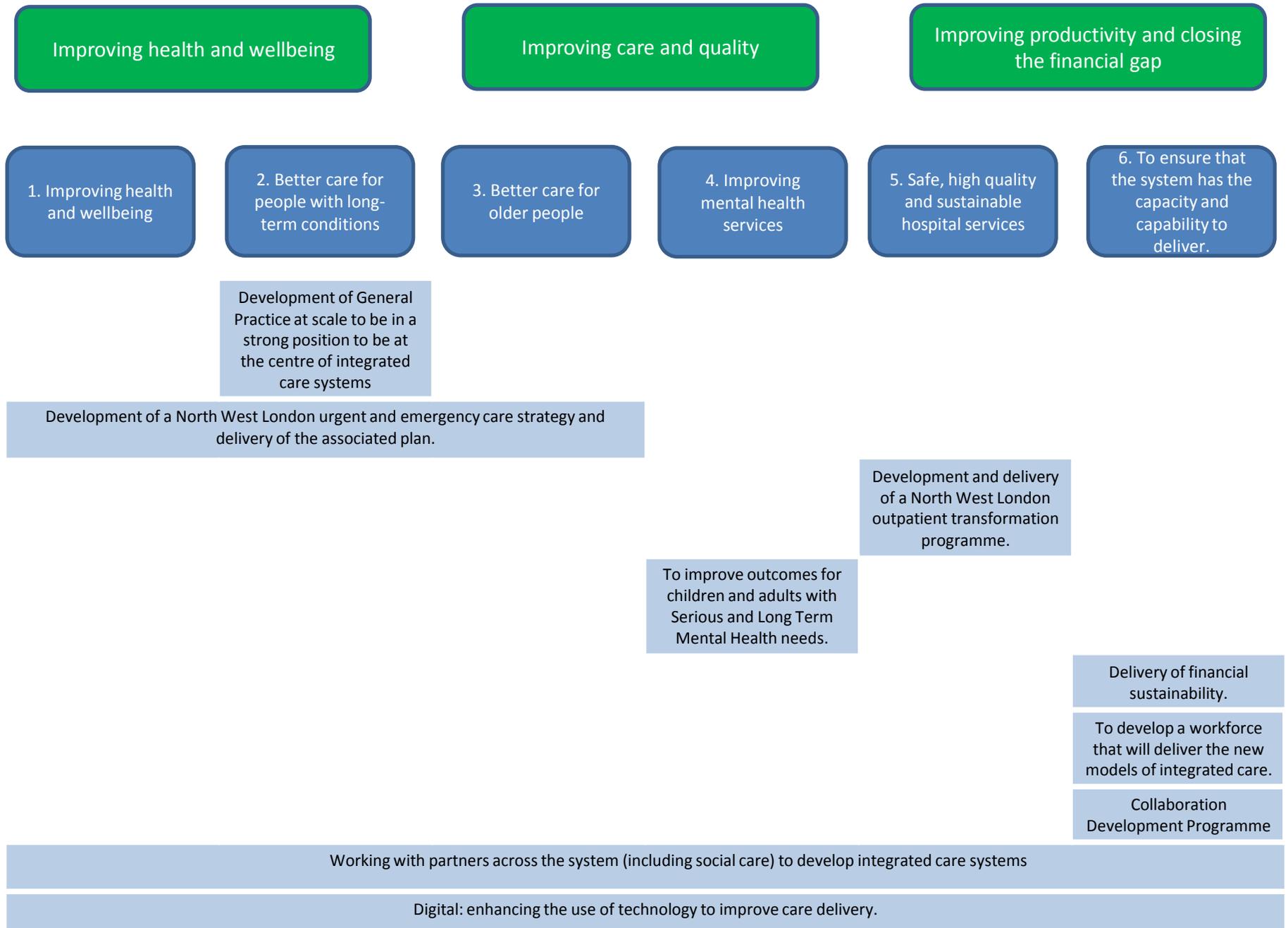


The entries in the BAF show the key risks to delivering the nine Areas of Focus. The chart below shows how these map to the six Strategic Objectives

Green: 'triple aims' from the Five Year Forward View

Blue: six strategic objectives, reflecting the five Delivery Areas of the STP.

Light Blue: Nine Areas of Focus that are common across North West London, showing how they map to the Strategic Objectives.



Area of focus	1: Development of general practice at scale to be in a strong position to lead integrated care systems									
Outcome	General Practice at scale will be able to deliver their element of the NWL Integrated Care Outcomes Framework							Risk owner	Sue Jeffers	
								CCG Lead	Lead for Primary Care	
Risk 1	Not addressing the sustainability issues in primary care will mean we are less able to deliver quality primary care services at scale in order to meet patients' needs.							Committee	Primary Care Commissioning Committee(s)	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	20 June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>The graph displays the Risk Score (solid blue line) and Risk Appetite (dashed red line) over a 12-month period from April to March. The Y-axis represents the score, ranging from 0 to 25. The Risk Score starts at 20 in April, remains at 20 through May, then drops to 16 in June and stays at 16 through March. The Risk Appetite is a constant dashed red line at 12.</p>					5 x 4 = 20	General practice sustainability will not be strengthened and wider NWL transformation will not be as effective. If risks are uncontrolled there is a high chance that general practice will not be able to respond to growing demand in a way that eliminates unnecessary variation.				
					Appetite	Rationale				
					3 x 4 = 12	Without strong at scale GP provider organisations at the centre of the planned NWL transformation programmes delivery will not be as effective, hence the requirement to keep this area of focus on the BAF.				
					Current score	Rationale				
					4 x 4 = 16	Whilst there are GP at scale providers across NW London, the maturity of these organisations is at an emerging maturity stage and considerable organisational development work is required to develop these GP at scale provider organisations.				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			Date	
All local areas have at scale organisations					01/04/2018	Report to NHSE on status of at scale organisations.			09/05/2018	
All local areas have submitted a plan for developing at scale working in general practice					01/06/2018	Delivery against plan to be reported against to Primary Care Commissioning Committees quarterly and to NHSE in Q3 18/19			Q3 2018/9	
All GP provider at scale organisations to undertake the provider maturity evaluation					in place	Timetable of events being held is reported to DA2 Programme Board. Report will come to the GB via the STP report.			Click here to enter a date	
There is a NWL primary care workforce strategy in place that has been agreed by all of the 8 Primary Care Committees					01/04/2018	Workforce programme to report to Primary Care Commissioning Committees quarterly			Q1 and Q2 2018	
Enhanced GP contracts in place across all eight CCGs, business cases and contracts approved by relevant CCG governance process					Q2 18/19	Business case and contract approval through relevant PCC and F&A committees – H&F and Harrow and Brent still in progress for 18/19 – all others in place			Q2 18/19	
Community hubs framework has been developed and has been reviewed by Joint Committee					12/04/2018	Framework is now being used by CCGs to support hubs business cases; business cases will be required to be approved by relevant Governing Body			Click here to enter a date	
Quality standards framework developed and reviewed by DA2 programme board					30/05/2018	Framework is being reviewed and approved by each CCG Primary Care Commissioning Committee			Q1 18/19 committees	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	

Area of focus	2. Development of a North West London (NWL) urgent and emergency care strategy and delivery of the associated plan							
Outcome	To meet NHS England's UEC operating planning targets for 2018/19 including delivery of the 4 hour standard (90% by Sept 19 and 95% by March 2019). To deliver timely access to high quality and responsive UEC services and support NWL residents in times of need by providing them with care in the community, preventing acute attendances converting to admissions. To deliver joint health and care plans across NWL ensuring effective community based support is in place for NWL patients to be discharged sooner, therefore reducing LOS and DTOCs.						Risk owner	Lizzy Bovill
							CCG lead	Lead for Urgent Care
Risk 2	If we do not deliver a responsive and integrated urgent care provision to meet the demands of the NWL population, this may result in increased A&E attendances potentially converting to admissions, and we may not achieve the NHS England UEC operating plan targets for 2018/19						Committee	Quality & Performance Committee
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG
	✓	✓	✓	✓	✓	✓	✓	✓
							Last update	Wednesday, 21 June 2018
Score history (likelihood x consequence = risk score)				Initial score	Rationale			
<p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— Risk Score - - - Risk Appetite</p>				3 x 4 = 12	We are currently meeting the NWL A&E trajectory however it will become more challenging as the year progresses, particularly moving into the winter period as demand may potentially increase			
				Appetite	Rationale			
				2 x 4 = 8	Without a responsive and integrated urgent care provision to support demand and transfer care into the community, demand in A&E attendance will increase waiting times			
				Current score	Rationale			
				3 x 4 = 12	Active programme in place with a review of governance and reporting structures underway across NWL, enabling and ensuring deliverability of the UEC strategy.			
Controls (What can be done to reduce the risk score?)				By (Date)	Assurances (What proof do you have that the control worked?)			Date
Delivery of a UEC strategy across NWL; focussed on integrated care, pre-hospital to manage urgent care demand away from acute sites, and integrated discharge.				01/04/2018	UEC delivery plan across NWL approved by NHSE Delivery against plan to be reported monthly via the Transformation PMO (NHS E).			31/05/2018
Dedicated urgent care leads across each of the 8 CCGs leading on the implementation of the UEC strategy, delivering demand management schemes across NWL to support reductions on LAS and A&E attendances				Q2 18/19	Monthly IUC Board in place to monitor achievement against the programmes of work; performance paper reported to the Quality and Performance Committee.			Q2 18/19
Review the governance and reporting framework across UEC to ensure it is fit for purpose in the context of the changing structures of NWL CCGs				Q2 18/19	Governance framework for NWL is under review and will be approved via the Joint Committee.			Q2 18/19
Development of a collaborative plan between providers to support high intensity urgent and emergency care users (e.g. care homes) to ensure high quality care and reduced demand.				Q3 18/19	Monthly IUC Board in place to monitor achievement against the programmes of work; performance paper reported to the Quality and Performance Committee.			Q3 18/19
Embedding ambulatory care and frailty pathways across NWL to reduce admissions whilst ensuring high quality patient care				Q3 18/19	Monthly IUC Board in place to monitor achievement against the programmes of work; performance paper reported to the Quality and Performance Committee			Q3 18/19

Development and implementation of a coherent workforce plan to ensure primary and community care providers work collaboratively to meet the urgent care demand	Q2 18/19	Monthly IUC Board in place to monitor achievement against the programmes of work; performance paper reported to the quality and performance committee	Q2 18/19
Provider focus on high impact changes to deliver improved patient flow and reduced length of stay	Q2 18/19	Reporting to the DA3 programme Board with subsequent report to the Governing Body via the STP report.	Q2 18/19
Delivery of Home First trajectories through social care and health collaboration to support improved community care and support	Q2 18/19	Reporting to the DA3 programme Board with subsequent report to the Governing Body via the STP report.	Q2 18/19
QIPP work programmes underway across all 8 CCGs to support demand management programme deliver reduction in activity	Q1 18/19	Monthly sector-wide QIPP meeting in place to monitor achievement against the programmes of work, QIPP progress paper reported to the Joint committee via the finance reports	Q1 18/19

Area of focus	3: Development and delivery of a North West London outpatient transformation programme.							
Outcome	The purpose of the Outpatients Transformation Programme is to enable a clinically-led and collaborative review of service pathways to achieve the right specialist advice at the right place and at the right time, with a 20% reduction in outpatient activity within 3 years.						Risk owner	Louise Proctor
							CCG Lead	Lead for Planned Care
Risk	The timeline for implementing transformed outpatient pathways is slowed down due to complexities of system-change resulting in not achieving the anticipated change by the expected dates.						Committee	Joint Committee
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG
	✓	✓	✓	✓	✓	✓	✓	✓
							Last update	21 June 2018
Score history (likelihood x consequence = risk score)					Initial score	Rationale		
<p>25 20 15 10 5 0</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— Risk Score - - - Risk Appetite</p>					4 x 3 = 12	Uncontrolled, there is a high chance that we will not achieve the changes to outpatient pathways by the expected dates. This will result in a missed opportunity to improve patient experience and outcomes.		
					Appetite	Rationale		
					3 x 3 = 9	Through partnership design and clear decision making at CCG level, we can reduce the likelihood of the risk materialising.		
					Current score	Rationale		
					4 x 3 = 12	Until proposals are agreed later in the year, the risk score remains at 12.		
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)		By (Date)
Outpatient programme team and Outpatient Board closely tracking progress on delivery of redesign phase.					ongoing	The Governing Body and the Shadow Joint Committee will receive progress reports via the STP progress report.		01/09/2018
Pathways are being designed in partnership between CCGs, Primary Care and Secondary Care in order to secure fair value.					11/07/2018	Proposals will emerge and be presented to the CCG's Finance Committee / Governing Body for consideration from September 2018 onwards.		01/09/2018
Close engagement and participation of Trust and CCG finance and operational leads to work towards removing system costs (and not provider / commissioner only costs)					ongoing	Business cases being developed in collaboration with trust finance leads to detail current cost basis and where costs can be removed as a result of reduced activity.		30/09/2018
Clinical leads and planned care leads to be engaged through design workshop and taking leadership for local area implementation – the output will be used to inform local decision-making.					from July 2018	The STP Programme Board will receive updates and commissioner/provider commitment to system change can be sought and gained. Governing Bodies will be appraised of progress through the STP report.		01/09/2018

Area of focus	4: To improve outcomes for children and adults with Serious and Long Term Mental Health needs.									
Outcome	To increase proactive community support for people with serious and long-term mental health needs, and improve their physical health to help them live full and healthy lives in their communities.							Risk owner	Programme Director Mental Health	
								CCG Lead	Lead for Planned Care	
Risk 4	Serious long term mental health needs - If we do not prioritise the spend on mental health then patients' needs will not be met.							Committee	Joint Committee	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	19 June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>25 20 15 10 5 0</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— Risk Score - - - Risk Appetite</p>					4 x 4 = 16	Ambitious national targets for children's and adults' mental health services. Competing demands for CCG resources across all programmes and within mental health services. Variation in performance & commissioning intentions between CCGs, not wholly explained by local needs				
					Appetite	Rationale				
					3 x 3 = 9	NW London needs to keep pace with national targets/ improvement trajectories. Should aim for more equity in offer and experience for mental health service users between CCGs. Mental Health priorities should not be squeezed out by other sector (esp acute hospital) priorities.				
					Current score	Rationale				
					4 x 4 = 16	Ambitious national targets for children's and adults' mental health services. Competing demands for CCG resources across all programmes and within mental health services. Variation in performance & commissioning intentions between CCGs, not wholly explained by local needs				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)	
Check every CCG meets Mental Health Investment Standard					01/04/2018	NHS England financial planning returns confirm all NW London CCGs are compliant			01/04/2018	
Monthly performance management metrics track all national MH targets					01/04/2018	All MH metrics reviewed monthly and exception reports generated for any performance which is off-track. Remedial action identified			01/04/2018	
Generate consistent list of mental health commissioning priorities for adoption across NW London					30/04/2018	List of 2018/19 mental health priorities approved by April meeting of MH Transformation Board			30/04/2018	
Review arrangements for collaboration and joint working between CCGs and S&T Directorate					30/06/2018	Senior Leadership Workshop to consider future collaboration arrangements in mental health commissioning held 20 June 2018			30/06/2018	
Revise governance of use of external investment for mental health, ensuring it is applied transparently in line with agreed priorities					30/06/2018	New external investment governance system implemented to support Joint Finance Working Group & Central London F&P Committee			31/07/2018	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	

Area of focus	5: Delivery of financial sustainability.									
Outcome	Delivery of the shared financial control total across NW London CCGs							Risk owner	Neil Ferrelly	
								CCG Lead	Head of Finance	
Risk	Our collective financial recovery plans lack deliverability leading to non-achievement of our financial control totals and a major financial challenge in 19/20.							Committee	Click here to enter text.	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	12 June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>The graph displays two data series over a 12-month period from April to March. The Y-axis represents the score, ranging from 0 to 25 in increments of 5. The X-axis represents the months. The 'Risk Score' is represented by a solid blue line, which remains constant at a value of 15 throughout the entire period. The 'Risk Appetite' is represented by a dashed red line, which remains constant at a value of 5 throughout the entire period.</p>					3 x 5 = 15	NHS budgets are under significant pressure and our allocations are, in most cases, constrained. With the ever growing demands on the budgets due to advances in technology and an ageing population there is a medium chance that we will miss our control total by a significant margin.				
					Appetite	Rationale				
					2 x 5 = 10	Controlling the impact of the risk will be challenging but through good financial planning and good financial control measures, we can reduce the likelihood of the risk materialising.				
					Current score	Rationale				
					3 x 5 = 15	NHS budgets are under significant pressure and our allocations are, in most cases, constrained. With the ever growing demands on the budgets due to advances in technology and an ageing population there is a medium chance that we will miss our control total by a significant margin.				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)	
North West London financial strategy in place and agreed by Governing Bodies					01/05/2018	Regular financial reports to the Governing Body			each GB meeting	
Financial support arrangements within the financial strategy					01/05/2018	Any use of the arrangements would be reported in the financial report.			as and when	
The new Joint Committee and Finance Working Group will give greater visibility and control of our collective finances.					01/09/2018	Minutes of those meetings will be presented to the Governing Body for information			each meeting	
NW London QIPP schemes					date approved	These will be reported to the Joint Committee via the quarterly S&T finance reports.			Click here to enter a date	
Newly configured monthly provider meetings to scrutinise activity and performance					tbc	Reported to the Governing Body via the financial report			each meeting	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date	

Area of focus	6: To develop a workforce that will deliver the new models of integrated care									
Outcome	To ensure we have workforce capacity and capability to meet current and future demand to deliver new models of care and work towards integrated care partnerships							Risk owner	Delvir Mehet	
								CCG Lead	Integrated Care Lead	
Risk	There is a system risk around alignment between existing workforce capacity and capability to meet current and future demand to deliver new models of care and work towards integrated care partnerships.							Committee	Joint Committee	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>25 20 15 10 5 0</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— Risk Score - - - Risk Appetite</p>					4 x 4 = 16	Without clearer plans for future workforce requirements including training programmes, we will not be able to realise the ambition for integrated care. Uncontrolled, there is a high likelihood that the risk will materialise.				
					Appetite	Rationale				
					2 x 2 = 4	Through implementation of the controls, it is anticipated that there will be a low chance of the risk materialising. We can also lessen the impact on delivery of our plans.				
					Current score	Rationale				
					4 x 4 = 16	Click here to enter text.				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)	
A more proactive and collaborative approach is being adopted to identify and address workforce challenges and priorities across the delivery areas, including engagement with NW London Workforce Transformation Delivery Board and Advisory Council.					Click here to enter a date.	Progress against the Delivery Areas will be reported via the STP reports.			Click here to enter a date.	
NWL Workforce Strategy 2016-21 and delivery plans developed in partnership with HEE NL. Implementation underway.					01/09/2017	Delivery is guided and informed by the Workforce Transformation Delivery Board and Workforce Transformation Advisory Council as part of the STP infrastructure. GB appraised via the STP report			01/09/2018	
Primary Care Workforce Strategy approved by all Governing Bodies. Implementation plans are in development; tier 1 support is underway.						Report due to go to the shadow Joint Committee in September.			05/09/2018	
Task and Finish Group established to refresh Mental Health Workforce Plan to support achievement of 5YFV for Mental Health.					05/09/2018	Proposal due to be considered by the shadow Joint Committee in September.			05/09/2018	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	

Area of focus	7: Collaboration Development Programme									
Outcome	To design and implement improved ways of working across the CCGs that help us respond to patients' needs in the way we commission services and to deliver a 10% reduction in corporate spend.							Risk owner	David Freeman	
								CCG Lead	COO/MD	
Risk 7.1	Risk that we do not change at sufficient pace meaning that we are less able to develop improved systems.							Committee	Collaboration programme board	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>The graph plots Risk Score (solid blue line) and Risk Appetite (dashed red line) from April to March. The Y-axis ranges from 0 to 25. Risk Score starts at 20 in April, remains at 20 in May, then drops to 12 in June and stays at 12 through March. Risk Appetite is a constant dashed red line at 8.</p>					5 x 4 = 20	The pressures on CCGs to deliver statutory local responsibilities are significant, whilst the development of new operating models that support local and joint working is a complex challenge. Without mitigation it is highly likely that neither the pace nor the quality of development will be sufficient to serve CCG needs. If uncontrolled we will not have agreement on how we can best align our working arrangements and will not deliver all our aspirations.				
					Appetite	Rationale				
					2 x 4 = 8	The plans are ambitious but essential if we are to realise the benefits for our populations and system sustainability. Cost reduction targets are also extremely challenging. NW London CCGs need to ensure robust controls and mitigating actions are in place to ensure safe delivery of services during this period of change.				
					Current score	Rationale				
					3 x 4 = 12	Active programme in place and full programme governance established. Significant milestones delivered including key senior appointments which are enabling delivery of the next stages. Key risks remain in relation to development of new operating models for greater joined up working and in realising benefits that reduce duplication and remove 'double-running'				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)	
GBs considered proposals for the development of collaborative commissioning at specially convened meetings in Sept. A further detailed discussion took place with all GBs in January 2018. All CCGs agreed to core proposals around the establishment of a Joint Committee and for further developing senior leadership under a single AO and CFO for NW London during the course of 2018/19					Click here to enter a date.	Sept 2017 GB Paper; Jan 2018 GB Paper; Paper on final proposals for Joint Committee autumn 2018; Paper on proposals for new commissioning model July-Sept 2018			01/09/2018	
Funding for the Collaboration Development Programme was agreed in January 2018 to run until March 2019 when the funding will be reviewed. The programme and associated funding takes account of the complexity and need for accelerated delivery.					Click here to enter a date.	Paper to Collaboration Board Jan 2018; Update progress reports to shadow Joint Committee (monthly) and then to full Joint Committee			On-going	

<p>Programme Governance now fully established – comprising working ('Task & Finish') groups, programme delivery group and programme board. All groups have multi-organisation representation</p>	<p>Click here to enter a date.</p>	<p>Programme Board minutes (monthly); Programme Delivery Group action & decision notes (weekly); Programme and workstream updates (weekly); Update reports to NW London Senior Management Team (bi-weekly); Update reports to shadow Joint Committee (monthly)</p>	<p>Monthly, on-going</p>
<p>Organisation Design workshops</p>	<p>Click here to enter a date.</p>	<p>Reports and outcomes from events as required; Recommendations arising will required papers to Programme Board / Shadow Joint Committee / GBs</p>	<p>Click here to enter a date.</p>
<p>Operating Cost reduction working group</p>	<p>Click here to enter a date.</p>	<p>Report to NWL Senior Management Team May 2018; Monthly & Quarterly progress reporting to NWL Senior Management Team</p>	<p>On-going</p>

Area of focus	7: Collaboration Development Programme									
Outcome	To design and implement improved ways of working across the CCGs that help us respond to patients' needs in the way we commission services and to deliver a 10% reduction in corporate spend.							Risk owner	David Freeman	
								CCG Lead	COO/MD	
Risk 7.2	Risk that CCGs do not embrace changes and retain local systems, processes and approaches meaning the benefits of greater collaboration cannot be realised and efficiencies/cost reductions cannot be achieved							Committee	Collaboration programme board	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	June 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>The graph displays the Risk Score (solid blue line) and Risk Appetite (dashed red line) over a 12-month period from April to March. The Risk Score is consistently at 16, while the Risk Appetite is consistently at 8. The Y-axis ranges from 0 to 25, and the X-axis lists the months from Apr to Mar.</p>					4 x 4 = 16	Through controls and mitigation we will be able to reduce the likelihood that the pace and quality of plans will not be sufficient. We can reduce the impact of lack of pace/quality by prioritising areas in greatest need of change and/or which will have the biggest positive benefits - thus limiting the impact of not being able to fully implement change straight away				
					Appetite	Rationale				
					2 x 3 = 6	The plans are ambitious but essential if we are to realise the benefits for our populations and system sustainability. Cost reduction targets are also extremely challenging. NW London CCGs need to ensure robust controls and mitigating actions are in place to ensure safe delivery of services during this period of change.				
					Current score	Rationale				
					4 x 4 = 16	Whilst significant progress is being made in developing new structures and operating models there is not yet a requirement on CCGs to adopt new practices; the controls and mitigations therefore remain untested.				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)	
GBs considered proposals for the development of collaborative commissioning at specially convened meetings in Sept. A further detailed discussion took place with all GBs in January 2018. All CCGs agreed to core proposals around the establishment of a Joint Committee and for further developing senior leadership under a single AO and CFO for NW London during the course of 2018/19					Click here to enter a date.	Sept 2017 GB Paper; Jan 2018 GB Paper; Paper on final proposals for Joint Committee autumn 2018; Paper on proposals for new commissioning model July-Sept 2018			01/09/2018	
Funding for the Collaboration Development Programme was agreed in January 2018 to run until March 2019 when the funding will be reviewed. The programme and associated funding takes account of the complexity and need for accelerated delivery.					Click here to enter a date.	Paper to Collaboration Board Jan 2018; Update progress reports to shadow Joint Committee (monthly) and then to full Joint Committee			On-going	
Programme Governance now fully established – comprising working ('Task & Finish') groups, programme delivery group and programme board. All groups have multi-organisation representation					Click here to enter a date.	Programme Board minutes (monthly); Programme Delivery Group action & decision notes (weekly); Programme and work stream updates (weekly); Update reports to NW London Senior Management Team (bi-weekly); Update reports to shadow Joint Committee (monthly)			Monthly, on-going	
Organisation Design workshops					Click here to enter a date.	Reports and outcomes from events as required; Recommendations arising will required papers to Programme Board / Shadow Joint Committee / GBs			Click here to enter a date.	

Operating Cost reduction working group	Click here to enter a date.	Report to NWL Senior Management Team May 2018; Monthly & Quarterly progress reporting to NWL Senior Management Team	On-going
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Area of focus	8: Working with partners across the system (including social care) to develop whole system integrated care.							
Outcome	Progress on developing multi-partner accountable care models such as ICPs, MCPs, PACS; progress in 2018/19 would include successfully running/launching procurements, pilots, or shadow arrangements.						Risk owner	David Freeman
							CCG Lead	COO/MD
Risk 8	If we do not develop plans, models or contract arrangements with stakeholders then we will be less able to deliver a North West London Integrated Care System (ICS).						Committee	Joint Committee
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG
	✓	✓	✓	✓	✓	✓	✓	✓
							Last update	24 May 2018
Score history (likelihood x consequence = risk score)				Initial score	Rationale			
<p>The graph plots Risk Score (solid blue line) and Risk Appetite (dashed red line) from April to March. The Risk Score starts at 20 in April, stays at 20 in May, and then drops to 16 in June. The Risk Appetite is a constant dashed red line at 8.</p>				5 x 4 = 20	Whilst good progress is being made there is more to do ensure we achieve a truly whole-system approach. Without mitigation it is highly likely that the focus of attention and development will fall on a narrower range of partners thus making it difficult to our aspirations for a sustainable health via whole system integrated care.			
				Appetite	Rationale			
				2 x 4 = 8	We need the active involvement and/or agreement from partners on being part of a whole system integrated care model. This is essential if we are to deliver our aspirations for a sustainable health and care system or better outcomes for our population via a NW London ICS.			
				Current score	Rationale			
				4 x 4 = 16	Plans in place in each CCG; active engagement and discussion with multiple partners in each borough. However no firm agreements or contracts yet in place.			
Controls (What can be done to reduce the risk score?)				By (Date)	Assurances (What proof do you have that the control worked?)			By (Date)
Borough based plans for approval by GBs. Plans will include integrated care aspirations and how these are intended to be achieved. Plans developed with or based on whole system involvements.				Click here to enter a date.	Proposals, Business Cases, Procurement papers (etc) to GBs			Click here to enter a date.
The Integrated Care Virtual Programme Team (the VT) has been established to supported co-ordinated developments across NW London including work to progress to Whole System integrated care models				Click here to enter a date.	Monthly meetings of the VT. Outputs and recommendations of the VT considered by CCGs; any proposals for decisions to be approved by GBs. An update report for GBs is planned for September 2018			01/09/2018
Shared learning and development from Vanguards, first wave ICSs, and London STPs to support NW London developments				Click here to enter a date.	1) NW London is an active member of national networks. 2) London-wide 'Learning Labs' (run by ICHP) in place. 3) Site visits have taken place. 4) Guest speaks attending VT meetings to share insights and learning.			Click here to enter a date.
Plans to progress STP discussions on developing a NW London system vision and roadmap for achieving ICS status (in line with national policy direction)				Click here to enter a date.	GB membership involvement in workshops and discussions Proposals and recommendations to GBs during 2018/19			Click here to enter a date.

Plans to develop a joined up CCG approach to development of ICP models – minimise the risk of fragmented ICPs and to promote incremental progress towards whole system ICS	Click here to enter a date.	1) Papers considered by NW London Senior Management Team (SMT) in March 2018. 2) Update shared with Shadow Joint Committee (April 2018) 3) Firm proposals and recommendations to SMT in June/July 2018. 4) GB update / consideration in July or Sept 2018	Click here to enter a date.
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Area of focus	9: Digital: enhancing the use of technology to improve care delivery.									
Outcome	Digital technology providing effective exchange of patient information to enable efficient and automated clinical pathways							Risk owner	Bill Sturman	
								CCG Lead	Lead for Integrated Care	
Risk	If we do not take advantage of digital innovation to transform integrated care and associated pathways, we will continue to operate non-standardised, inefficient and paper based pathways							Committee	BI Collaboration Board	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	13 June 18
	✓	✓	✓	✓	✓	✓	✓	✓		
Score history (likelihood x consequence = risk score)					Initial score	Rationale				
<p>25 20 15 10 5 0</p> <p>Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>— Risk Score - - - Risk Appetite</p>					4 x 4 = 16	Likelihood is high given lack of digital interoperability (NWL CIE does not yet integrate fully with EMIS/TPP, mental health, social care, community to provided automated workflows). Consequence is also high if existing paper based pathways continue to operate.				
					Appetite	Rationale				
					2 x 3 = 6	Embedding of digital pathways and interoperability will reduce likelihood				
					Current score	Rationale				
					4 x 4 = 16	Local Digital Roadmap funding unlikely to meet NWL £140m ask for a 'paperless 2020', ETTF primary care funding not expected to continue beyond 17/18). Possibility of targeted funding for specific NHSE initiatives (e-prescribing, adult social care).				
Controls (What can be done to reduce the risk score?)					By (Date)	Assurances (What proof do you have that the control worked?)			Date	
NWL (and London) wide strategy for interoperability					01/09/2018	IT Strategy across NWL (the NWL Local Digital Roadmap) approved by NHSE. LHCRE bid for 'One London' architecture approved by NHSE LHCRE bid business case to be produced for approval by NHSE in Aug 2018			01/06/2018	
Digital investment sufficient for digital transformation (ETTF, LHCRE, LDR and STP bids)					01/04/2019	GDE investment (£15m) in Imperial and ChelWest achieving Cerner integration STP Level investment for digital transformation to be clarified			01/12/2018	
Information Technology skillset embedded in transformation and delivery programmes (e.g. Outpatients Digital Sub-group)					01/09/2018	eRS embedded in Outpatient pathways supporting digital workflows			01/09/2018	
Programme Management Office (PMO) established to assure adoption of best practice project delivery standards					01/10/2018	Pan-London LHCRE PMO built on exemplar local ones			01/10/2018	
Patient and staff engagement with digital technologies					01/08/2019	Roll-out of Health Help Now App to 20,000 patients following patient engagement Roll-out of CIE to 5000 patient portal users Pan-London citizen engagement model to be developed for LHCRE by Sept 2018			01/07/2018	
Click here to enter text.					Click here to enter a date.	Click here to enter text.			Click here to enter a date.	