External evidence that this risk is being effectively managed (e.g. planned or received external audit reviews)	Additional actions required to mitigate this risk further	For further mitigating actions	Impact	Likelihood	RAG Status
		Should be high-level potential risks that are unlikely to be fully resolved and require on-going control																						
Chief Operating Officer	6	**Family Health Services:** There is a risk that the necessary reduction in management costs for this service could result in operational difficulties which could damage NHS England's relationships with GPs.	✓				✓			✓			✓	4	4	R	1. Project plan with centrally funded National Project Team. 2. Area teams actively engaged. 3. Mechanism in place to handle operational issues as they arise. To include publication of national procedures / policies and potential flexing of existing private sector contracts. 4. Plans from Area Teams organised via regional offices and then via National Project Team.	1. Programme board in place with regular reporting to the executive team meeting (ETM). 2. Board will be updated on the 17 July 2013 and a paper with proposals will be taken to the Board on the 13 September 2013. 3. Risks associated with lack of capacity identified and mitigated via business cases, reporting to Procurement Controls Committee. 4. Included in internal audit plan for review.	1. Reviews of plan by Primary Care Services (PCS) Programme Board; service specification to be cleared through Clinical Priorities Assurance Group. 2. Engagement plan with contractor representative groups. 3. Engagement plan with unions on workforce transition plan; involvement of and advice sought from NHS Business Services Authority (NHS BSA) re - procurement.	1. Senior Responsible Officer (SRO) will take governance arrangements to appropriate approval meetings. 2. Funds exist to meet financial demands of project but arrangements to be clarified with Finance on carry-over if spending is delayed into early 2014/15. 3. Communications plan being developed. 4. Appointment of project resource. 5. Project governance arrangements in place although still to be formally ratified. Project arrangements will need to be in place for October 2013 to 31 March 2014. 6. Risk plans being developed for each work stream area.	31/03/2014	4	3	AR
Chief Operating Officer	7	**NHS 111 Services:** There is a risk that NHS 111 services cannot be rolled out across England safely in line with original timetable and that already live services could be compromised due to provider failure.			✓		✓			✓				4	4	R	1. Strategic review of NHS 111 Services. 2. Operations Directorate working with CCGs to secure clear plans for delivery of service. 3. CCG assurance framework in place. 4. Close monitoring of NHS direct capacity and sustainability with NHS Trust Development Authority (NHS TDA). 5. Support for CCG's to secure alternative providers where necessary. 6. Operational decision to delay rollout in two sites.	1. Established Programme Oversight Group. 2. Established weekly Operational Group. 3. Established NHS Direct 111 Service. 4. Liaison and Negotiating group with CCGs. 5. Checkpoint process in place for service roll out.	1. Deloitte report into NHS Direct contracted services. 2. Assurance of higher risk recovery plans undertaken by Deloitte.	Business case to be developed for external assurance of mobilisation plans as services are procured.	31/10/2013	4	3	AR
Chief Operating Officer Supported by: National Director: Commissioning Development and Chief Financial Officer	8	**CCG Development:** There is a risk that some CCGs do not reach the maturity level to deliver the strategic plans required to improve patient care and ensure a clinically and financially sustainable health system.	✓		✓	✓	✓	✓	✓	✓	✓		✓	4	4	R	1. CCG development programme. 2. CCG Assurance Framework. 3. Support offered by NHS England and Commissioning Support Units (CSU).	1. Board reporting on CCG development programme. 2. Board reporting on CCG assurance framework. 3. Authorisation Committee review of conditions. 4. Included in internal audit plan for review.	1. Results of CCG annual assessment.	1. Engagement project plan is in place and being rolled out to ensure final assurance framework is co-produced with CCGs, prior to final publication in the autumn. 2. The four regions are having ongoing conversations with Area Teams and CCGs around remaining conditions and concerns, working towards the removal of any remaining conditions of authorisation. Reviews of conditions and directions of authorisation are also reviewed on a formal basis through the quarterly checkpoint of annual assurance.	01/11/2013	4	2	A
National Director: Commissioning Development Supported by: Chief Operating Officer	9	**Primary Care:** There is a risk that NHS England is unable to reach an agreed set of contractual changes with primary care medical professionals, leading to slower progress in delivering improvements.	✓		✓	✓	✓	✓	✓	✓	✓			4	4	R	1. GP Strategy Group and GPC/NHS England working group. 2. NHS Commissioning Assembly Primary Care working group to develop and test ideas beyond the GP contract.	1. Working with key stakeholders, both within and outside NHS England to ensure that the negotiating remit for changes to the GP contract maximises the chances of NHS Employers on behalf of NHS England reaching agreement with profession on changes for 2104/15. 2. A paper on the negotiating remit will go to the 18 July 2013 Board meeting. 3. Performance report to Board.	1. NHS Employers will advise on the likely outcome of the negotiating remit that they are given, as well as the best possible negotiated agreement. 2. GP work life survey.	1. Regular engagement through area teams, with CCG Clinical Leaders. 2. Work on the strategic framework for the commissioning of Primary Care, encompassing a wider range of levers than just the GP contract.	18/07/2013	4	2	A
National Director: Policy Supported by: National Director: Commissioning Development	10	**Health Inequalities:** There is a risk that immature partnerships, lack of good data and a poor evidence base, impair our ability to reduce inequalities in outcomes across the 5 domains.								✓	✓			4	4	R	1. NHS Equality and Diversity Council (EDC). 2. Equality Delivery System (EDS). 3. Partnership working with key stakeholders. 4. Equality and Diversity Group. 5. Resource allocation. 6. Primary care commissioning. 7. GP contracts and incentive review aligned to reducing inequalities.	1. Board task and finish group. 2. Equalities policy. 3. Included in internal audit plan for review.	1. Department of Health (DH) assessment of NHS England's performance against duty to reduce health inequalities and to integrate services where reduces health inequalities. Her Majesty's Treasury (HMT) reporting against Public Accounts Committee (PAC's) outstanding recommendations on Health Inequalities (expected July 2013 - TBC).	1. Development and publication of an Equality and Health Inequalities Strategy. 2. Co-production with clinical domain leads to identify data sets and develop intelligence to underpin their work streams. 3. An analysis schedule of the 5 domains developed across the analytical team and the Equality and Health Inequalities team to identify priorities for intelligence and current gaps in data sets. 4. Cross agency scoping and development of data sets and intelligence to underpin the Health Inequalities strategy with Public Health England (PHE), Department of Health (DH) and the Office of National Statistics. 5. Use of summary data across individual characteristics until there is access to data that allows combination of the different characteristic to uncover interchanges and provide more accurate intelligence. 6. Work with Domain leads to scope gaps in health inequalities intelligence; work with partners, including Health Social care Information Centre (HSCIC) on data collections, to develop evidence base for all Domains.	1. 31 July 2013 for initial internal consultation 2. Autumn 2013 for external consultation. 3. Report to September 2013 Board.	4	2	A

Risk Owner	Risk Ref	Potential Risk Description	Business Plan Score Card Priority											Risk Level			Mitigating Actions in Place	Internal Assurance	External Assurance	Further Mitigating Actions	Expected date of completion	Residual Risk Score		
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National Director: Patients and information Supported by: National Director: Commissioning Development	11	**Information Governance:** There is a risk that the changes to the Information Governance (IG) environment impact on the ability of commissioners to operate effectively, leading to reduced ability to have a significant impact on improving patient outcomes. Specifically: • Risks to the commissioning system: ability to target and commission improved services for patients and ensure value for money from providers; • Risk to commissioning support services: potential to destabilise CSUs and their ability to meet CCG customer expectations and be financially sustainable; • Reputational risks for NHS England: the ability for NHS England to maintain business as usual in the first year of operation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	4	5	R	Establishment of a Programme Board to oversee the full range of activities required to ensure a successful transition to new IG environment including: • identify the full implications of the new information governance environment for commissioning and commissioning support tools, ensure that they are effectively communicated to and understood by commissioners, and that any changes in practice are implemented in a way that is consistent with the law; • ensure robust management of the risks to the overall commissioning system and in the processes involved in handling confidential data and using it to support commissioning practice and care; ensure a smooth transition from current practice to how it needs to work in the future; • oversee the process of separation of the Data Management Information Centre (DMICs) from Commissioning Support Units (CSUs), and their formal migration to the Health and Social Care Information Centre (HSCIC), addressing all the technical, operational, funding, HR and leadership issues. • ensure that the emerging effects on CSUs, including the implications for their future operating model and sustainability, are effectively addressed; • continue to manage the issue of s251 support for commissioning during the transition period.	1. Update reports from joint Senior Responsible Officers (SROs) to the Executive Management Team (ETM), 2. Included in internal audit plan for review		None identified	31/03/2014	3	2	A
Chief Nursing Officer Supported by: Chief Operating Officer	12	**Health Visitors:** There is a risk that an inability to recruit and train sufficient health visitors results in insufficient numbers to meet the target.	✓	✓				✓	✓					4	4	R	This is a particular issue in London and Kent, Surrey, Sussex (KSS) where recovery plans include: 1.Workstream around rebranding and marketing of Health visiting (London to spearhead). 2.Work with Health Environment Inspectorate Framework (HEIs) to delay course start to allow sufficient places.	1. Chief nursing officer reports to the Board. 2. Included in internal audit plan for review.	1. Development of regular communication pathway with Community Practitioners and Health Visitors Association (CPHVA), Department of Health (DH), NHS England and Health Education England (HEE). 2. Refreshed Joint Programme Board (yet to be confirmed).	1. Revise and assess communication pathways for effectiveness. 2. Assess effectiveness of interventions in lead up to next recruitment cohort. 3. Developing Band 5 nurse readiness for health visiting, ahead of upcoming training cohorts (Kent). 4. Ensure guaranteed placements for trained health visitors. 5. Development of Health Visiting Transformation boards in London & KSS.	01/08/2013	3	3	A
Chief Nursing Officer	13	**Compassion in Practice:** There is a risk that inadequate engagement with health professionals and / or lack of clarity of roles, responsibilities, and processes of national and local partners means that NHS England does not deliver Compassion in Practice, leading to sub-optimal outcomes and dissatisfied patients.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		4	3	AR	1. Compassion in Practice implementation plans overseen by NHS England and Federation of Nurse Leaders. 2. Chief Nursing Officer supporting the delivery of local and regional actions. 3. There is excellent engagement with national bodies, regulators and key stakeholders. 4. Continuous networking and engagement with stakeholder at local and national level.	1. Chief Nursing Officer reports to the Board. 2. Progress reports against implementation plans. 3.Internally engagement and business planning to ensure processes are developed to support the delivery of Compassion in Practice. ☐	1. Friends and Family Test. 2. Feedback from national bodies, regulators and key stakeholders. 3. Care Quality Commission (CQC) will report on the delivery of Compassion in Practice implementation plans when inspecting Trusts.	1. Ensure NHS England's response to the Francis report is consistent with Compassion in Practice implementation plans, achieved in April 2013. 2. Quarterly review, of progress against the implementation plan. 3. Developing measures for success in quality of care in patient experience. 4. Launch of 6CsLive Communication Hub.	30/07/2013	4	2	A
National Director: Commissioning Development Supported by Chief Financial Officer	14	**Commissioning support services:** There is a risk that NHS England does not successfully support the development of a vibrant and dynamic market for commissioning support services in which CSUs can thrive, leading to a failure of support to CCGs.	✓		✓	✓	✓	✓	✓	✓				3	4	AR	1. Commissioning support services (CSS) transition programme. 2. Active development of the Commissioning Support Market - via Launch of the CSS Market Development Strategy 'Towards Commissioning Excellence' on 12/06/13. 3. Development programme for CSUs to ensure they continue to offer high quality & responsive services to CCGs & thrive within the future market.	1. Board reporting on CSU transition programme. 2.On-going Assurance regime through Monthly CSU Dashboard that monitors key performance and financial indicators 3. Specific Committee established to oversee assurance & development of CSUs & approach to market development. 4.Key Risks reported to the Board via both the committee & standard Board Programme Management Office (PMO) procedures. 5. Included in internal audit plan for review.	1. There will be on-going independent assessment of CSU financial viability 2. CSUs will be subject to NHS England's audit arrangements.	1. A programme of on-going development for CSUs, including a leadership programme is being implemented with the Leadership Academy to support CSUs in shaping their strategic direction, commerciality, bidding ability, Organisational Development and resilience. 2. An assurance regime is also in place to ensure the on-going financial viability of CSUs and that they are continuing to deliver excellent and efficient services that their customers value.	31/03/2016	3	3	A
National Director: Policy Supported by: National Medical Director	15	**Transformation of Congenital Heart Services:** There is a risk that following the judicial review and Independent Reconfiguration Panel (IRP) reports on the 'safe and sustainable review', motivation and momentum for changes to congenital heart services is reduced and sustainability of good outcomes is endangered.	✓		✓			✓	✓	✓	✓			4	3	AR	1. Stakeholder engagement - maximum openness, working with and through e.g. National Voices, Involve, and Centre for Public Scrutiny; fortnightly blog on NHS England website for patient and public information. 2. Design a process which deliberately "front loads" the difficult issues to lessen risk of appeals and objections at the end of the process. 3. Commitment to a 12 month deadline for agreeing change.	1. 18 July 2013 Board to consider proposed approach, which will inform response to the Secretary of State (asked for 31 July 2013 update). 2. Board Task & Finish group, chaired by Sir Malcolm Grant, to meet regularly.	1. Governance model will include external input (possibly some international expertise, to avoid perceived parochialism).	1. Early meeting with National Voices etc, facilitated by Patients and Information, as precursor to meeting patient and parent charities. 2. Ongoing discussion with Communications to ensure appropriate support. 3. Make robust links to NHS England strategy process and to other significant workstreams e.g. on overall commissioning of specialised services and reconfiguration.	01/06/2014	4	2	A

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National Director: Patients and information	16	**World Class Customer Service:** There is a risk that due to an inability to persuade the clinical community of the benefits of sharing information, the Health and Social Care Information centre not delivering its objectives, lack of NHS England control over IT funding, NHS England fails to meet its commitments to make healthcare information transparency and accessible leading to reduced transparency and participation of the public and patients in health and care.	✓							✓	✓			4	3	AR	1. Engagement with clinical leadership. 2. Established working relationship with the Health and Social Care Information Centre (HSCIC). 3. Provision of guidance to stakeholders on addressing information governance concerns. 4. The work of the Informatics Services Commissioning Group. 5. Partnership working with the Healthcare Quality Improvement Partnership (HQIP). 6. Use of the Standard Contract to require providers to publish information.	1. Published consultant level quality and outcomes performance information for 10 key specialties. 2. Outputs from the Integrated intelligence tool (IIT). 3. Included in internal audit plan for review	1. Healthcare Quality Improvements Partnerships (HQIP) published activity, clinical quality measures, and survival rates from national clinical audits.	None identified.	31/03/2014	4	2	A
National Director: Patients and information	17	**Patient and Public participation:** There is a risk that commissioners do not give adequate priority to patient and public engagement, leading to NHS England failing to meet its statutory obligation to engage patients and the public in the design and commissioning of health and care services.	✓							✓	✓			4	3	AR	1. For direct commissioning patient and public involvement has been designed into the system (formal requirement). 2. For CCGs, patient and public involvement is integral to the assurance programme. 3. Friends and Family Test roll out plans.	1. Board reporting on NHS England's direct commissioning. 2. Board reporting on the CCG assurance programme. 3. Board reporting on patient and public participation activity on the Integrated Customer Service Platform. 4. Board reporting on implementation of Friends and Family Test roll out plans.	None identified.	1. Launch the Integrated Customer Service Platform. 2. Launch the Insight Dashboard.	01/11/2013	4	2	A
Chief Operating Officer	18	**Emergency Preparedness, Resilience and Response (EPRR)** There is a risk that given the new environment and changed personnel, exercises do not adequately test the incident response arrangements within NHS organisations leading to the system being unable to respond.		✓	✓		✓		✓					3	3	A	1. Agree the EPRR Training & Exercising Programme for 2013/14. 2. Implement the EPRR Annual "Safe System" Assurance to assure that NHS organisations' incident response plans are in place and that organisational reporting/response arrangements are aligned to them. 3. Maintain robust and constructive communication links with the four NHS England Regional EPRR Leads in relation to exercise scheduling and completion.	1.Quarterly updates to the EPRR partnership group. 2. Monthly reporting to the Department of Health (DH), Public Health England (PHE) and NHS England Training and Exercise Group who review all training and exercises Quarterly reporting on patient contact / complaints by end of July 2013. 3. Monthly meetings with Regional EPRR Leads	Following each of the exercises (commissioned and paid for by DH) written reports to the DH, PHE and NHS England group.	1. Other exercises i.e. EMERGO exercises and other regional and Cross Government exercises such as Home Office led exercises; Cabinet Office exercises (Tier 1 and Tier 2). 2. Regular engagement with PHE, DH and Cabinet Office policy to understand where they are with guidance and ensure any publications are aligned and complementary where possible.	Ongoing	2	2	AG
		CREATING AN EXCELLENT ORGANISATION																						
Chief Financial Officer Supported by: National Director: Policy	19	**Transition - Transfer of Assets and Liabilities:** There is a risk that NHS England will face significant unforeseen liabilities and impairment of assets resulting from the significant structural changes leading to a failure to achieve financial performance targets for 2013/14, an inability to plan effectively for 2014/15, and problems with completing satisfactory accounts.										✓		4	4	R	1. Update reports by Chief Financial Officer to the Finance and Investment Committee. 2. Financial reporting to ETM (Executive Team Meeting) and the Board. 3. A two stage process has been agreed for asset and liability transfer: • "Assurance Process" - ensure that asset and liabilities transferring to NHS England are in accordance with the transfer scheme requirements and agree to the relevant accounting records for 2012/13. • Verify the true underlying assets and liabilities concerned through due diligence process and assess the results in the context of 2012/13 final position and risk sharing agreement.	1. External audit review of Opening Balances. 2. Included in internal audit plan for review	1. External audit review of Opening Balances.	1. Develop and implement Transfer Order work streams. 2. Continue engagement with NHS Property Company. 3. Agree Internal audit plan and scope of reviews. 4. Agree external audit plan and scope of work. 5. Develop and agree detailed plan for reviewing transfer schemes and the workings to support transfer of assets and liabilities. 6. Develop the accounting environment for legacy items and resource accordingly. 7. Develop risk sharing agreement with Department of Health (DH) and key stakeholders to cover the financial impact of any legacy items. 8. For assets and liabilities relating to clinical contracts, develop a consolidated approach to transfer to mitigate the risk associated with disaggregation. 9. Develop plan for ongoing management of assets and liabilities transferred.	31/03/2014	4	2	A
Chief Financial Officer Supported by: National Director: HR and National Director: Policy	20	**Financial Resources:** There is a risk that the significant management resource reductions required of NHS England to date and in prospect for the future prevent it from sustaining an organisation with the capacity to deliver core business plan objectives and/or fulfil statutory obligations.		✓						✓	✓	✓		4	4	R	1. Clear accountability for each element of the management cost budget 2. Tight budgetary control, overseen by Executive Team, with modest contingency available for pressures emerging during the year. 3. Regular review of resource alignment with business needs, resulting in budgetary and staffing adjustments where appropriate. 4. Regular monitoring of business plan delivery to ensure early identification of risks and corrective action. 5. Annual resource planning based on strategic priorities.	1. Monthly reporting of management cost performance to Finance and Investment Committee. 2. Quarterly reporting of achievements against business plan deliverables to the Board.	Major focus in Internal and External Audit programmes on control of management cost budgets and value for money of spend.	1. Programme to review opportunities to improve efficiency through technology. 2. Develop appropriate cost benchmarking.	1. 31/03/14 2. Ongoing	4	3	AR
National Director: HR	21	**Human Resources:** There is a risk that NHS England is unable to attract suitable candidates of the required capability and diversity to fill key roles, including at the very top of the organisation, leading to a failure to deliver business objectives.								✓		✓		4	4	R	1. Analysis of workforce data on turnover, vacancies and diversity. 2. Regular reports to Remuneration and Terms of Service Committee on status of the succession planning.	1. 360 degree feedback from stakeholders and partners. 2. Included in internal audit plan for review	1. 360 degree feedback from stakeholders and partners.	1. Develop and implement a succession planning strategy for NHS England. 2. Develop and implement succession plans for each directorate. 3. Develop and implement a talent management plan. 4. Develop independent sources of assurance. 5. Develop Organisational Development (OD) work stream on values.	01/03/2014	4	2	A

	Risk Ref	Potential Risk Description	1 - Satisfied patients	2 - Motivated, positive NHS staff	3 - Domain 1, preventing people	4 - Domain 2, enhancing quality of	5 - Domain 3, Helping people recover from	6 - Domain 4, Positive experience of care	7 - Domain 5, Safe environment &	8 - Promoting equality and reducing	9 - NHS constitution rights and pledges	10 - Becoming an excellent organisation	11. High quality financial management	Impact	Likelihood	RAG Status	Mitigating Actions in Place	Internal Assurance	External Assurance	Further Mitigating Actions	Expected date of completion	Impact	Likelihood	RAG Status
		Should be high-level potential risks that are unlikely to be fully resolved and require on-going control															*Systems and processes in place and operating that mitigate this risk*	*Internal evidence that this risk is being effectively managed (e.g. Board reporting, subcommittee and internal audit committee reviews)*	*External evidence that this risk is being effectively managed (e.g. planned or received external audit reviews)*	*Additional actions required to mitigate this risk further*	*For further mitigating actions*			
Chief Financial Officer Support by: National Director: Policy	22	**Procurement:** There is a risk that NHS England is restricted in the way it operates due to Cabinet Office or other government procurement controls leading to failure to deliver business objectives– or that the complexity of the various government procurement regimes leads to them being breached – with consequential reputational damage in either case.		✓							✓	✓	✓	4	4	R	1. Dialogue with Department of Health (DH) sponsor to ensure clarity and appropriateness of procurement rules and delegations. 2. Business processes within integrated accounting system to ensure compliance with standing orders and standing financial instructions incorporating government procurement controls. 3. Delegated authority vested in Procurement Controls Committee meeting on a weekly basis.	1. Procurement exception reporting to Audit Committee. 2. Continuous monitoring by Executive Team and Board of business plan delivery.	1. Operation of procurement regime overseen by DH sponsor team. 2. Procurement controls included as a specific workstream within Internal Audit programme.	Ongoing review with DH of effective operation of procurement regime.	Ongoing	4	3	AR
National Director: Policy	23	**Dealing with Customer Contacts**: There is a risk that the transition arrangements for dealing with complaints and customer contacts fail to reflect NHS England's values and commitments to a public and patient voice, leading to low public and patients satisfaction in NHS England.	✓								✓	✓		4	4	R	1. Quarterly reporting on patient satisfaction with customer contact arrangements by end of July 2013. 2. Quarterly reporting on patient contact / complaints by end of July 2013. 3. New process, and additional capacity in place to deal with whole of complaints at local level. 4. Additional capacity in place to deal with correspondence.	1. Daily and weekly report shared with Commissioning Support Units (CSUs) and Area Teams 2. Regular reporting to executive team. 3. Daily conference call with the CSUs commissioned by Area Team to resolve complaints. 4. Weekly meetings with Area Team Directors. 5. Service Teams from directorates engaged in matrix group, first meeting end of July 2013. 6. Report to every Board meeting 7. Included in internal audit plan for review	Engagement plan with external stakeholder groups such as the Ombudsman and Healthwatch to keep arrangement under review over next six months.	1. Further training and development for contact centre staff over next 1-3 months to improve the percentage of customer contacts resolved at first contact. 2. Quarterly reporting on patient contact / complaints by end of July 2013.	1. 30/09/2013 2. 31/07/13	3	3	A
National Director: Policy	24	**Transition - ICT:** There is a risk that NHS England's corporate Information and Communications Technology (ICT) strategy implementation plan is delayed, particularly given the scale of the programme in an immature organisation and the newness of the ATOS offer, leading to an inability of regional and area teams to deliver the business plan, and work efficiently in an agile and flexible way.		✓								✓		4	3	AR	1. Programme board in place with weekly supplier delivery reports. 2. Weekly review of implementation plan, correct and re-align activities and focus where necessary, provision of weekly status and progress report to the National Director: Policy. 3. Additional helpline capacity in place (ATOS).	1. Customer representation on programme board. 2. Department of Health (DH) and other Arm's Length Bodies (ALBs) implementing Open Service knowledge and learning exchange taking place. 3. Deloitte will be involved in ICT audit, so this may add further independent review. 4. Included in internal audit plan for review	1. Customer representation on programme board. 2. Department of Health (DH) and other Arm's Length Bodies (ALBs) implementing Open Service knowledge and learning exchange taking place. 3. Deloitte will be involved in ICT audit, so this may add further independent review.	1. As part of deployment method capture feedback and feed into the approach as an "after action review" stage. 2. Develop implementation feedback process, to continuously improve deployment approach and customer experience.	31/10/2013	3	2	A
National Director: HR Supported by: All National Directors	25	**Organisational Culture:** There is a risk that NHS England does not create the conditions where staff feel motivated to give their best, where lack of clarity around roles and responsibilities, shared goals, and their experience of NHS England as an employer is variable dependent upon work location, leading to demotivation, disengagement and poor levels of staff satisfaction, subsequent impact on productivity, and the potential loss of talent leading to capacity and capability challenges in delivering business objectives.		✓								✓		2	4	A	1. Barometer temperature check. 2. Exit interviews. 3. Workforce data on turnover.	1. 360 degree feedback from stakeholders and partners.	1. 360 degree feedback from stakeholders and partners.	1. Personal Development Review (PDR) which will assess individuals' performance values. 2. Staff Barometer will consistently check the temperature of the organisation, against our values and behaviours. 3. Action planning for improvements in response to Staff Barometer results at both team and organisation level. 4. Target developmental interventions in areas where workforce information and staff experience data identify particular challenges.	31/03/2014	2	2	AG