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<b>Date</b>	Thursday, 06 September 2018
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<b>Title of paper</b>	<b>Strategic Objectives and Board Assurance Framework</b>
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<b>Presenter</b>	Simon Carney, Head of Corporate Governance				
<b>Author/s</b>	Leon Adeleye, Risk Manager				
<b>Responsible Director</b>	Ben Westmancott, Director of Compliance				
<b>Clinical Lead</b>	N/A				
<b>Confidential</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

- The Committee is asked to:**
1. Note area of focus (AoF) three is being reviewed and will be provided in time for the next Governing Body meetings
  2. Note the approach to collating risks to achieving NW London and CCG specific objectives
  3. Note that each CCG is required to identify its corporate objectives and the with key risks to their achievement, drawing from its corporate risk register
  4. Note the on-going review of risk management processes across NW London and the plan to develop a unified NW London CCGs risk management strategy in light of the new ways of working and to set up a risk review group

**Summary of purpose and scope of report**

The purpose of this paper is to provide the Shadow Joint Committee with a progress update on the NW London Board Assurance Framework (BAF). A Board Assurance Framework is an NHS tool used to identify, prioritise and manage strategic risks to an organisation. This paper clarifies the approach taken to ensure risks are captured locally.

This paper also informs the Committee of plans to review the current risk management strategy and the new risk management processes and guideline.

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### **What are the benefits of this project?**

The Board Assurance Framework enables the Shadow Joint Committee members to be provided with oversight and notification of any organisational risks as and when they develop. A well-maintained and thorough register of risks also enables the committee to forward plan its agendas with assurance that the correct organisational risks are dealt with and reported at a suitable time.

There is also a wider benefit to the organisation and patients in maintaining a comprehensive risk register, as this ensures organisational stability. Stability means that the NW London CCGs are able to more effectively deliver services and care to residents, and reduces the chances of negative impacts on services that could arise through an organisational inability to deal with emergent risks.

### **Patient, staff and stakeholder engagement**

Individual delivery areas will conduct their own patient, staff and stakeholder engagement as relevant.

### **Jargon buster**

*BAF – Board Assurance Framework – brings together all of the relevant information on risks to an NHS organisation’s strategic objectives.*

*Statement of internal controls – a description of the internal mechanisms in place to “control” and manage organisational risks.*

*Area of focus – an identified strategic objective – the BAF seeks to identify and address risks to the delivery of areas of focus.*

*Risk management strategy – a document that outlines the assessment process and management of organisational risks.*

### **Quality & Safety**

*There are risks relating to the quality of services and impacts on patient outcomes. Specifically, entry 2, relating to urgent and emergency care and ensuring that patients receive timely care at the right place, will be reviewed at the Quality and Performance Committee that is being established across NW London.*

### **Equality analysis**

*There are no equalities impacts from the Board Assurance Framework itself, however there will be equalities impacts arising from non-delivery if risks are improperly dealt with and escalated.*

### **Finance and resources**

*None directly, however each individual delivery area will have specific resource implications*

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*if risks are unaddressed.*

<b>Risk</b>	<b>Mitigating actions</b>
<i>This document sets out the key risks to the delivery of our strategic objectives. More detailed risk analysis contained within the substantive report on pages 4-21.</i>	<i>Controls, assurances and action plans are in place to address these key risks. The Governing Body should scrutinise the entries and seek assurances that the risks are being managed appropriately.</i>

#### **Supporting documents**

- *NW London Board Assurance Framework.*

#### **Governance, reporting and engagement**

*Provide a brief overview of where this paper – or work in developing it – has been discussed. Signpost to where in the paper more detail on this can be found.*

<b>Name</b>	<b>Date</b>	<b>Outcome and where in the report can you find out more</b>
Shadow Joint Committee	5 July 2018	Agreed that the NW London BAF would be developed and form part of future agenda planning.

#### **Conflict of interest**

*None arising from this report.*

# Board Assurance Framework

## 1 Purpose

The purpose of this paper is to provide a progress update on the NW London Board Assurance Framework (BAF). This paper also clarifies the approach taken to ensure risks are captured locally. This paper also provided information on plans to review the current risk management strategy and the new risk management processes and guidelines.

## 2 Board Assurance Framework

Assurance goes to the heart of the work of the Clinical Commissioning Groups (CCG). It is the bedrock of evidence that gives confidence and comfort that risks to achieving CCG strategic objectives are being controlled effectively, or conversely, highlights that certain controls are ineffective or there are gaps that need to be addressed.

The Accountable Officer is required to sign the Statement on Internal Controls (SIC) for the CCGs and the Assurance Framework aims to provide evidence that the Governing Bodies have systematically identified their objectives and are assured that the principal risks to achieving them are effectively mitigated.

It is intended that these objectives will meet the conditions and principles of SMART (specific, measurable, achievable, realistic and timely) and will also link to the CCG's mission and vision. In line with the collaborative way of working, the approach taken is to identify the common 'Area of Focus' under the strategic objectives to be achieved across NW London CCGs and also identify the CCG specific objectives or local priorities. That is:

- a) **NW London BAF:** contains the strategic objectives to be achieved across NW London CCGs and the arrangements in place to mitigate risks to achieving them. This document initially contained six objectives with nine areas of focus. Following discussion at Governing Bodies, it is being reframed around three new strategic objectives in the areas of quality, finance and strategy. The nine areas of focus will remain the same. See page four for illustration.

The CCGs have discussed the NW London BAF at their committee meetings in July 2018, and as part of this process a number of issues have been logged will be discussed SMT level.

- b) **CCG-specific risks:** locally, each Governing Body within the NW London CCGs must be able to gain assurance that its organisation is managing and mitigating risks in order to achieve its strategic objectives.

The importance of this is emphasised by the requirement for the Accountable Officer to ensure that the public is assured over the CCGs' system of internal control.

Each CCG identifies its local priorities or corporate objectives and the risks to achieving them. (i.e any corporate objectives that do not feature in the NW London BAF.) This is set in a CCG-specific corporate risk register (CRR), and reported locally, as appropriate and in line with Governing Bodies' wishes..

### 3 Risk Management Strategy

It was recognised that each CCG across NW London currently operate at different levels of risk management maturity. For this reason a NW London BAF format was provided as a template to the CCG governance leads to ensure consistency of language when reviewing the CCG-specific risk documents.

All risk management policies, procedural documents and internal audit reports are being reviewed and it is intended that a risk management strategy will be adapted for NW London CCGs and this will reflect the new way of working. Therefore, the following are under way:

- a) To develop a unified risk management strategy for NW London CCGs
- b) To ensure link to the CRR and departmental / service risk registers and implement action plans for identified gaps in assurances and negative assurances as identified in CCG internal audit reports
- c) To ensure assurance are mapped, risks are adequately mapped and linked to the CCG's strategic objectives, risks in common across the CCGs are escalated onto the NW London BAF
- d) To ensure identified controls are valid, adequate and effective in mitigating the, actions are documented
- e) To propose an automated risk management system for the CCGs to address issues of version control, timeliness and centralisation
- f) To set up a NW London risk review group
- g) To design CCG incident reporting and risk management training for teams and include in the CCG new starter induction programme.

### 4 Recommendation

The Committee is asked to:

- a) note the approach taken to implement the 2018/19 board assurance framework and risk management strategy intentions
- b) note the strategic objectives illustration on page four which depicts three main objectives achieved through the nine areas of focus.
- c) note the revised strategic objectives as illustrated and that each CCG is expected to set out its corporate objectives that map to the NW London strategic objectives, together with risks and take this to the Governing Body meeting in September.

**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 lead 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 develop a workforce that will deliver the 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>	1: Development of general practice at scale to be in a strong position to lead integrated care systems							
<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 CCG Lead</b>	Sue Jeffers Lead for Primary Care
<b>Key Risk</b>	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.						<b>Committee</b>	Primary Care Commissioning Committee(s)
<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>	16 August 2018
<b>Score history</b> (likelihood x consequence = risk score)				<b>Initial score</b>	<b>Rationale</b>			
<p>The graph plots 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 X-axis represents the months. Risk Score starts at 20 in April, remains at 20 through May, then drops to 16 in June and stays at 16 through March. Risk Appetite is a constant dashed red line at 12.</p>				<b>5 x 4 = 20</b>	General practice sustainability will not be strengthened and wider NW London 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			
				<b>Appetite</b>	<b>Rationale</b>			
				<b>3 x 4 = 12</b>	Without strong at scale GP provider organisations at the center of the planned NW London transformation programmes delivery will not be as effective, hence the requirement to keep this area of focus on the BAF.			
				<b>Current score</b>	<b>Rationale</b>			
				<b>4 x 4 = 16</b>	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.			
<b>Controls</b> (What can be done to reduce the risk score?)				<b>By (Date) (RAG)</b>	<b>Assurances</b> (What proof do you have that the control worked?)			<b>Date (RAG)</b>
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 Federations to undertake the provider maturity evaluation All GP Networks to undertake provider maturity evaluation Following maturity evolution federations and networks develop an OD plan	19/03/2018	Timetable of events being held is reported to DA2 Programme Board. Report will come to the GB via the STP report.	Q1
There is a NW London 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	Q1 18/19
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
Approved Quality Framework for Primary Care for all 8 Primary care Commissioning Committee	31/07/2018	Active involvement of Assistant Directors in using the quality framework in monitoring Primary care quality in each CCG	Q2

<b>AoF. 2</b>	2. Development of a North West London (NW London) urgent and emergency care strategy and delivery of the associated plan							
<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 19 and 95% by March 2019). To deliver timely access to high quality and responsive UEC services and support NW London 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 NW London ensuring effective community based support is in place for NW London patients to be discharged sooner, therefore reducing LOS and DTOCs.						<b>Risk owner</b>	Lizzy Bovill
							<b>CCG Lead</b>	Lead for UEC
<b>Key Risk</b>	If we do not deliver a responsive and integrated urgent care provision to meet the demands of the NW London 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						<b>Committee</b>	Quality & Performance 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>	14 August 2018
<b>Score history</b> (likelihood x consequence = risk score)					<b>Initial score</b>	<b>Rationale</b>		
<p>The graph plots Risk Score (solid blue line) and Risk Appetite (dashed red line) from April to March. The Risk Score starts at 16 in April, drops to 12 by June, and remains at 12 through March. The Risk Appetite is constant at 9.</p>					<b>4 x 4 = 16</b>	We are currently meeting the NW London A&E trajectory however it will become more challenging as the year progresses, particularly moving into the winter period as demand may potentially increase		
					<b>Appetite</b>	<b>Rationale</b>		
					<b>2 x 4 = 8</b>	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		
					<b>Current score</b>	<b>Rationale</b>		
					<b>3 x 4 = 12</b>	Active programme in place with a review of governance and reporting structures underway across NW London, enabling and ensuring deliverability of the UEC strategy.		
<b>Controls</b> (What can be done to reduce the risk score?)					<b>By (Date) (RAG)</b>	<b>Assurances</b> (What proof do you have that the control worked?)		<b>Date (RAG)</b>
Delivery of a UEC strategy across NW London; focused on integrated care, pre-hospital to manage urgent care demand away from acute sites, and integrated discharge.					01/04/2018	UEC delivery plan across NW London approved by NHSE Delivery against plan to be reported monthly via the Transformation PMO (NHSE).		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 NW London 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.	15/08/2018
Development of local system plans (AEDBs) supporting regional must dos ahead of Winter	Q2 18/19	Monthly COO Group in place to monitor progress; performance paper reported the quality and performance committee	Q3 18/19
Delivery of Home First trajectories through social care and health collaboration to support improved community care and support	Q3 18/19	Reporting to the DA3 programme Board with subsequent report to the Governing Body via the STP report.	Q3 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
Review the governance and reporting framework across UEC to ensure it is fit for purpose in the context of the changing structures of NW London CCGs	TBC	Governance framework for NW London is under review and will be approved via the Joint Committee.	Q2 18/19
Robust Quality Review and Equality Impact Assessment of QIPP work programmes to ensure that quality focus on commissioning and decommissioning of services is maintained	Q1 18/19	Monthly quality committees include feedback on QIAs undertaken and EQIAs	Q1 18/19

<b>AoF. 3</b>	<b>3: Development and delivery of a North West London outpatient transformation programme.</b>								
<b>Outcome</b>	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.						<b>Risk owner CCG Lead</b>	Louise Proctor Lead for Planned Care	
<b>Key Risk</b>	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.						<b>Committee</b>	<b>Joint Committee</b>	
<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>									
21 June 2018									
<b>Score history (likelihood x consequence = risk score)</b>					<b>Initial score</b>	<b>Rationale</b>			
<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>					<b>4 x 3 = 12</b>	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.			
					<b>Appetite</b>	<b>Rationale</b>			
					<b>3 x 3 = 9</b>	Through partnership design and clear decision making at CCG level, we can reduce the likelihood of the risk materialising.			
					<b>Current score</b>	<b>Rationale</b>			
					<b>4 x 3 = 12</b>	Until proposals are agreed later in the year, the risk score remains at 12.			
<b>Controls (What can be done to reduce the risk score?)</b>					<b>By (Date)</b>	<b>Assurances (What proof do you have that the control worked?)</b>		<b>By (Date)</b>	
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 and patient groups 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 along with some patient groups, Patient Participation Groups and Health watch to be engaged through design workshop and taking leadership for local area implementation – the output will be used to inform local	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
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<b>AoF. 4</b>	<b>4: To improve outcomes for children and adults with Serious and Long Term Mental Health 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</b>	John Wicks/Robin Partridge	
								<b>CCG Lead</b>	Lead for Planned Care	
<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>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 August
	✓	✓	✓	✓	✓	✓	✓	✓		
<b>Score history (likelihood x consequence = risk score)</b>					<b>Initial score</b>	<b>Rationale</b>				
<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>					<b>4 x 4 = 16</b>	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				
					<b>Appetite</b>	<b>Rationale</b>				
					<b>3 x 4 = 12</b>	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 (especially acute hospital) priorities.				
					<b>Current score</b>	<b>Rationale</b>				
					<b>4 x 4 = 16</b>	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				
<b>Controls (What can be done to reduce the risk score?)</b>					<b>By (Date)</b>	<b>Assurances (What proof do you have that the control worked?)</b>			<b>By (Date)</b>	
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	

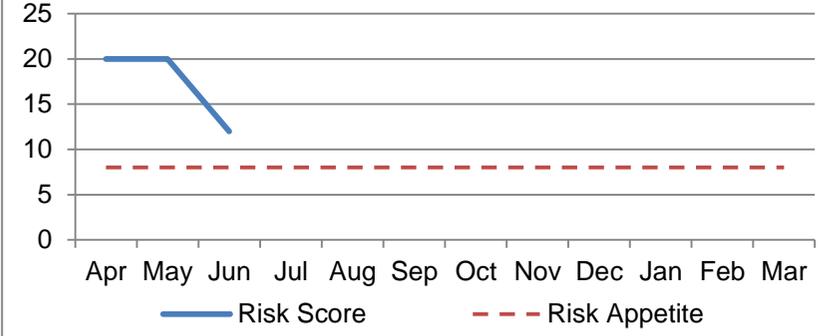
Generate consistent list of mental health commissioning priorities for adoption across NW London	30/04/2018	List of 2018/19 mental health priorities approved by April meeting of MH Transformation Board	30/04/2018
Review arrangements for collaboration and joint working between CCGs and S&T Directorate	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
The needs of people with learning disabilities and Autism will also need to be considered	TBC	TBC	TBC

<b>AoF. 5</b>	<b>5: Delivery of financial sustainability.</b>									
<b>Outcome</b>	<b>Delivery of the shared financial control total across NW London CCGs</b>							<b>Risk owner CCG Lead</b>	Neil Ferrelly 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>	<b>Finance Committee</b>	
<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>	10 August 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
<b>Score history (likelihood x consequence = risk score)</b>					<b>Initial score</b>	<b>Rationale</b>				
<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>					<b>3 x 5 = 15</b>	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.				
					<b>Appetite</b>	<b>Rationale</b>				
					<b>2 x 5 = 10</b>	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.				
					<b>Current score</b>	<b>Rationale</b>				
					<b>4 x 5 = 20</b>	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. Significant pressure from acute sector particularly with Royal Free Hospital				
<b>Controls (What can be done to reduce the risk score?)</b>					<b>By (Date)</b>	<b>Assurances (What proof do you have that the control worked?)</b>			<b>By (Date)</b>	
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 will also consider Quality Impact and Equality Impact for the populations served	TBC	These will be reported to the Joint Committee via the quarterly S&T finance reports.	each meeting
Newly configured monthly provider meetings to scrutinise activity and performance	tbc	Reported to the Governing Body via the financial report	each meeting
Full engagement as associate commissioner with royal free contract	01/09/2018	Feedback to finance committee with outcome of engagement with Royal Free Hospital	each meeting
Continued QIPP development to minimise unidentified QIPP	01/09/2018	Reported to the Governing Body via the Financial Report	each meeting

<b>DA. 6</b>	<b>6:</b> To develop a workforce that will deliver the new models of integrated care									
<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</b>	Delvir Mehet	
								<b>CCG Lead</b>	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>	<b>Joint Committee</b>	
<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>	August 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
<b>Score history</b> (likelihood x consequence = risk score)					<b>Initial score</b>	<b>Rationale</b>				
<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>					<b>4 x 4 = 16</b>	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.				
					<b>Appetite</b>	<b>Rationale</b>				
					<b>2 x 4 = 8</b>	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.				
					<b>Current score</b>	<b>Rationale</b>				
					<b>4 x 4 = 16</b>	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.				
<b>Controls</b> (What can be done to reduce the risk score?)					<b>By (Date)</b>	<b>Assurances</b> (What proof do you have that the control worked?)			<b>By (Date)</b>	
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.					26/10/2018	Progress against the Delivery Areas will be reported via the STP reports.			26/10/2018	
NW London 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
The Chief Nurse is an active participant in the NW London workforce board. There is also representation at the wider NW London Directors of Nursing Workforce Board.	01/04/2018	The wider issues impacting on recruitment across all sectors is considered working with directors of nursing from acute, community and mental health providers as well as Health education England	30/11/2018

<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 deliver a 10% reduction in corporate spend.						<b>Risk owner CCG Lead</b>	Chloe Hardcastle MD
<b>Key Risk</b>	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..						<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>	August 2018
<b>Score history (likelihood x consequence = risk score)</b>					<b>Initial score</b>	<b>Rationale</b>		
 <p style="text-align: center;"> <span style="color: blue;">—</span> Risk Score      <span style="color: red;">- - -</span> Risk Appetite         </p>					<b>5 x 4 = 20</b>	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.		
					<b>Appetite</b>	<b>Rationale</b>		
					<b>2 x 4 = 8</b>	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.		
					<b>Current score</b>	<b>Rationale</b>		
					<b>3 x 4 = 12</b>	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'		

<b>Controls</b> (What can be done to reduce the risk score?)	<b>By (Date)</b>	<b>Assurances</b> (What proof do you have that the control worked?)	<b>By (Date)</b>
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	01/09/2018	Sept 2017 GB Paper; Jan 2018 GB Paper; Paper on final proposals for Joint Committee autumn 2018; Single AO and single CFO now appointed, recruitment of leadership team underway	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.	01/01/2018	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	01/05/2018	Programme Board minutes (monthly); Programme Delivery Group action & decision notes (weekly); Programme and workstream updates (fortnightly); Update reports to NW London Senior Management Team (bi-weekly); Update reports to shadow Joint Committee (monthly)	Monthly, on-going
Organisation Design workshops	01/12/2018	Reports and outcomes from events as required; Recommendations arising will required papers to Programme Board / Shadow Joint Committee / GBs	On-going
Operating Cost reduction management	On-going	Report to NW London Senior Management Team May 2018; Monthly & Quarterly progress reporting to NW London Senior Management Team. Reports into BPRG and NW London20 QIPP - (LM is leading (from a finance perspective)	On-going

<b>AoF. 8</b>	8: Working with partners across the system (including social care) to develop whole system integrated care.									
<b>Outcome</b>	Progress on developing multi-partner accountable care models such as ICPs, MCPs, PACS							<b>Risk owner</b>	Juliet Brown	
								<b>CCG Lead</b>	COO/MD	
<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>	<b>Joint Committee</b>	
<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>	24 August 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
<b>Score history</b> (likelihood x consequence = risk score)					<b>Initial score</b>	<b>Rationale</b>				
<p>The graph shows the Risk Score over time. The Y-axis ranges from 0 to 25. The X-axis shows months from April to March. A solid blue line represents the Risk Score, which starts at 20 in April, drops to 16 in June, and remains at 16 through March. A red dashed line represents the Risk Appetite, which is constant at approximately 8.</p>					<b>5 x 4 = 20</b>	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.				
					<b>Appetite</b>	<b>Rationale</b>				
					<b>2 x 4 = 8</b>	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.				
					<b>Current score</b>	<b>Rationale</b>				
					<b>4 x 4 = 16</b>	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.				
<b>Controls</b> (What can be done to reduce the risk score?)					<b>By (Date)</b>	<b>Assurances</b> (What proof do you have that the control worked?)			<b>By (Date)</b>	
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.					31/03/2019	Proposals, Business Cases, Procurement papers (etc) to GBs			31/03/2019	

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	01/09/2018	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	31/03/2019	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.	31/03/2019
Programme of work across NW London STP to develop an NW London framework for local borough integrated care systems and to link in with the national agenda	31/03/2019	STP wide workshops June and September 2018 Integrated care stocktake with all providers and commissioners – Sept 2018 Development of STP plan on key workstreams October 2018	30/10/2018

<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</b>	Bill Sturman	
								<b>CCG Lead</b>	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>ECCG</b>	<b>Last update</b>	03 August 18
	✓	✓	✓	✓	✓	✓	✓	✓		
<b>Score history</b> (likelihood x consequence = risk score)					<b>Initial score</b>	<b>Rationale</b>				
<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>					<b>4 x 4 = 16</b>	Likelihood is high given lack of digital interoperability (NW London CIE does not yet integrate fully with EMIS/TPP, mental health, social care, community to provided automated workflows).				
					<b>Appetite</b>	<b>Rationale</b>				
					<b>2 x 4 = 8</b>	Embedding of digital pathways and interoperability will reduce likelihood.				
					<b>Current score</b>	<b>Rationale</b>				
					<b>4 x 4 = 16</b>	National investment unlikely to meet NW London £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).				
<b>Controls</b> (What can be done to reduce the risk score?)					<b>By (Date)</b>	<b>Assurances</b> (What proof do you have that the control worked?)			<b>Date</b>	
NW London (and London) wide strategy for interoperability					01/12/2018	Digital Strategy to be developed (and published) for NW London addressing re-scoped STP requirements and aligned to the 'One London' architecture			01/12/2018	
Digital investment sufficient for digital transformation (ETTF, LHCRE and STP bids)					01/11/2018	GDE investment (£15m) in Imperial and ChelWest achieved. ETTF funding for 19/20 awaiting NHSE clarification. STP digital investment bids for £15m over three years expected to be submitted in Oct but still £110m gap			01/11/2018	
London BI solution implemented to help with CCG commissioning and management of services					01/09/2018	London BI Programme Board expectation of pan-London BI procured solution in-place in Sept. Still a gap to a pan-London commissioning dataset.			01/09/2018	

Programme Management Office (PMO) established to assure adoption of best practice project delivery standards	01/11/2018	Pan-London PMO built on exemplar local ones	01/11/2018
Patient and staff engagement with digital technologies. Quality teams have worked with providers to ensure that Accessible Information Standards have been considered as part of the agreed contract and will seek further assurance that commissioned providers remain compliant throughout 2018/2019	01/04/2019	Roll-out of Health Help Now App across all 8 CCGs complete by December Roll-out of CIE to 50.000 patient portal users by December Pan-London citizen engagement model to be developed for LHCRE by April 2019. New e-learning platform and Intranet available in NW London CCGs by Oct.	01/04/2019
GDPR compliance underpinning the use of technology	01/06/2019	New GDPR compliant NW London digital ISA available for providers by Oct. NW London DPO/IG Manager appointed by Nov. GP surgeries fully compliant by June 19	01/06/2019
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). Implementation of cloud based storage technologies. Video conferencing.	01/07/2019
Use of Digital technology to support EPRR and Business Continuity	31/03/2019	Development and review of Business Continuity Plans and EPRR	31/03/2019