

**Strategic Objectives**

**Quality:** for each one of our providers to achieve a good or better rating in the next CQC inspection

**Strategy:** To deliver the 18/19 stated outcomes in each of the STP Areas of Focus by end of March 2019, ensuring they are clinically focused and include quality outcomes & controls

**Finance:** to achieve our shared financial control total for the eight CCGs for 2018/19.

**Nine Areas of Focus (AoF):**

to achieve the NW London CCGs Strategic Objectives

**AoF1** - Development of general practice at scale to be in a strong position to contribute to integrated care systems

**AoF2** - Development of a North West London (NW London) urgent and emergency care strategy and delivery of the associated plan

**AoF3** - Development and delivery of a NW London outpatient transformation programme.

**AoF4** - To improve outcomes for children and adults with Serious and Long Term Mental Health needs.

**AoF5** - Delivery of financial sustainability.

**AoF6** - To support the development of a workforce that will deliver the NW London agreed areas of focus towards new models of integrated care

**AoF7** - Collaboration Development Programme

**AoF8** - Working with partners across the system (including social care) to develop whole system integrated care.

**AoF9** - Digital: enhancing the use of technology to improve care delivery.

<b>AoF 1</b>	<b>Development of general practice at scale to be in a strong position to contribute to integrated care systems</b>									
<b>Outcome</b>	General Practice at scale will be able to deliver their element of the NW London Integrated Care Outcomes Framework							<b>Risk owner</b>	Sue Jeffers / Richard Ellis	
								<b>CCG Lead</b>	Primary care lead	
<b>Key Risk</b>	If the sustainability issues in primary care are not addressed then we may be less able to deliver quality primary care services at scale in order to meet patients' needs.							<b>Committee</b>	Primary Care Commissioning	
<b>CCGs impacted</b>	<b>BrCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HoCCG</b>	<b>EaCCG</b>	<b>Last update</b>	22 February 2019
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)				<b>Initial score</b>	<b>Rationale initial/inherent risk score</b>					
				<b>5 x 4 = 20</b> (L x C = RS)	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.					
				<b>Current score</b>	<b>Rationale for current risk score</b>					
				<b>4 x 4 = 16</b> (L x C = RS)	We have 8 larger scale GP Providers (Federations) and 30+ Primary Care Networks across NW London. Work is in hand to support the development of all.					
				<b>Appetite score</b>	<b>Rationale for target/appetite risk score</b>					
				<b>3 x 4 = 12</b> (L x C = RS)	We want to develop strong sub-borough networks with at scale GP provider organisations at the centre. This will reduce the likelihood of the risk materialising. We will achieve this through the agreed network applications being developed in line with the nationally agreed investment and evolution framework.					
<b>Mitigations (Controls in place or SMART actions)</b>				<b>Date of control /action</b>	<b>Assurance (evidence) or progress on actions</b>				<b>Date Received</b>	
<b>Control:</b> All local areas have at scale organisations				01/04/2018	Report to NHSE on status of at scale organisations. Workshop with NHSE planned for 4 June as an additional assurance.				21/11/2018	
<b>Control:</b> All local areas have submitted a plan for developing at scale working in general practice				01/06/2018	Delivery against plan to be reported to CCG Primary Care Commissioning Committees quarterly and to NHSE in Q4 18/19				01/12/2018	
<b>Control:</b> NW London primary care workforce strategy in place and agreed by all 8 Primary Care Committees				01/04/2018	Workforce programme to report to CCG Primary Care Commissioning Committees quarterly				01/06/2018	
<b>Control:</b> Nationally agreed contracting arrangements in place (see Investment and evolution, NHSE and BMA)				31/01/2019	CCGs and STP need to agree with network applications.				31/05/2019	
<b>Control:</b> Quality standards framework developed and reviewed by DA2 programme board				30/05/2018	Quality Framework in place and discussed by each CCG Primary Care Commissioning Committee				24/12/2018	
<b>Action:</b> Primary Care Network directed enhanced contract to be in place across all eight CCGs from 1/7/19 with enhanced services to be included as locally defined.				01/07/2019	Update coming to Joint Committee on 7/3/19. Submission by 31 May approved applications for all NWL primary care network registrations to CCGs by 15 May.				31/05/2019	
<b>Action:</b> All GP Federations to undertake the provider maturity evaluation and develop a development plan				13/05/2019	7 of the 8 Federations have undertaken the provider maturity evaluation, with further work in hand to review the 8th				24/12/2018	

<b>AoF. 2</b>	<b>Development of a NW London urgent and emergency care strategy and delivery of the associated plan</b>									
<b>Outcome</b>	To meet NHS England's UEC operating planning targets for 2018/19 including delivery of the 4 hour standard (90% by Sept 18 (MET) and 95% by March 2019).							<b>Risk owner CCG Lead</b>	Lizzy Bovill Lead for UEC	
<b>Key Risk</b>	IF we fail to deliver a responsive and integrated urgent care provision across NW London population, THEN there is a risk of not achieve the NHS England UEC operating plan targets for 2018/19							<b>Committee</b>	Q&P Committee	
<b>CCGs impacted</b>	<b>BrCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HoCCG</b>	<b>EaCCG</b>	<b>Last update</b>	25 February 2019
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)				<b>Initial score</b>	<b>Rationale for initial/inherent risk score</b>					
<b>Risk Directional Movement</b> 				<b>4 x 4 = 16 (L x C = RS)</b>	Uncontrolled we are unlikely to achieve the targets and likely to incur increased costs through increased A&E attendances and unplanned admissions.					
				<b>Current score</b>	<b>Rationale for current risk score</b>					
				<b>3 x 4 = 12 (L x C = RS)</b>	A programme is in place which has reduced the likelihood of this risk materialising; however there is more to do including ensuring robust winter plans are in place. Performance is in line with national trends.					
				<b>Appetite</b>	<b>Rationale for risk appetite/target score</b>					
				<b>2 x 4 = 8 (L x C = RS)</b>	Controlled there will be a low likelihood of not achieving targets and we will be able to control demand.					
<b>Mitigations (Controls in place or SMART actions)</b>				<b>Date due</b>	<b>Assurance (evidence) or Progress on Actions</b>				<b>Date Received</b>	
<b>Control:</b> UEC strategy delivery plan across NW London developed and approved by NHSE				01/04/2018	Performance reported to GBs via the integrated performance report.				01/01/2019	
<b>Control:</b> Dedicated urgent care leads in place across each of the 8 CCGs on the implementation of the strategy.				01/06/2018	Performance reported to GBs via the integrated performance report.				01/01/2019	
<b>Control:</b> QIPP work programmes across all 8 CCGs to support demand management and reduction in activity				01/04/2018	QIPP progress reported to each GB meeting.				01/01/2019	
<b>Control:</b> Local system plans (AEDBs) assured by the Q&P Cttee and Joint Cttee in December) supporting regional Winter plans.				31/12/2018	Progress reported to Q&P Cttee in February and will present to the Joint Committee in May on lessons learned to inform 2019/20 Plan.				02/05/2019	
<b>Control:</b> 'Home First' capacity increased to ensure patients return home from hospital when medically fit, with the right support.				31/12/2018	Report to the Governing Body via the HCP report.				02/01/2019	
<b>Control:</b> Reviewed the governance framework for UEC as part of the HCP review, 2019/20 Operating Pan and the Long Term Plan.				31/12/2018	UEC portfolio is now one of the 8 areas of the NWL HCP and assurance to the Joint Committee will be provided via the HCP report.				04/04/2019	
<b>Action:</b> The biggest challenge will be to deliver 95% in March 2019 due to acuity of patients. Acute capacity remains challenged as do community and local authority services. System-wide planning for next year as part of the contact round to ensure sufficient capacity.				31/03/2019	Target has been set to 90% in Operating Plan for 2019/20 which reflects the challenging position nationally. Report to Joint Committee on the outcome of the contracting round. Risks will be highlighted as part of the future workstream.				02/05/2019	

<b>AoF. 3</b>	<b>Development and delivery of a North West London outpatient transformation programme.</b>																																														
<b>Outcome</b>	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 in 3 years. 2018/19: planning year. 2019/20 Y1 of implementation.						<b>Risk owner CCG Lead</b>	Louise Proctor Lead for Planned Care																																							
<b>Key Risk</b>	IF we do not manage the complexities of system-change well THEN the outcomes will not be achieved by the expected date.						<b>Committee</b>	<b>Outpatient Transformation Board</b>																																							
<b>CCGs impacted</b>	<b>BrCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HoCCG</b>	<b>EaCCG</b>																																							
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<p><b>Risk Directional Movement</b></p> <table border="1"> <caption>Risk Directional Movement Data</caption> <thead> <tr> <th>Month</th> <th>Current Risk Score</th> <th>Appetite Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>16</td><td>4</td></tr> <tr><td>May</td><td>16</td><td>4</td></tr> <tr><td>Jun</td><td>16</td><td>4</td></tr> <tr><td>Jul</td><td>16</td><td>4</td></tr> <tr><td>Aug</td><td>12</td><td>4</td></tr> <tr><td>Sep</td><td>8</td><td>4</td></tr> <tr><td>Oct</td><td>8</td><td>4</td></tr> <tr><td>Nov</td><td>8</td><td>4</td></tr> <tr><td>Dec</td><td>8</td><td>4</td></tr> <tr><td>Jan</td><td>8</td><td>4</td></tr> <tr><td>Feb</td><td>8</td><td>4</td></tr> <tr><td>Mar</td><td>8</td><td>4</td></tr> </tbody> </table>				Month	Current Risk Score	Appetite Risk Score	Apr	16	4	May	16	4	Jun	16	4	Jul	16	4	Aug	12	4	Sep	8	4	Oct	8	4	Nov	8	4	Dec	8	4	Jan	8	4	Feb	8	4	Mar	8	4	<b>4 x 4 = 16</b> (L x C = RS)		Uncontrolled, there is a high chance that we will not achieve the changes to outpatient pathways by the expected dates.		
				Month	Current Risk Score	Appetite Risk Score																																									
				Apr	16	4																																									
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				<b>Current score</b>		<b>Rationale for current risk score</b>																																									
				<b>3 x 4 = 12</b> (L x C = RS)		First 5 change proposals developed in summer 2018 with clear interventions identified.																																									
				<b>Appetite score</b>		<b>Rationale for risk appetite/target score</b>																																									
				<b>2 x 4 = 8</b> (L x C = RS)		Through partnership design and clear decision making at CCG level, we can reduce the likelihood of the risk materialising.																																									
<b>Mitigations (Controls in place or SMART actions)</b>				<b>Date due</b>		<b>Assurance (evidence) or Progress on Actions</b>		<b>Date Received</b>																																							
<b>Control:</b> clinical and planned care leads along with patient groups, have engaged through design workshop and taken leadership for local area implementation – output being used to inform local decision-making.				01/07/2018		The HCP Programme Board receives updates and commissioner/provider commitment to system change can be sought and gained. Governing Bodies will be appraised of progress through the HCP report.		01/09/2018																																							
<b>Control:</b> programme tracker to monitor progress on delivery of redesign phase.				01/09/2018		We have a programme plan and the Outpatients Transformation Board is monitoring progress via the tracker.		01/02/2019																																							
<b>Control:</b> Four new ERS compliant referral forms and guidelines (developed with secondary and primary care clinicians) implemented in primary care,				1/11/2018		Adoption is variable across the 8 CCGs in NWL. Further technical redesign to simplify referral process is underway following testing.		Done																																							
<b>Control:</b> Designed 5 pathways in partnership between CCGs (Jul), Primary, Secondary Care and patient groups involved to secure fair value and agreed business rules (Nov) to take a system approach to costs/saving of implementation.				11/07/2018		Pathways to be implemented from April 2019 in a phased way.		01/02/2018																																							
						Four new pathways in the process of being developed (Urology, Respiratory, Neurology, and Renal).		28/02/2019																																							
<b>Control:</b> Soft triage completed and feedback to practices and CCGs in March.				02/01/2019		Three go live on 1 April one other from 1 July, final one to be confirmed.		29/10/2019																																							
<b>Control:</b> Contractual model has been developed and agreed.				01/10/18		Risks around: full consultant triage rotas; and robust triage by consultants. Risk concerning production and primary care adaptation of specific referral forms.		07/03/19																																							

<p><b>Action:</b> there is a risk that acute providers do not engage uniformly across all specialties and there is a risk that individual CCGs are unable to prioritise capacity to ensure memberships fully understand the pathways and impact. <b>Action:</b> Improved engagement through enhanced central capacity to support local teams.</p>	<p>1/02/2019</p>	<p>Additional shared capacity in place in Feb 19. Outpatient Transformation Board receives updates.</p>	<p>01/02/19</p>
<p><b>Action:</b> Outpatient Transformation Board to look at implementation on NWL pathways for consultant-to-consultant referrals</p>	<p>01/04/2019</p>	<p>No assurances yet</p>	

<b>AoF. 4</b>	<b>To improve outcomes for children and adults with Serious and Long Term Mental Health (MH) needs.</b>								
<b>Outcome</b>	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.							<b>Risk owner CCG Lead</b>	Ebru Oliver/Jo Ohlson Lead for Mental Health
<b>Key Risk</b>	Serious long term mental health needs - If we do not prioritise the spending on mental health then patients' needs will not be met.							<b>Committee</b>	Joint Committee
<b>CCGs impacted</b>	<b>BrCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HoCCG</b>	<b>EaCCG</b>	<b>Last update</b>
	✓	✓	✓	✓	✓	✓	✓	✓	
Likelihood (L) x Consequence (C) = risk score (LS)					<b>Initial score</b>		<b>Rationale for initial or inherent score</b>		
<p style="text-align: center;"><b>Risk Directional Movement</b></p> <p style="text-align: center;">Risk score</p> <p style="text-align: center;">— Current - - - Appetite</p>					<b>4 x 4 = 16</b> (L x C = RS)		Uncontrolled, national targets for children's and adults' MH services will not be met.		
					<b>Current score</b>		<b>Rationale</b>		
					<b>4 x 4 = 16</b> (L x C = RS)		The risk score is being queried and the full impact of the controls will be evaluated in March with a view to agreeing a representative year-end position including risk score.		
					<b>Appetite score</b>		<b>Rationale</b>		
<b>2 x 4 = 8</b> (L x C = RS)		NW London needs to keep pace with national targets / improvement trajectories. Should aim for more equity in offer and experience.							
<b>Mitigations</b> (Controls in place or SMART actions)					<b>Date due/done</b>		<b>Assurance (evidence) or Progress on Actions</b>		<b>Date receive</b>
<b>Control:</b> completed checks that CCG meets MH Investment Standard with exercise underway to validate results with Providers					01/11/2018		NHS England financial planning returns confirm all NW London CCGs are compliant. NWL completed internal audit process; as part of the long term planning process a lead provider will review the CCG plans.		01/11/2018
<b>Control:</b> Monthly performance management metrics track all national MH targets in place					01/04/2018		All MH metrics reviewed monthly and exception reports generated for any performance which is off-track and reported to NHSE since Sept)		01/04/2018
<b>Control:</b> Generated consistent list of MH 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
<b>Control:</b> Reviewed arrangements for collaboration and joint working between CCGs and S&T Directorate					30/06/2018		New structure finalised and out for staff consultation. Key Director appointments recruited to.		30/06/2018
<b>Control:</b> Revised governance of use of external investment for MH, ensuring it transparently application in line with agreed priorities					30/06/2018		External investment governance system in place to support Joint Finance Committee & Central London F&P Committee		31/07/2018
<b>Action:</b> Confirm any contractual / commissioning changes in 2019/20 to focus resources on priorities					31/03/2019		Updates on the contracting round presented to the Joint Committee.		07/03/2019
<b>Action:</b> Support delivery of physical health checks for people with serious and long term mental health needs in primary care and, through use of CQUIN, in secondary care.					31/03/2019		'Out of hospital' enhanced services contract available for use by all GP Practices and performance reported through WSIC dashboard. CQUIN in place in contracts with MH trusts. Variable implementation levels across NWL. Reviewed at CCG level		31/03/2019

<b>AoF. 5</b>	<b>Delivery of financial sustainability.</b>									
<b>Outcome</b>	Delivery of the shared financial control total across NW London CCGs							<b>Risk owner CCG Lead</b>	Paul Brown Deputy CFO/Head of Finance	
<b>Key Risk</b>	Our collective financial recovery plans lack deliverability leading to non-achievement of our financial control totals and a major financial challenge in 19/20.							<b>Committee</b>	Finance Committee	
<b>CCGs impacted</b>	<b>BCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HCCG</b>	<b>ECCG</b>	<b>Last update</b>	25 February 2019
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					<b>Initial score</b>		<b>Rationale for initial or inherent score</b>			
<p style="text-align: center;"><b>Risk Directional Movement</b></p> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) on the Y-axis (0 to 25) against months on the X-axis (Apr to Mar). Risk Score starts at 15 in April, remains flat until July, then rises to 20 in August and stays there until February. Risk Appetite is constant at 5 from April to January, then rises to 10 in February.</p>					<b>3 x 5 = 15 (L x C = RS)</b>		Uncontrolled, NHS budgets under significant pressure which affects our allocations how we respond to growing technological demands			
					<b>Current score</b>		<b>Rationale</b>			
					<b>4 x 5 = 20 (L x C = RS)</b>		High chance that we will miss our control total by a significant margin. Significant pressure from acute sector.			
					<b>Appetite score</b>		<b>Rationale</b>			
<b>2 x 5 = 10 (L x C = RS)</b>		Controlled, through good financial planning and good financial control measures, we can reduce the likelihood of the risk materialising.								
<b>Mitigations (Controls in place or SMART actions)</b>					<b>Date due</b>		<b>Assurance (evidence) or Progress on Actions</b>		<b>Date Received</b>	
<b>Control:</b> NW London financial strategy in place and agreed by Governing Bodies					01/05/2018		Regular financial reports to the Governing Body		09/01/2019	
<b>Control:</b> Financial support arrangements within the financial strategy					01/05/2018		Any use of the arrangements would be reported in the financial report.		09/01/2019	
<b>Control:</b> Joint Committee and Finance Committee to give greater visibility and control of our collective finances.					01/09/2018		Minutes of those meetings presented to the Governing Body for information		09/01/2019	
<b>Control:</b> NW London QIPP schemes will also consider Quality Impact and Equality Impact for the populations served					01/09/2018		These will be reported to the Joint Committee via the quarterly S&T finance reports.		01/09/2018	
<b>Control:</b> Newly configured monthly provider meetings to scrutinise activity and performance					01/09/2018		Reported to the Governing Body via the financial report		09/01/2019	
<b>Control:</b> Continued QIPP development to minimise unidentified QIPP					01/09/2018		Reported to the Governing Body via the Financial Report		09/01/2019	
<b>Action:</b> CCG actions to optimise financial outturn (monitored by F&P)					31/03/2019		Reported via Finance & Performance committees		31/03/2019	
<b>Action:</b> CFO holding monthly finance meetings with Managing Directors and shared Directors to agree action and mitigations.					02/01/2019		Reported to the Joint Finance Committee		21/02/2019	
<b>Action:</b> Financial Recovery Plan actions agreed by Joint Committee in Nov to achieve best financial outcome possible.					01/11/2018		Joint Finance Committee report		21/02/2019	

**A significant risk for us financially is achieving a 2019/20 balanced plan. We are working through the planning process and the next finance committee in March will review the position in detail including a draft BAF entry for 2019/20.**

<b>AoF 6</b>	<b>To support the development of a workforce that will deliver the NW London agreed areas of focus towards new models of integrated care</b>								
<b>Outcome</b>	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							<b>Risk owner CCG Lead</b>	Delvir Mehet Integrated Care Lead
<b>Key risk</b>	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.							<b>Committee</b>	Joint Committee
<b>CCGs impacted</b>	<b>BCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HCCG</b>	<b>ECCG</b>	<b>Last update</b>
	✓	✓	✓	✓	✓	✓	✓	✓	
Likelihood (L) x Consequence (C) = risk score (LS)				<b>Initial score</b>		<b>Rationale for initial or inherent score</b>			
<p style="text-align: center;"><b>Risk Directional Movement</b></p> <p>Risk score: 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>				<b>4 x 4 = 16</b> (L x C = RS)		Without clearer plans for future workforce requirements we will not be able to realise the ambition for integrated care. Uncontrolled, there is a high likelihood.			
				<b>Current score</b>		<b>Rationale</b>			
				<b>4 x 4 = 16</b> (L x C = RS)		Some controls have been put in place but these have not made a noticeable impact.			
				<b>Appetite score</b>		<b>Rationale</b>			
		<b>2 x 4 = 8</b> (L x C = RS)		Through implemented the controls, it is anticipated that there will be a low chance of the risk materialising.					
<b>Mitigations</b> (Controls in place or SMART actions)				<b>Date due</b>		<b>Assurance</b> (evidence) or <b>Progress on Actions</b>		<b>Date Received</b>	
<b>Control:</b> The Chief Nurse is on NWL workforce board and at the wider NWL Directors of Nursing Workforce Board.				01/04/2018		Working with directors of health providers as well as Health education England to consider wider issues impacting on recruitment across all sectors		30/11/2018	
<b>Control:</b> NWL Workforce Strategy 2016-21 and delivery plans developed in partnership with HEE NL.				01/05/2018		<ul style="list-style-type: none"> <li>Task and Finish Groups, HR Directors Network established</li> <li>Primary Care Workforce Strategy approved by all Governing Bodies.</li> <li>Mental Health FYFV and workforce strategy are reported to Joint Committee.</li> <li>Delivery is guided and informed by the WTD Board and WTA Council as part of the STP infrastructure.</li> </ul>		30/11/2018	
<b>Action:</b> Refresh of workforce strategy and action plans to align with revised Health and Care Partnership plans.				15/02/2019		Progress against the Delivery Areas will be reported via the STP reports.		26/10/2018	



<b>AoF. 7</b>	<b>7: Collaboration Development Programme</b>									
<b>Outcome</b>	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 support the delivery of a 10% reduction in corporate spend.								<b>Risk owner CCG Lead</b>	Chloe Hardcastle MD
<b>Key Risk</b>	IF CCGs do not embrace changes and retain local systems, processes and approaches THEN there is a risk that the benefits of greater collaboration cannot be realised and efficiencies/cost reductions cannot be achieved.								<b>Committee</b>	Joint Committee
<b>CCGs impacted</b>	<b>BCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HCCG</b>	<b>ECCG</b>	<b>Last update</b>	20 February 2019
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					<b>Initial score</b>		<b>Rationale for initial or inherent score</b>			
<p style="text-align: center;"><b>Risk Directional Movement</b></p> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) from April to March. The Y-axis represents Risk score from 0 to 25. The X-axis represents months. Risk Score starts at 15 in April, remains at 15 in May, drops to 10 in June, remains at 10 in July and August, drops to 6 in September, and remains at 6 through March. Risk Appetite is a constant dashed blue line at 6.</p>					<b>5 x 3 = 15</b> (L x C = RS)		Uncontrolled, the pressures on CCGs to deliver statutory local responsibilities are significant, and a complex challenge which can impact on all our aspirations.			
					<b>Current score</b>		<b>Rationale</b>			
					<b>2 x 3 = 6</b> (L x C = RS)		Significant milestones delivered. Key risks remains regarding single processes for greater joined up working, retaining talents and reducing duplication.			
					<b>Appetite score</b>		<b>Rationale</b>			
<b>2 x 3 = 6</b> (L x C = RS)		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.								
<b>Mitigations</b> (Controls in place or SMART actions)					<b>Date due</b>		<b>Assurance</b> (evidence) or <b>Progress on Actions</b>			<b>Date Received</b>
<i>The risk has been mitigated and the programme has now concluded. A closure report will circulated.</i>										

<b>AoF. 8</b>	<b>Working with partners across the system (including social care) to develop whole system integrated care.</b>									
<b>Outcome</b>	Progress on developing multi-partner integrated care models such as Integrated Care Partnerships (ICP), Primary and Acute Care Systems (PACS) and whole sector Integrated Care System (ICS).							<b>Risk owner CCG Lead</b>	Juliet Brown Managing Director	
<b>Key Risk</b>	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).							<b>Committee</b>	Joint Committee	
<b>CCGs impacted</b>	<b>BrCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HoCCG</b>	<b>EaCCG</b>	<b>Last update</b>	22 February 2019
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					<b>Initial score</b>		<b>Rationale for initial or inherent score</b>			
<p><b>Risk Directional Movement</b></p> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) from April to March. The Y-axis represents Risk Score from 0 to 25. The X-axis represents months from Apr to Mar. The Risk Score starts at 20 in April, drops to 16 in June, stays at 16 until October, then drops to 12 in November and remains at 12 through March. The Risk Appetite is a constant dashed blue line at a score of 8.</p>					<b>5 x 4 = 20 (L x C = RS)</b>		Uncontrolled, 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.			
					<b>Current score</b>		<b>Rationale</b>			
					<b>3 x 4 = 12 (L x C = RS)</b>		Plans in place in each CCG (May); active engagement and discussion with multiple partners in each borough (summer). System-wide engagement and significant clinical buy-in for ICS priorities/outcomes of seven interconnected programme areas (October). Begun to develop our ICS clinical strategy with key clinical stakeholders across the system.			
					<b>Appetite score</b>		<b>Rationale</b>			
<b>2 x 4 = 8 (L x C = RS)</b>		We need active involvement and/or agreement from partners to be part of a whole system integrated care model. This is essential if we are to deliver a sustainable ICS. Contractual framework and payment mechanisms are needed before we can reduce the risk to 8.								
<b>Mitigations</b> (Controls in place or SMART actions)					<b>Date due</b>		<b>Assurance (evidence) or Progress on Actions</b>		<b>Date Received</b>	
<b>Control (governance):</b> All 8 CCGs have borough based plans for ICPs in place.					31/07/2018		Governing Bodies approved these plans at the time (most recent was Ealing in July 2018)		31/07/2018	
<b>Control (borough):</b> The Integrated Care Virtual Programme Team established to support co-ordinated developments across NW London including Whole System integrated care models					01/09/2018		Assurance is direct to the Governing Body by the borough based team.		01/09/2018	
<b>Control (learning):</b> Shared learning and development from Vanguards, first / second wave ICSs, and London STPs to support NW London developments,					31/03/2019		NW London is an active member of national networks. We are linked to the London Clinical Senate and central NHSE ICS team to share learning. We facilitated clinical board workshops In Oct/Nov to plan our NWL clinical strategy.		04/04/2019	
<b>Control (system):</b> Programme of work across NW London STP to develop a NW London framework integrated care system and to link in with the national agenda.					31/03/2019		STP-wide workshops Jun & Sept 2018. Integrated care stocktake with all providers and commissioners Sept 2018. Development of STP plan on seven interconnected programme areas Oct 2018, further developed with key stakeholders for Jan 2019. Engagement launched in light of long term plan to further refine plans.		04/04/2019	

<b>AoF. 9</b>	<b>9: Digital: enhancing the use of technology to improve care delivery.</b>							
<b>Outcome</b>	Digital technology providing effective exchange of patient information to enable efficient automated clinical pathways and to support the management of pathways						<b>Risk owner CCG Lead</b>	Bill Sturman CCG IT Committee Chairs
<b>Key Risk</b>	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						<b>Committee</b>	CCG IT Committees
<b>CCGs impacted</b>	<b>BCCG</b>	<b>HaCCG</b>	<b>HiCCG</b>	<b>CLCCG</b>	<b>WLCCG</b>	<b>HFCCG</b>	<b>HCCG</b>	<b>Last update</b>
	✓	✓	✓	✓	✓	✓	✓	
Likelihood (L) x Consequence (C) = risk score (LS)					<b>Initial score</b>		<b>Rationale for initial or inherent score</b>	
<b>Risk Directional Movement</b> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) against months from April to March. The Y-axis represents Risk score from 0 to 25. Risk Appetite is constant at 8. Risk Score starts at 16 (4x4) in April, remains at 16 until September, then drops to 12 (3x4) in October, and finally to 8 (2x4) in November, remaining at 8 through March.</p>					<b>4 x 4 = 16</b> (L x C = RS)		Likelihood is high given lack of digital interoperability Consequence is also high if existing paper based pathways continue to operate.	
					<b>Current score</b>		<b>Rationale for current score</b>	
					<b>3 x 4 = 12</b> (L x C = RS)		Investments to date have reduced the risk; however investment will not be sufficient to meet the risk appetite. Financial gap of c.£120m to achieve all	
					<b>Appetite score</b>		<b>Rationale for target or appetite score</b>	
<b>2 x 4 = 8</b> (L x C = RS)		Embedding of digital pathways and interoperability will reduce likelihood.						
<b>Mitigations (Controls in place or SMART actions)</b>					<b>Date due</b>		<b>Assurance (evidence) or Progress on Actions</b>	
<b>Control:</b> Programme Management Office (PMO) in place to assure adoption of best practice in project delivery standards.					01/12/2018		We will know it is working if IT projects are delivered to time & budget. Progress reported to the 8 CCG chairs and then GBs.	
<b>Control:</b> Improved way of patient access to their data by launching Health Help Now App					01/02/2019		Health Help Now App in all 8 CCGs from 1 Feb 19. Currently 2.5% usage. Aiming for 10% by 31/12/2019. Report to GBs via chairs.	
<b>Control:</b> Data Protection Impact assessments run on any new digital product or service and ISAs are checked by lawyers.					ongoing		DPIA outcomes should be reviewed by the DP and CS Committee which reports to the Governing Bodies. Reporting from the new financial year onwards	
<b>Action:</b> To secure digital investment for digital transformation (ETTF, LHCRE and HSLI bids) submitted in October.					01/12/2018		LHCRE and HSLI funding (£15m each) approved, 18/19 spend signed-off by NHSE. ETTF funding (19/20) awaiting NHSE clarification – unlikely to be any ETTF funding in 19/20.	
<b>Action:</b> To implement London BI solution to help with CCG commissioning and management of services.					01/06/2019		We will know if the Director of Commissioning is able to effectively commission new services.	
<b>Action:</b> Roll-out of digital technologies to help CCG staff work flexibly 'anytime' / 'anywhere'					01/07/2019		CCG staff have laptops instead of desktop PCs (requires CCG investment). Office 365 under consideration. Report to GBs via AO's report (smarter working).	
<b>Action:</b> Confirm the resilience of Digital technology					31/03/2019		Internal Audit report and recommendations. Reported at the Audit Committee in January 2019.	
<b>Action:</b> Interoperability strategy to be redrafted in light of new Health and Care Partnership strategy.					30/06/2019		We will know it is right once it has been agreed by the NW London Digital Strategy Board (which reports to HCP partnership board).	