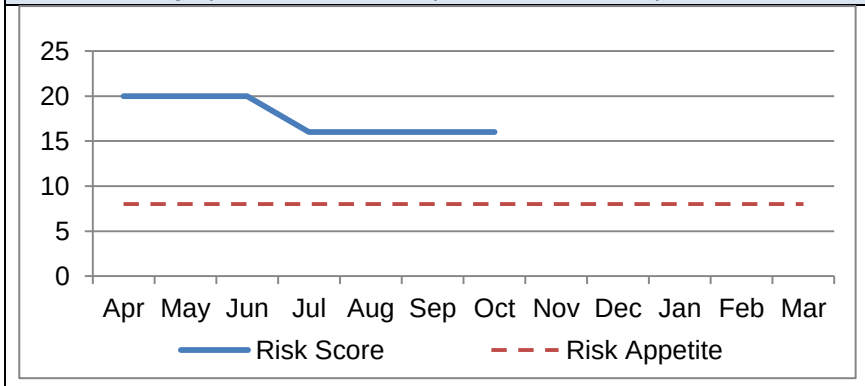
Delivery area/ Objective 1	Radically upgrading prevention and wellbeing	**(DA1) SRO**	Ethie Kong (GP Chair, Brent CCG) & Michael Lockwood (Chief Executive, Harrow Council)		
Risk 1.1	Risk that the current approach towards prevention activities may lead to poor health outcomes in the longer-term.	**Risk owner**	Fiona Myers	**Updated**	06.10.17

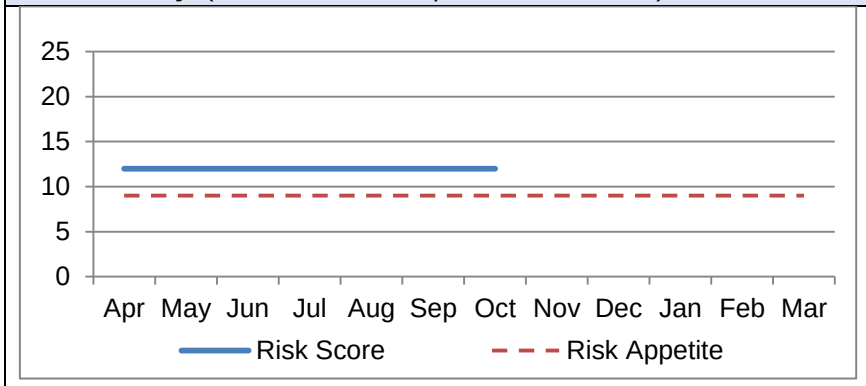
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 =20**	If uncontrolled it is almost certain that there will be a negative impact on patients' longer term outcomes. The immediate financial impact, however, is minimal (but not the longer-term).
	Appetite	**Rationale**
	2 x 4 = 8	When controlled it will be unlikely that there will be a negative longer-term impact.
	Current score	**Rationale**
	4 x 4 = 16	As of July 2017 we have an aspiration to reduce the likelihood but we need to balance short and longer term interventions.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
People's Health & Wellbeing Charter to be put in place setting out commitments	Not yet	We have not yet received any assurance that this is having an impact due to other conflicting priorities.	Not yet
We need a control mechanism to reduce the impact of reduction in Public Health interventions such as smoking cessation.	Not yet	How do we jointly agree the work plan? How can we use Health & Wellbeing Boards as a mechanism to ensure that the prevention agenda meets needs?	Not yet
Prevention is in other programmes – LDIP and Healthy Workplace Charter – we could put it into all of our contracts in the quality schedule.	Not yet	Contract required to be put in place and prevention numbers to be met.	Not yet
Implementing 'Making Every Contact Count'	In place	At present there is no mechanism to receive assurances on the impact of this initiative. Currently working with HLP to develop impact measures for London.	Not yet
We work with Public Health teams on STP programmes but there is also a local working relationship.	In place	Effective working with Public Health representation on Governing Bodies and at a local level however, there are no current standing reports.	Partial
We plan together through having a comprehensive Joint Strategic Needs Assessment in place.	In place	This leads to the Health and Wellbeing Strategy that needs to be routinely reported to Governing Bodies.	Partial

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		Confirmation of Public Health resource requested from Public Health team. Tri-Borough Joint Strategic Needs Assessment team developing JSNA summaries/ factsheets to align with NWL Sustainability & Transformation Plan.		**Controls:** Establishing a stronger local relationship with Deputy Director of Public Health and ensure there is an integrated approach to planning and delivery of prevention programmes at a local level. Oct 17 Discussion taken place at JSNA steering group to Ensure alignment of Director of Public Health Annual Report with STP and H&WB Board Strategies **Assurances:** Dialogue established with Deputy Director of Public Health in relation to cardiology guidelines. Oct 17 Alignment of all key strategies to ensure consistent Planning and delivery **Risk Score:** *Is there any local variation to the risk score?* 4 x 4 = 16	

Hounslow CCG	Last update: 13/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) The Self-Care and Prevention Working Group restarted work on 18/09/2017 with providers present. 2) SCPWG is mapping all self-care and prevention activities within Hounslow with the aim to understand current activity, identify gaps and promote greater use. 3) Primary Care Practice Coordinators are administrating Patient Activation Measures on behalf of practices and signposting to appropriate activities. 4) Volunteers in GP Practices, LIFE and Community Health Advisors are signposting patients to self-care and prevention activities. 5) Self-care booklet distributed in Hounslow in August 2017 and translated into top 7 languages. **Assurances:** 1) We will measure the impact of the self-care booklet. 1b) Initial feedback from engaged community groups is of a positive impact from literature distributed. 2) Understanding current use and encouraging greater use **Risk Score:** *Is there any local variation to the risk score?* No change.		Controls: 1) Self-care group established with representation across the borough including providers, VCS group, public health and patients 2) Proactive Care with screening and prevention included in primary care standards. 3) Included PAMs in the self-care standard of the Primary Care standards. 4) Have a Self-care strategy that is joining up all the work associated with prevention and self-care 5) Working closely with PH to align prevention messaging. 6) Screens in practices and new practice websites promoting self-care and links to Ealing CCG website Healthyealing.com **Assurances:** VCS groups commissioned to support prevention agenda as well as various communications via different media promoting self-care messaging. R**isk Score:** *Is there any local variation to the risk score?* No change.		Notes form the Director of Compliance: 1) The entry has been reviewed in part however the overall risk score has not been amended since July 2017. 2) There are fewer controls and assurance than we might expect from a key objective of the CCGs, especially when the contention is that the risk will be controlled by March 2018. 3) Hammersmith and Fulham, Hounslow, and Ealing CCGs can take a degree of assurance that this risk is being managed from the local comments. Governing Bodies should consider what additional control and/or assurance they would like to see and how they would like to review these.

Delivery area/ Objective 1	Radically upgrading prevention and wellbeing.	**(DA1) SRO**	Ethie Kong (GP Chair, Brent CCG) & Michael Lockwood (Chief Executive, Harrow Council)		
Risk 1.2	Poor communication and engagement leads to poor uptake of prevention activities.	**Risk owner**	Fiona Myers	**Updated**	06/10/17

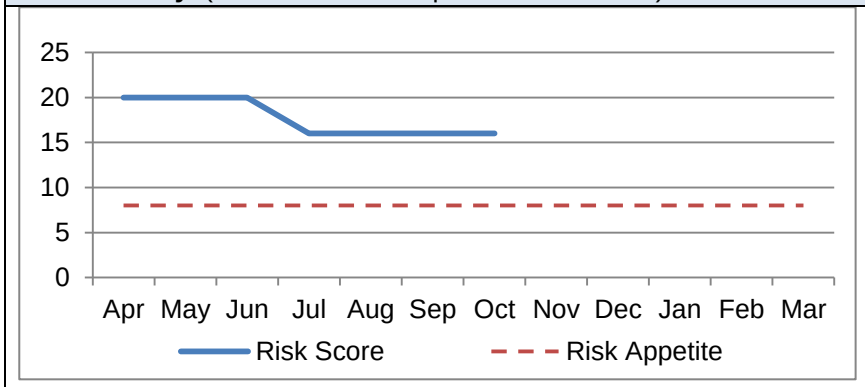
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**3 x 4 = 12**	If uncontrolled it is possible that there will be poor uptake of prevention activities leading to worse health outcomes in the longer term.
	Appetite	**Rationale**
	3 x 3 = 9	When controlled (by March 2018) we will have implemented some controls that will contribute to the longer term impact of this
	Current score	**Rationale**
	3 x 4 = 12	As of October 2017 the plans to improve communication and engagement are still being finalised.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Prevention Network is in place to ensure effective engagement across NWL system	In train	Network to report into DA1 Programme Board	Not yet
Need to increase number of patients on the Patient Activation Measures programme.	In train	Monitored at operational level but not routinely reported to the Governing Body. S+T report monthly on CWHHE (System One). BHH quarterly reporting from GP Practices.	Received

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 29/08/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		Self-care programme in West London progressing well, linked to My Care My Way programme. Self-care booklets being updated for winter 2017.		**Controls:** 1) Patient Reference Group (PRG) provides forum to to disseminate information and to receive presentation on prevention programmes 2) Community champions providing valuable local information on prevention programmes to local residents **Assurances:** The CCG will continues to receive feedback at PRG meetings and work with public health colleagues to publicise specific initiatives and collect relevant data/patient stories **Risk Score:** *Is there any local variation to the risk score? (include rationale)* 3 x 4 = 12	

Hounslow CCG	Last update: 13/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) Currently working with HRCH on the deployment of the Primary Care Practice Coordinator (PCPC) service. 2) HRCH are working with GPs on PAMs and whole systems. 3) PCPC lead has presented to 5 LPPGs to discuss proactive support for patients. **Assurances:** Over the next month we will gather vignettes and sound bites from patients who are utilising PAMs and the PCPC service. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** 1) Care coordinators are working with practices to promote PAMs through practice visits and MDTs 2) Included PAMs in the self-care standard of the Primary Care standards. 3) Have a Self-care strategy that is joining up all the work associated with prevention and self-care 4) Working closely with PH to align prevention messaging. **Assurances:** We are actively reviewing the uptake of PAMs and exploring new opportunities. Practices are asking for training and we will be arranging this over the coming months and review uptake. **Risk Score:** *Is there any local variation to the risk score?* No		Notes form the Director of Compliance: 1) The entry has been reviewed. The risk score has not changed since April 2017. 2) There are fewer controls and assurance than we might expect from a key objective of the CCGs, especially when the contention is that the risk will be controlled by March 2018. 3) Hammersmith and Fulham, Hounslow, and Ealing CCGs can take a degree of assurance that this risk is being managed from the local comments. Governing Bodies should consider what additional control and/or assurance they would like to see and how they would like to review these.

Delivery area/ Objective 2	Eliminating unwarranted variation and improving long-term condition management	**(DA2) SRO**	Rob Larkman (Chief Officer, BHH CCGs)		
Risk 2.1	If we do not address capacity, capability and affordability issues in primary care, then this will impact on the ability of providers to deliver new sustainable models of care and reduce unwarranted variation.	**Risk owner**	Sue Jeffers	**Updated**	04/09/17

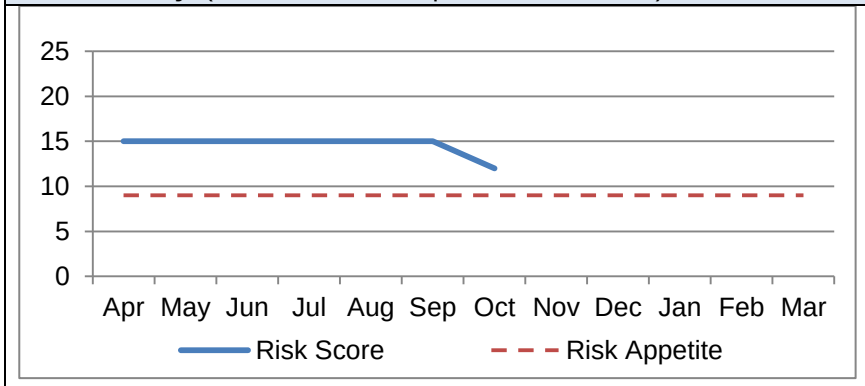
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled there is a high chance that general Practice will not be able to respond to the growing demand on services delivered in community settings in a way that eliminates unnecessary variation.
	Appetite	**Rationale**
	3 x 3 = 9	Improving long term condition management is a long term programme and the associated risk appetite will continue to need revising year on year as both lead and lag indicators show progress in reducing and eliminating unwarranted variation.
	Current score	**Rationale**
	4 x 4 = 16	Activity is underway in order to harmonise activity dashboards across NWL and to create further dashboards similar to the diabetes dashboard for other LTC conditions. This will provide assurance on the effectiveness of the controls

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
GP Dashboards are developed and available for each CCG. GP network discussions looking at variations and how to eliminate them	Yes	Work is underway to harmonise GP dashboards across NWL, so that we have one reporting mechanism to assess desired impact	Not yet
Need a retention strategy for primary care workforce	Not yet	Mapping exercise underway; strategy expected by November 2017. Assurance to be provided once in place	Not yet
GP Provider at scale maturity evaluation programme	Yes	Evaluation Framework endorsed by Collaboration board in July; Launch events and evaluation workshops being planned across NWL	Not yet
NW London Primary Care delivery plan in place which includes slides on workforce	Yes	This was approved by NHS England in July 2017, and delivery being monitored by the Primary Care (GPFV) Steering Group	Yes

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		GP resilience funding programme supporting capacity/ capability in primary care.		**Controls:** 1) Primary Care Commissioning Committee in place 2) Wrap around contract discussions taking place 3) Primary Care Strategy being developed in conjunction with GP Federation for sign off at governing body in September Oct 17 Primary care strategy approved. Primary care Investment business plan being considered. Enhanced primary care (wrap around contract) arrangements being progressed **Assurances:** 1) Wrap around contract arrangements being finalised and due diligence being undertaken 2) Primary Care Strategy being developed with multi-stakeholder involvement involving local residents 3) Maturity assessment framework being undertaken in respect of Federation Oct 17 Primary Care strategy being implemented. Arrangements approved by Governing Body to manage enhanced primary care programme. Maturity assessment underway **Risk Score:** 4 x 4 = 16	

Hounslow CCG	Last update: 13/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) Primary Care Co-Commissioning Group in place to provide assurance. 2) Practice Manager development launch for end of December 2017. 3) Feltham project looking at local variation has been approved as a formal subcommittee of the Health and Wellbeing Board with a patient and care professional event due to be held in September 2017. 4) GP wrap around contract in development for implementation in April 2018 which will tackle long term condition management. 5) General Practice Resilience Programme in place. **Assurances:** Federation development covering both maturity and capability of Hounslow PC Federations will be in line with the delivery of the GP wrap around contract. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** 1) Primary Care Commissioning Committee in place to provide assurance 2) Local workforce programme aligned to the CPEN which has a robust training and development programmed focused on building capacity and resilience in Primary care. 3) The CCG has developed a Primary Care dashboard highlighting variance unwarranted variation by practice; coupled with practice visits by Network Relationship managers. **Assurances:** The CCG is currently mobilising a wraparound contract which consolidates GP services outside of the core offer through commissioning 'Standards of Care' which aims to create capacity and improve access across Primary Care **Risk Score:** *Is there any local variation to the risk score?* No		The risk appetite has been changed from 3 x 4 = 12 to 3 x 3 = 9. This is due to the recurrent appearance of unwarranted variation; the consequences of unwarranted variation will become less to the health of the whole system as the likelihood reduces. The critical thing about unwarranted variation is to bring both ends of the bell curve closer to the mean.

Delivery area/ Objective 2	Eliminating unwarranted variation and improving long-term condition management	**(DA2) SRO**	Rob Larkman (Chief Officer, BHH CCGs)		
Risk 2.2	If we do not consider and respond to issues in the local services provider market (primary care and community care, social care etc.), taking account of organisational, workforce, training and financial issues, providers will be less able to deliver change that incorporates reduction in unwarranted variation.	**Risk owner**	Juliet Brown	**Updated**	15/10/17

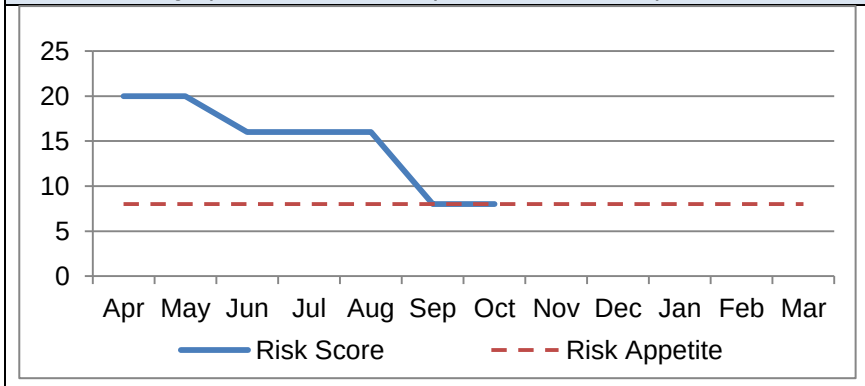
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**3 x 5 = 15**	If uncontrolled we will have unstable provider workforce. There is a low likelihood that we won't respond to this issue but consequence of not doing so is high.
	Appetite	**Rationale**
	2 x 3 = 9	When controlled we will be working more effectively across the health and care system to respond to pressures, therefore reducing both the likelihood and consequence.
	Current score	**Rationale**
	3 x 4 = 12	Within DA3 we have established several system wide work streams that are focussing on transformation activities in this area such as market management, primary care workforce, training for care home staff. We are also considering digital initiatives to support staff.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
DA2 Programme Board in place to oversee work in this area.	Yes	There is representative membership of DA2 programme board through nominated Chair and MD. Outputs from the DA2 programme Board reported to Governing Bodies through STP reporting governance and S&T quarterly report.	Nov 17
A workforce work stream in the Sustainability and Transformation Plan	Yes	The outputs of this work stream are reported through the STP delivery board and workforce steering group. Progress will be reported to Governing Bodies through STP reports and S&T quarterly report.	Nov 17
Primary care workforce Project Manager appointed	Yes	Workstream established as sub group of Primary Care Steering Group and progress will be reported to Governing Bodies through STP reports and S&T quarterly report.	Nov 17
Close working with Health Education NW London to produce appropriate training.	Yes	Initial funding has been secured from HENWL and progress is reported to governing bodies through S&T quarterly report	Nov 17
We are developing a more cohesive single commissioning voice across health and social care.	In train	Local discussions will be reported to Joint Health Care Transformation Group in October 2017 and	Nov 17
Primary Care Commissioning Committee having clarity on how to ensure the Primary Care Delivery Plan is delivered.	In train	Draft plans developed ready for Governing Body in Autumn 2017.	Nov 17
		Note: this entry relates to primary care in a general sense. Entry 2.1 relates specifically to General Practice.	

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 29/08/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		Strong Primary Care focus in the development of the CCG's Integrated Care Strategy.		C**ontrols**: 1) Primary Care Commissioning Committee in place 2) Will be seeking workforce reports for presentation to committee in order to review local position and consider any specific local initiatives 3) Revised primary care locality arrangements being developed Oct 17 Revised primary care networks being finalised **Assurances:** Any locally agreed workforce plan to be monitored/reviewed at the Primary Care Commissioning Committee and other relevant committees **Risk Score:** *Is there any local variation to the risk score? (include rationale)* 3 x 5 = 15	

Hounslow CCG	Last update: 19/09/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) Feltham project looking at local variation will also look at developing a multi-provider team. 2) Support offered to domiciliary care providers to ensure market remains viable. 3) Primary care work focused on supporting the on-going sustainability of primary care model and workforce. **Assurances:** Impact of work programmes monitored through Primary Care Co-Commissioning Joint Committee. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** The CCG is planning to commission a single contract for care outside of hospital. The CCG is currently developing the model of care and the underpinning business case. The CCG continues to work with providers of community services and in its lead commissioner role for Brent and Ealing with LNWH provided community services. Working with the LA through the BCF and IBCF to support the sustainability of domiciliary providers and other care providers. Mobilising the Ealing Standard with an element of this focused on provider development. **Assurances:** *Are there any additional local assurances or gaps?* The Governing Body will be asked to consider the final prospectus and business case for a single contract for out of hospital services in November 2017. The CCG is aiming to commence this contract (subject to agreement) in 2019. BCF and IBCF plans were submitted in September 17; feedback is awaited. The Mobilisation of Ealing Standard to support full goes live April 18. **Risk Score:** *Is there any local variation to the risk score?* No.	Comments from the Director of Compliance: The entry has been updated since September. The main point to note is that the next quarterly report will go to governing body sub committees or seminar sessions in November as an assurance. Governing Bodies may wish to understand the rationale behind the risk score reduction.

Delivery area/ Objective 2	Eliminating unwarranted variation and improving long-term condition management	**(DA2) SRO**	Rob Larkman (Chief Officer, BHH CCGs)		
Risk 2.3	If our approach to quality improvement is not evidence based or measureable, we will be unable to identify patient centred outcomes and priority areas. *This risk does not relate to core contracts with principal providers where quality systems are in place and functioning well.*	**Risk owner**	Mary Mullix	**Updated**	20/10/17

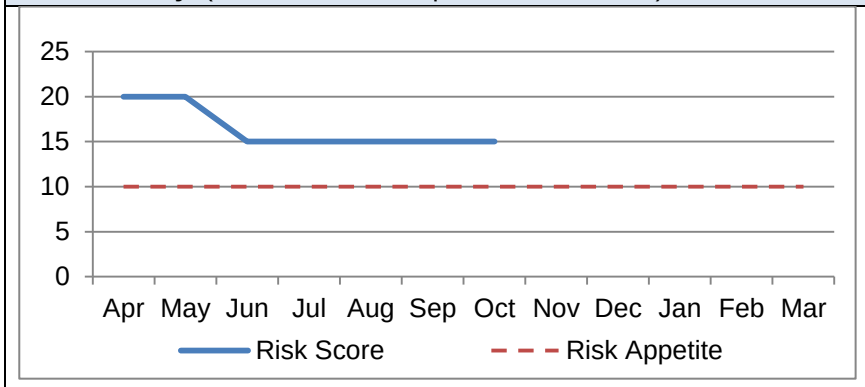
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled the lack of information related to patient centred outcomes results in variable measures and reporting and no clear indicators for use across CCGs.
	Appetite	**Rationale**
	2 x 4 = 8	When controlled, we will have clear measures of patient centred outcomes linked to key priorities as identified as priorities across the STP
	Current score	**Rationale**
	2 x 4 = 8	System now in place but is reliant on maintenance and update

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Quality Surveillance meeting where commissioners, Healthwatch, HENWL and NHHSE (London) discuss issues relating to providers in NWL.	In place from 2016	Identified issues are raised at Clinical Quality groups with outcomes reported to the GB via the CCG's quality committee. Reports to GB by exception.	See CCG reports below
Provider concerns meetings, held jointly with social care colleagues to consider quality issues primarily in care homes.	In place from 2016	Reported to Governing Bodies via Quality Committees by exception.	*See CCG reports below*
Lead commissioning CCG holds providers to account at Clinical Quality Group meetings	In place – as standard BAU	Minutes of the meetings presented to CCG Quality Committee meetings, which, in turn, report to Governing Bodies.	See CCG reports below
Contract meetings with care homes to review quality arranged in relation to concerns identified across health and social care	As required	Quality issues raised at CCG Quality Committees with reports to Governing Bodies as appropriate.	See CCG reports below
Continuing Health Care package reviews as per statutory guidance are carried out to ensure quality and value for money.	As per statutory guidance	Governing Bodies are made aware of progress by exception.	See CCG reports below
We need to ensure that the smaller contracts review assesses quality issues alongside the financial issues.	BAU	Smaller contracts have the basic NWL core quality schedule requirements embedded and a formalised reporting process is in place. A service Quality Performance report is submitted on a quarterly basis for contract monitoring	See CCG reports below
Contracts database needs to be complete across the collaborative to help us to identify where there is unnecessary variation that can be eliminated.	BAU	A contract register is in place. All contract leads have access and are expected to update it as and when required. This provides a summary of quality requirements, value for money assessment, and contracting variations enabling plans to determine future contracting intentions.	See CCG reports below
		Detailed consideration of this BAF entry a standing item on the CWHHE Quality and Performance Committee	1st review Jul 17

Central London CCG	Last update: 20/10/17	West London CCG	Last update: 28/0817	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: The position of ICHT is being monitored closely. The H&FCCG Contracts Team meets with the Trust in bi-weekly meetings to discuss the trajectory. Clinical Harm Reviews are discussed at CQRG for ICHT. The impact on Central London patients has been reported to QSC previously and will continue to do so. The CCG is continuing to work with local practices and the local LMC to finalise the year one specification for local commissioning intentions. The CCG is developing a contract negotiation timeline to share with NWL CCGs and agree the process. NWL CCGs prepare an update letter for practices on timetable adjustments that will need to be made. **Assurances:** Ongoing actions in hand as requested. There has been an escalation of risk through NWL PMS Steering Group and NWL Heads of Primary Care meeting. Set up CCG contract negotiation team to ensure team is ready to mobilise quickly. **Risk Score:** There is no variation to the score.		Awaiting Care Homes dashboard.		**Controls:** As above plus; 1) Quality Committee/F&P Committee jointly review key contracting quality and performance issues on a monthly basis 2) Quality Committee receives/reviews and discusses local quality issues as highlighted by the central quality team in respect of safeguarding/looked after children (LAC) and infection and prevention control **Assurances:** Hammersmith and Fulham CCG continue to monitor the progress of Imperial against their Referral To Treatment Time Trajectory – a report has been shared with all other CCGs who are associates to the contract. A deteriorating position has been reported in month 6 with the nadir believed to be in September. Reports presented to the Quality Committee on key quality items with specific local issues highlighted in the committee reports Monthly assurance templates are being completed and sent to NHS England and associate commissioners in regards to harm reviews and offering an alternative provider. **Risk Score**: 4 x 4 = 16	

Hounslow CCG	Last update: 10/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: Care Homes Working Group in place and looking to understand issues and strengthening joint intelligence working. **Assurances:** Particular concerns raised in relation to specific Care Homes discussed at August Quality Committee and Governing Body (in private) September 2017, joint working with Local Authority. New provider in place embargo to be reviewed. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** Ealing CCG in partnership with wider regulators has completed the NHS E Quality Risk Profiling Tool with WLMHT to agree a common set of risks to jointly mitigate the Quality. Both Ealing CCG and NHS E wrote to WLMHT in September to outline the next steps and the monitoring approach which will be through existing processes i.e. CQG Contract Meetings. **Assurances:** WLMHT now completed the tool, which has been moderated with regulators. Next step is to revised CQG agenda to monitor alongside eth existing CQG agenda items **Risk Score:** *Is there any local variation to the risk score?* No		The intention is for the Central Contracts Quality report to be presented by the quality lead for BHH at the Collaborative Quality Committee quarterly. The risk score has been reduced to the appetite. Governing Bodies should note that the risk has been reduced to the risk appetite indicating that the risk has been mitigated, as long as the control mechanisms are continued. Governing Bodies views on the controls are sought in order to accept the risk reduction to the appetite.

Delivery area/ Objective 3	Achieving better outcomes and experiences for older people.	**(DA3) SRO**	Carolyn Downs (Chief Executive Officer: Brent Local Authority) & Rob Larkman (Chief Officer: BHH CCGs)		
Risk 3.1	If we do not have a clear, embedded systematic process for identifying care needs at the time of placement and on-going review and monitoring of quality in commissioned care (encompassing care homes and domiciliary care), it will lead to poor patient outcomes and experiences such as unplanned pressure on emergency departments and social care and financial consequences.	**Risk owner**	Mary Mullix	**Updated**	20/10/17

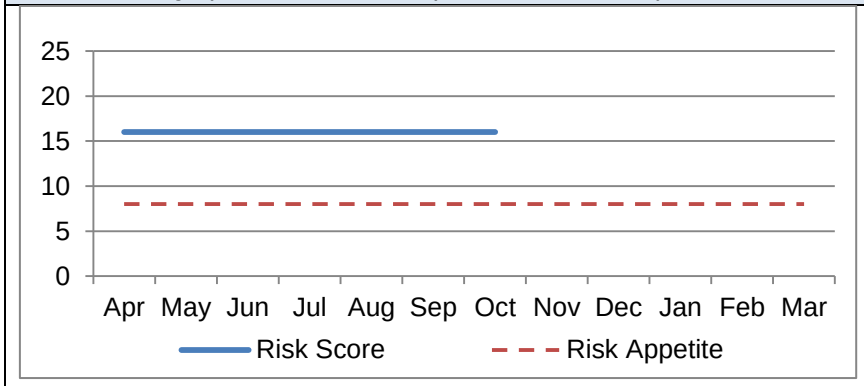
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 5 = 20**	If uncontrolled there are no measures in place to mitigate concerns therefore patient outcomes are poor and attendance at Accident and Emergency departments remains high as there are no systems in place to manage patients.
	Appetite	**Rationale**
	2 x 5 = 10	When controlled, the likelihood will be reduced to 2 (unlikely) meaning that the measures that are implemented are understood across agencies enabling patients to be managed within their care settings with limited attendance at Accident and Emergency.
	Current score	**Rationale**
	3 x 5 = 15	As of June 2017 there are some measures in place in continuing health care placements that provide feedback and have tailored plans. The impact across organisations is not yet consistently evident and standardised monitoring not yet in place.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Workforce planning in place at NWL and STP level. Discussions with Health Education England	In place as part of STP delivery	Part of the STP planning across provider organisations and with partners in Local Authority. We need a report from the STP workforce group.	Not yet
Engagement and Planning – we engage with providers in the planning of placements	In place – standard BAU	Routinely shared with Governing Bodies via Quality and safety Committees by exception.	By exception
We have a gap in control in that we have no standardised way of monitoring placements across CWHHE.	Not yet	A NWL CCG Delivery Group is now established to standardise this. Progress reported to Governing Bodies	Not yet
Provider concerns meetings, held jointly with social care colleagues to consider quality issues primarily in care homes.	In place since 2016	Reported to Governing Bodies via Quality Committees by exception.	By exception
Joint Operational Group with local authority colleagues which looks at adult safeguarding issues across the care home sector.	In place since 2016	Reported to Governing Bodies via Quality Committees by exception.	See CCG comment below
Mechanism in place to record, on a quarterly basis, patient experience of placements.	In some CCGs	CHC patient experiences are routinely monitored reported to Governing Bodies via Quality Committees.	For some CCGs
GP contracts initiated to provide medical care to identified care homes residents and monitoring systems being implemented	In some CCGs	Progress will be reported to Quality Committees	By exception
Continuing Healthcare Policy in place and Standing Financial Instructions setting out expenditure rules.	In place since 2016	Finance reports to Finance & Performance Committees set out financial impacts of care packages. NWL CCG Delivery Group (above) steering a quality and financial review of all high cost placements.	Partial

Central London CCG	Last update: 22/10/17	West London CCG	Last update: 29/08/17	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: **Assurances:** Standardised tool used for assessing the quality of mental health placements in the triborough. **Risk Score:** *Is there any local variation to the risk score?* No		New primary care specification for care planning and My Care, My Way give focus on care needs and improved outcomes.		**Controls:** Quality Committee informed of any quality/safeguarding/CQC issues in regards to placements made. Within older peoples review team have increased clinical input. **Assurances:** Standardised tool used for assessing the quality of mental health placements in the tri-borough 1) Quarterly report presented to the quality committee on all out of borough mental health placements 2) Reports prepared by safeguarding team as required when concerns arise in relation to quality of placements **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 3 x 4 = 12	

Hounslow CCG	Last update: 10/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) There is now NW London CHC Delivery Group 2) NWL Long Term Needs Care Reference Group in place with multi-disciplinary professionals sharing good practice, working on pathways and adding value using economies of scale. 3) Local multi-disciplinary team working in place working on advanced care plans. **Assurances:** 1) Developing NWL benchmarking 2) Need to develop use of S1 in care homes to enable information sharing. 3) Need to develop use of IT in care homes to enable decision making e.g. pointer care machines. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** • Monthly CHC report to Quality Committee • Focused work on reducing backlog for reviews of CHC and FNC (3 months and annual) • On-going monitoring of care homes with safeguarding team embedded with the LA • Enhanced primary care offer to patients residing in nursing home delivered through The Argyle Care Home Service (TACHS) • Recruitment underway for a Quality Assurance Nurse funded through the BCF. • Change Academy work stream to address quality issues in nursing and care home sector. **Assurances:** Report reviewed by Quality Committee and continues to be developed. Backlog reduced and work now finished with improved processes in place to reduce likelihood of re-occurrence. TACHS contract regularly monitored. **Risk Score:** *Is there any local variation to the risk score?* No.		The way in which patient experience of placements is recorded has to be standardised so that the information is meaningful and can be utilised – this is not yet in place although it is hoped that it can be implemented through the NW London Delivery Group

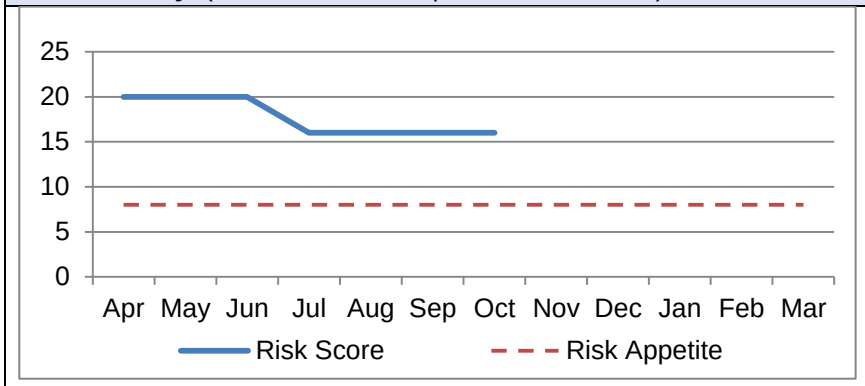
Delivery area/ Objective 4	Improving outcomes for children and adults with mental health needs.	**(DA4) SRO**	Fiona Butler (West London CCG) & Clare Parker (Chief Officer, CWHHE CCGs)		
Risk 4.1	If we do not fund the new models of care through Like Minded programme, recognising transition funding requirements, mental health services will not be sustainable and safe.	**Risk owner**	Fiona Myers	**Updated**	06/1017

Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 4 = 16**	If uncontrolled there is a risk of increased demand for services which will have knock on impacts on A&E attendances and financial pressures through increased length of stay and increased admissions for inpatients beds and NWL will not be able to deliver the MH 5YFV expectations.
	Appetite	**Rationale**
	2 x 4 = 8	When controlled there will be more effective working across the system to respond to pressures, therefore reducing both the likelihood and consequence.
	Current score	**Rationale**
	4 x 4 = 16	As of October 2017 plans are being produced for phased and priotised roll out across Boroughs that consider and address local pressures, however, the investment required to off set demand is still a challenge

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Requirement for robust business cases to Finance and Performance Committees is in place.	In place	Governing body recognises the quality benefits of delivering the MH 5YFV objectives, and therefore, commit to the implementation plans presented by the Like Minded / Mental Health programme.	Not yet
Agreement in place to reinvest savings from acute sector in mental health care. We are looking at wider financial benefits of improving on mental health; this will support in the delivery of future QIPP plans	In place Jan 2017	The initial analysis outline that although change in activity in acute sector can be seen, it has not been possible to evidence sufficient reduction in activity to shift investment.	Yes
Review and revise the implementation plan to identify components of service change that could deliver improvements and savings	In development	Engaging stakeholders and hence securing broad commitment to the identified components that would make the desired effect and the most impact,	Not yet
We are undertaking a reprioritisation exercise that can detail what is achievable within the financial envelope and mapping this against the impact this will have on delivering the MH 5YFV.there may be elements that we are unable to reach	In progress	We will have a plan that identifies the work that can be driven forward that's approved by the GB	Nov 2017

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		NWL financial framework in development.		**Controls:** 1) Review of mental health contracting lines being undertaken to ensure value for money and correct levels of provision within current contracts and between providers 2) Investment opportunities being considered as a result of value for money/service review work Oct 17 Governing Body discussed and reviewed mental health programmes. On going work to determine scope within current contracts for service redesign to enable prioritised investments to be taken forward **Assurances:** Investment proposals in local services supported by an analysis of current service utilisation and consideration of whether resources are being used to meet current needs **Risk Score:** *Is there any local variation to the risk score? (include rationale)* 4 x 4 = 16	
Hounslow CCG	**Last update: 19/09/17**	**Ealing CCG**	**Last update**: **10/10/17**	**Additional comments**	
Controls: Hounslow has in the past significantly increased its spending on Mental Health services but in the current financial environment the CCG is focusing on deriving value for money from its current investment in services. **Assurances:** Nothing in addition to the above. **Risk Score**: *Is there any local variation to the risk score?* No		**Controls:** 1) Ealing is compliant with Mental Health Investment Standard 2) Joint Transformation Programme in place supporting Ealing, Hounslow and H&F pathways through WLMHT 3) Additional non recurrent investment available through national funding streams and alignment to local funding **Assurances:** Ealing CCG is meeting the parity of esteem requirements in 2017/18. Non recurrent funding creates a recurrent funding risk to CCGs **Risk Score:** 4 x 4 = 16. Based on ability to recurrently fund the new models of care		*Comments from the Director of Compliance:* 1) The risk owner has amended the wording of the risk to remove the reference to the 'Future in Mind' programme. 2) The risk score rationale highlights an outstanding issue relating to finances and clarity on this point is needed. 3) Previously we were going to make bids for funding from elsewhere (HENWL and PH England) as a control but this has since been removed. 4) Governing Bodies may wish to understand why the risk score has not changed since April 2017	

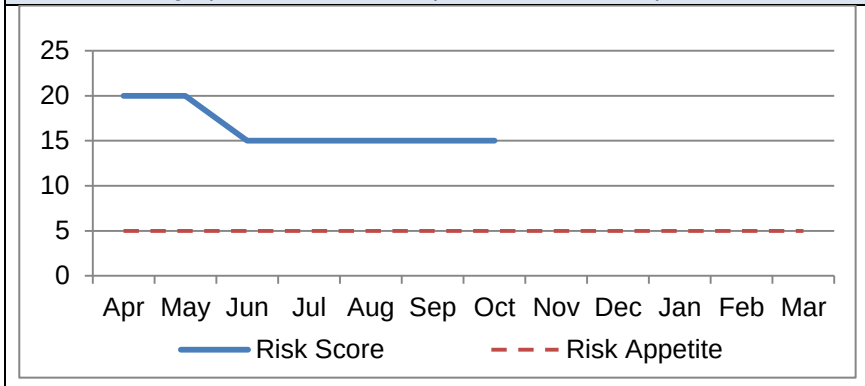
Delivery area/ Objective 4	Improving outcomes for children and adults with mental health needs.	**(DA2) SRO**	Sarah Basham (Brent CCG) & Clare Parker (Chief Officer, CWHHE CCGs		
Risk 4.2	Limited buy in, capacity and engagement from other agencies and input from providers make it difficult to develop new ways of working and new pathways to improve outcomes for children and young people and manage demand for specialist services	**Risk owner**	Fiona Myers	**Updated**	06/10/17

Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 5 = 20**	If uncontrolled it is highly likely that children and young people will not be able to have safe and fulfilling life and there will be high demand for specialist services including tier 4 beds
	Appetite	**Rationale**
	2 x 5 = 10	When controlled there will be reduced demand for crisis services and better outcomes for children and young people
	Current score	**Rationale**
	4 x 4 = 16	Whilst there is a willingness, the cuts in local authority budgets and complexity of the education environment make it difficult to completely mitigate the risk.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Engagement with wider stakeholders is taking place to define local framework, priorities and implementation plan to improve outcomes and mange demand for specialist services.	In development	There is no assurance yet. There is an appetite for change from all agencies, however, it is a major cultural and financial shift required to achieve the anticipated outcomes.	Not Yet
Health Education North West London funding for change management and quality improvement skills. Being invested now.	In train April 2017	No assurance as yet on outcomes. Quality assurance measures to be developed.	Not yet
Formulating the transformation dashboard so we can identify, with transformation metrics, whether we are seeing the change we want.	In train Jan 2018	Not in place yet. We are looking at ways of getting external assurances that change is happening.	Not yet
The transformation funding investment in the crisis pathway will improve demand for tier 4 specialist beds.	Yes Oct 217	The service just launched. In the last few months, through utilisation of existing resources, reduction in length of stay and reduction in demand for inpatient beds can be seen	In progress
The transformation funding investment in the crisis pathway will improve demand for tier 4 specialist beds.	Yes Oct 217	The service just launched. In the last few months, through utilisation of existing resources, reduction in length of stay and reduction in demand for inpatient beds can be seen	In progress

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances**: *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		West London's Community Living Well programme working to ensure sustainable services.		**Controls:** Oct 17 Reprocurement of employment support and health and wellbeing services provided within the voluntary being undertaken **Assurances:** Oct 17 Reprocurement process being supported by local engagement with service users to ensure their views are taken into account when new services in place **Risk Score:** *Is there any local variation to the risk score? (include rationale)* 4 x 4 = 16	
Hounslow CCG	**Last update: 10/10/17**	**Ealing CCG**	**Last update**: **10/10/17**	**Additional comments**	
Controls: Nothing in addition to the above. **Assurances:** 1) Hounslow needs to refocus its commissioning intentions around prevention and recovery and moving investment from acute to community and voluntary. 2) Limited investment in Hounslow in the voluntary sector. 3) Hounslow Giving is mapping key issues for borough and looking at what resources can be offered for them by harness local resource. 4) Place based funding being explored by key partnership working reviewing resource availability for projects. 5) PREVENT are receiving referrals from MH providers which mainly are signposted towards support services. **Risk Score:** *Is there any local variation to the risk score? (* No.		**Controls:** Ealing CCG in role as lead commissioner for WLMHT established a jointly funded local transformation team supporting Ealing, Hounslow and H&F CCGs. The team have a clear programme structure and now report into a local programme executive and into the well-established local transformation board. Progress is reported through a Joint Programme Executive with updated to CQG contract meetings. September CQG held with dedicated CAMHS focus and deep dive with agreed forward plan. **Assurances:** *Are there any additional local assurances or gaps?* No **Risk Score:** *Is there any local variation to the risk score? (* No		Notes from Director of Compliance: This entry has changed considerably from the previous version, including the description of the risk. Governing Body members should satisfy themselves that he key risks to this objective are as they see them and, given that assurances have been provided to date, comment on what assurances they would expect to see and how they would wish to test them.	

Delivery area/ Objective 5	Ensuring we have safe, high quality sustainable services.	**(DA5) SRO**	Clare Parker (Chief Officer, CWHHE) & Tracey Batten (Chief Executive, Imperial College)		
Risk 5.1	If the Implementation Business Case is not approved to the expected timescales then there will be a delay in accessing capital and delivering system improvements.	**Risk owner**	Kevin Nicholson	**Updated**	13/09/17

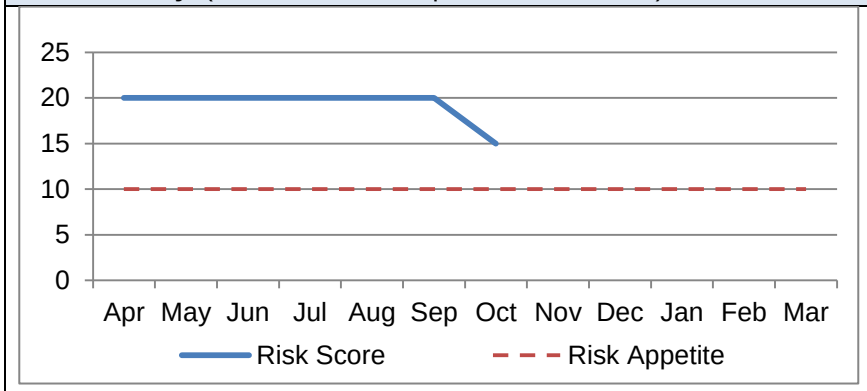
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 5 = 20**	If uncontrolled then it is likely that the Implementation Business Case for Shaping a Healthier Future part 1 will not be approved to the timescales leading to delays in capital investment and an inability to achieve key objectives.
	Appetite	**Rationale**
	1 x 5 = 5	When controlled the business case will be approved and capital will be released.
	Current score	**Rationale**
	3 x 5 = 15	As of July 2017 NHSE Investment Committee approved the Business Case – this would reduce the current score. NHSI Resource committee also need to approve, and this has been further delayed until 9th August – hence the risk score remaining at 15.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Shaping a Healthier Future programme team and structures in place to respond to queries and meet NHSI Board's requirements for additional assurance information.	Yes	Weekly update to the Programme Executive Board. Update to the Governing Body in July on the process and timelines.	Oct 17
Engaging GE to perform additional modelling to provide the further assurance being requested.	Yes	NHSI Deputy Chief Executive & Executive Director of Resources NHS Improvement confirmed business case to be considered at NHSI RC on 9th August. This case would not have been considered if the programme team had not sufficiently met the assurance requirements. Weekly update to the Programme Executive Board. Update to the Governing Body in July on the process and timelines.	Oct 17

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 29/08/17	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: *are there any additional local controls or gaps?* **Assurances**: *Are there any additional local assurances or gaps?* **Risk Score**: *Is there any local variation to the risk score? (include rationale)*		Support for developing capacity in primary care would go some way to mitigate any risk if implementation was delayed.		**Controls**: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)* 3 x 5 = 15	

Hounslow CCG	Last update: 19/09/17	Ealing CCG	Last update: 31/08/17	Additional comments
Controls: Nothing in addition to the above. **Assurances**: Nothing in addition to the above. **Risk Score:** *Is there any local variation to the risk score?* n/a		**Controls:** Independently chaired steering group set up for Ealing Hospital to oversee the development of the model of care with current focus on in year transformational changes including Homefirst and older peoples services. The CCG and Head of Strategic Estates continue to work On the development of the OBC for the Ealing North and East Hubs. **Assurances:** Steering Group in place. PID approved by the NHSE PAU **Risk Score:** *Is there any local variation to the risk score?* No		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.*

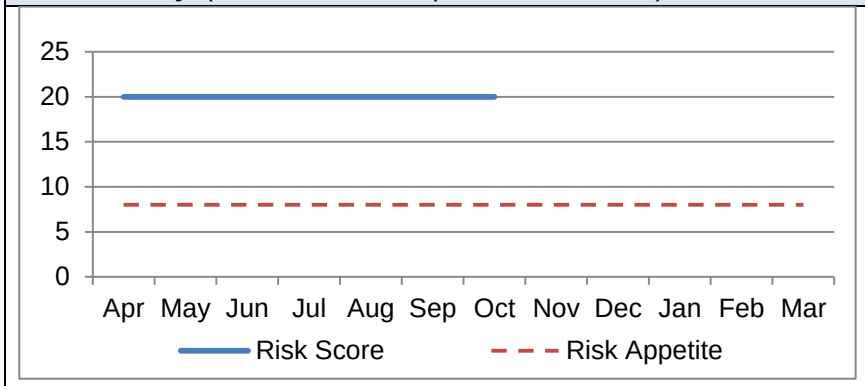
Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.1	If our plans to achieve the sector-wide (commissioner and provider) financial control total lack clarity and reality (bearing in mind impacts on quality and equality) and the accountability for delivery is unclear then we will not realise the savings as intended.	**Risk owner**	Keith Edmunds	**Updated**	31/10/17

Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 5 = 20**	If uncontrolled the risk assessed at 1 April was c.£200m shortfall versus plan, on combined expenditure of approximately £5.6bn.
	Appetite	**Rationale**
	2 x 5 = 10	When controlled, it will be unlikely that we will miss the control total by a significant margin.
	Current score	**Rationale**
	3 x 5 = 15	As of month 6, 2017 NWL CCGs and Trusts are reporting a year to date adverse variance of £3.3m, with a full year forecast adverse variance of £2.8m and a combined net risk of £75m. Trusts and CCGs are continuing to work on mitigations. On the basis of a net risk of £75m, impact score remains at 5, though likelihood is lower.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Turnaround programme in place across NWL CCGs with a joint management group overseeing progress.	In place	CCG QIPP reports include local CCG share of NWL wide schemes. More detailed progress reporting for Finance Committees is being developed.	Partial
Complete identification and planning for CIP/QIPP across the sector.	In place	Overall sector finance report produced from M4 and reported to CWHHE Joint Finance Working Group, as well as NWL Provider Board. Summary to be provided to CCG GBs from November 17.	Partial
Complete triangulation of commissioner/provider income assumptions	Plans – complete.	Plans - This is shown in the system financial risk assessment compiled by NHSE/I for the sector and received by CFOs. Forecasts – CCG / Trust contract teams working to agree full year forecast	Partial
CCGs already have established regular QIPP monitoring and reporting arrangements but these are not yet on a consistent NWL basis. We are taking steps to strengthen PMO arrangements.	Partially complete	CCG QIPP reports include local CCG share of NWL wide schemes. Sector wide QIPP and CIP overall performance reported to CWHHE Joint Finance Working Group, as well as NWL Provider Board.	Partial
CCGs/ Trusts have agreed the need for a mutual accountability agreement as a record of commitment to whole-system working	In development	To be agreed.	Not yet
The main NHS commissioners and providers in the sector have agreed to an open book approach to reporting of financial results as well as risks and opportunities.	In place	Overall sector finance report produced from M4 and reported to CWHHE Joint Finance Working Group, as well as NWL Provider Board. Requires further development.	Partial
We need to achieve an appropriate balance between reporting system-wide positions and organisational financial positions.	In development	Overall sector finance report produced from M4 and reported to CWHHE Joint Finance Working Group, as well as NWL Provider Board. Summary to be provided to CCG GBs from November 17.	Partial

Central London CCG	Last update: 16/10/17	West London CCG	Last update: 31/10/17	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: There is monthly monitoring and reporting of QIPP, as well as continuous engagement with Kingsgate. Finance teams are working with the Managing Director and the Finance and Performance Committee to provide full transparency for YTD and forecast results. **Assurances:** The true position reflected on monthly financial reporting to NHS England. There is a more pragmatic delivery of schemes. The Turnaround team are focused on closing the savings gap and actions in the short and long term. **Risk Score:** *Is there any local variation to the risk score?* No		**Controls:** *are there any additional local controls or gaps?* • Finance & Activity Committee monthly oversight/ scrutiny of financial and QIPP every month • Regular budget holder meetings with teams to review spend/ risks and opportunities • Review of contracts through statutory meetings such as Finance & Information Group, Performance & Contract Executive **Assurances**: No additional assurances • Cohesive NWL QIPP programme to align programmes across CCGs and providers needed **Risk Score:** No change **Score:** *Is there any local variation to the risk score? (include rationale)*		**Controls:** 1) QIPP Delivery Group in place and meets fortnightly 2) Weekly QIPP delivery meetings with programme leads and Senior Responsible Officer (SRO) 3) Monthly review of QIPP position by Operational Group 4) Monthly review of QIPP and financial position by F&P Committee and bi-monthly review with quality committee 5) Monthly report presented to Ops/F&P Committee with RAG rating against performance year to date **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 4 x 5 = 20	
Hounslow CCG	**Last update: 19/09/17**	**Ealing CCG**	**Last update**: **10/10/17**	**Additional comments**	
Controls: 1) We manage the contract through a series of clinical, finance and activity monthly meetings. E.g. CQG, FIG, PCE. 2) Transformation Board to affect change with CWFT. **Assurances:** Local QIPP database in place and working towards a NWL consistent approach to QIPP. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** 1. Detailed monthly review and scrutiny of the financial position by F&P committee. 2. Robust budgetary control and regular budget holder meetings to identify the risks and opportunities within the position. 3. Review of contracts through a series of quality and finance meetings such as CQG, FIG and PCE. 4. Review of new investments in line with prioritisation matrix ensuring a clear pay back in the current financial year. 5. Monthly QIPP delivery and performance is reviewed at the following points a. Finance and Performance Committee b. Assurance and Delivery Meeting c. LNWHT QIPP meeting attended by the Trust as well as Brent and Harrow CCGs. 6. NWL QIPP leads meeting to review progress against Financial Recovery, Strategy and Transformation and Capped Expenditure plans and reports into the Financial Recovery Group **Assurances**: No additional assurances **Risk Score:** No change		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.* Comments from the Director of Compliance: Successful mitigation of this risk has some dependency on the successful management of / delivery of the mitigations of 6.2 below.	

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	SRO	Clare Parker (Chief Officer, CWHHE)		
Risk 6.2	If we do not organise ourselves in a way that maximises efficiency, creates clarity of plans with clear individual contributions, and that connects the local agenda with the wider strategy in NW London then we will be less able to make the changes set out in our plans.	**Risk owner**	David Freeman	**Updated**	20/10/17

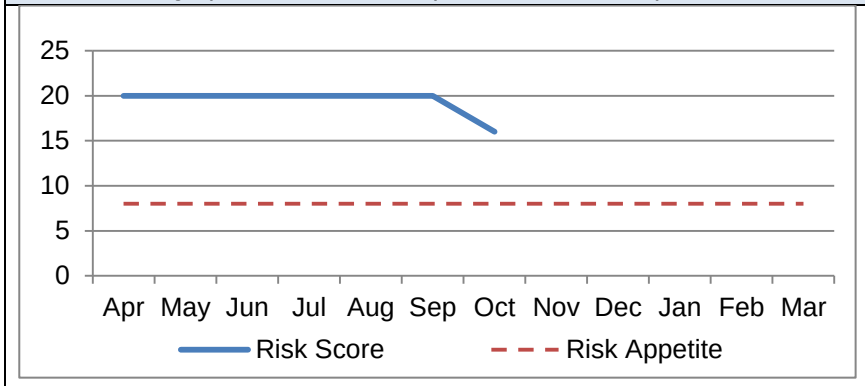
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled we will not have a plan for how we can best align our working arrangements and deliver all our aspirations.
	Appetite	**Rationale**
	2 x 4 = 8	When controlled it will be unlikely that clarity of working arrangements will lead to being less able to deliver plans.
	Current score	**Rationale**
	5 x 4 = 20	Business plans are in place for each CCG (as of June 2017) that identify local priorities and the link to system wide transformation plans. However in an effort to further strengthen joint working, work is now underway to shape new collaborative commissioning arrangements across NW London. This will have the benefit of ensuring the system strengthens its capacity and capability to deliver but will take time evolve

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Clear Annual Business Plans in place per CCG that map to the STP delivery areas.	In place	1) Plans agreed by Governing Bodies. 2) Resource implications to be reviewed + links to national priorities	May 17 Jul 17
Appraisal and objective setting framework in place that maps individual, team and organisational objectives.	In place	Appraisal completion tracker was launched in June 2017 to provide data on appraisal rates including confirmation that individual's objectives map to the organisation's objectives. Regular updates received at CWHHE Senior Team Operational meetings (July, Aug & Sept). Status report due at mid-year review point in October 2017.	Not yet
GB seminars to consider establishment and scope of a CWHHE Joint Committee	Mar-Jun 17	Report back to GBs in May on outcomes, leading to establishment of joint GB workshops.	May 17
Proposal to create a programme of work to create more efficient business processes across the CCGs to support more shared working.	In train	1) Proposal Paper debated and agreed in principle at CWHHE Senior Team Meeting on 3 July 2) Agreed that the NW London collaboration work needs to conclude first (see below). Reports to Governing Bodies in September & November.	Sept 17
Creation of a programme of work to develop more collaborative commissioning across NW London – includes exploring how we could take more joint commissioning decisions and maximising resources through fully joined up working across NW London.	April 2018	1) Interviews, survey-questionnaires and workshops involving GB members taking place through Aug & September 2) Joint Governing Body seminar to debate findings in mid September 3) Final report to GBs by the end of Sept	Sept 17
GBs considered proposals for the development of collaborative commissioning at specially convened meetings in Sept. 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.	In train	Detailed work-up of recommendations and proposals is now underway. Papers are due to be presented to GBs for consideration in early December 2017.	Dec 17

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* Assurances: *Are there any additional local assurances or gaps?* Risk Score: *Is there any local variation to the risk score? (include rationale)*		NWL joint working to address this.		Controls: *are there any additional local controls or gaps?* Nothing in addition to main risk summary. Oct 17 Following decisions from 26 September Governing Body meeting programme of engagement with membership being put in place in advance of any vote required on changes to the constitution to enable changes to be made Assurances: *Are there any additional local assurances or gaps?* Nothing in addition to main risk summary. Risk Score: *Is there any local variation to the risk score? (include rationale)* 5 x 4 = 20	

Hounslow CCG	Last update: 10/10/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: 1) CCG is refreshing its approach to planning for 2018/19 including a local roadmap for delivery of the STP "Future-proofing Health in Hounslow". 2) CPEN GP development programme and GB seminars. Assurances: Nothing in addition to the above. Risk Score: *Is there any local variation to the risk score? (include rationale)* No.		Controls: *are there any additional local controls or gaps?* Local Business Plan directly links to NWL Strategic Objectives. NWL strategic objectives embedded in appraisals and objective setting. Assurances: *Are there any additional local assurances or gaps?* *No* Risk Score: *No*		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.* Co-dependency on the successful management and delivery of mitigations flagged at 6.1 above.

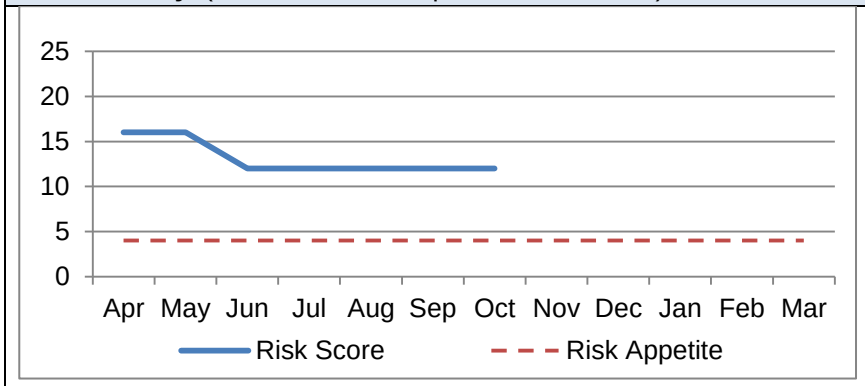
Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (Workforce, OD, IT primary care etc)	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.3	If conflicts of interest are not managed, it could lead to a successful challenge of a commissioning decision.	**Risk owner**	Ben Westmancott, Director of Compliance	**Updated**	19/10/17

Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled it is likely a breach would occur which could lead to national media coverage and reputational damage.
	Appetite	**Rationale**
	2 x 4 = 8	When controlled we do not expect any breaches to occur, however, should this happen the consequence of this would remain largely the same.
	Current score	**Rationale**
	4 x 4 = 16	As of October 2017 we are confident there are a number of effective controls in place. Launch of the revised policy has led to a reduction of the risk score.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Investment Committee to support decision making where conflicts of interest exist.	Yes	1 – GB approval of Terms of Reference that outline these arrangements. 2 – Minutes of the Investment Committee taken to GBs	11/14 05/17
Conflicts of interests guidance setting out the expectations of Governing Bodies members and staff throughout the organisation.	01/17	Guidance endorsed at Governing Bodies meetings	01/17
Conflicts of interests policy that incorporates all of the latest statutory guidance.	Not yet	1 – Audit committee approved the Conflicts of Interests Policy (July 2017) 2 – GB members confirmed understanding of the approved policy.	Jul 17 Not yet
Six month review of Governing body members Declarations of Interests (DoI).	06/16	Evidence of all 5 CCGs having published and updated DoI registers online in the past 6-months	08/17
Comprehensive training package in place for all staff and lay members. A launch date for the training has not been confirmed.	Not yet	Report to Governing Bodies on compliance with training.	Not yet
Primary Care Commissioning Committees developed with in-built mechanisms for managing conflict of interests.	03/17	Terms of Reference and ways of working approved by Governing Bodies.	03/17
Continued monitoring of compliance with the policy in line with any future changes.	Yes	Internal Audit report – that gave reasonable assurance.	01/17
Compliance with NHSE's reporting requirements.	Yes	Report to Governing Bodies on our compliance with NHSE requirements	Not yet
Decision makers will be briefed on the new policy from September.	Yes	New policy has been circulated and published internally.	08/17

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		Recruitment of secondary care clinician underway.		**Controls:** 1) Declarations of Interest forms completed in April/September each year and published on CCG website 2) Committee terms of reference updated regularly. Conflict of interest issues taken into account when updates made Oct 17 Declaration of Interest forms updated for all Governing Body Members and being published on website **Assurances:** Register published on CCG public facing website **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 4 x 4 = 16 (Sep) 3x4 = 12 (Oct)	
Hounslow CCG	**Last update: 13/10/17**	**Ealing CCG**	**Last update**: **10/10/17**	**Additional comments**	
Controls: 1) Declarations of interests by all GB members completed at the end of March 2017 and June 2017 for the new GB member following elections. 2) Assured as fully compliant to conflicts of interest by NHSE. **Assurances:** 1) Declarations of interest register published online with all GB meeting papers as well as on the GB webpage. 2) Conflict of Interest training for Governing Body and Primary Care Joint Co-Commissioning Committee Members scheduled for December 2017. 3) Exploring a software solution to provide compliance reports across CWHHE. **Risk Score**: *Is there any local variation to the risk score?* No.		**Controls:** Declarations of Interests completed by CCG staff, including All GB Members in September 2017 Declarations of Gifts & Hospitality also completed by all CCG staff. Declarations by all staff are a standing item in all ECCG Committee meetings. **Assurances:** Declarations of Interest Register published online. All GB meeting papers are also accessible via the ECCG website (on the GB webpage). **Risk Score:** *Is there any local variation to the risk score?* No		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.* Comments from Director of Compliance: Governing Body members should consider whether they feel confident at identifying and managing conflicts of interest and. if not, what additional support might be required. Hammersmith and Fulham have reduced the risk score. Other CCGs on the collaborative might wish to connect with H&F CCG's governance lead to understand how they have approached this area as there may be some good practice to share.	

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.4	If we do not have plans for developing our workforce and building the workforce for the future in a way that supports delivery of the task ahead of us we will reduce our ability to deliver our plans, lose corporate memory, expertise, and fail to address turnover rates.	**Risk owner**	Maggie Gibbs (CCG staff) Janice James (provider staff)	**Updated**	24/10/17

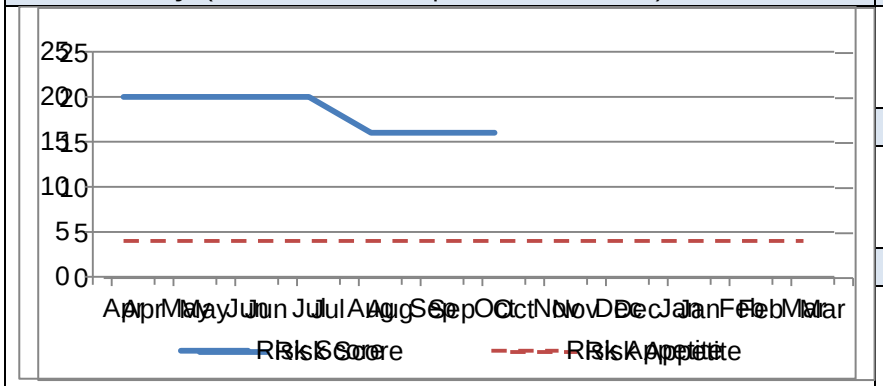
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 4 = 16**	If uncontrolled there will be insufficient buy-in to the plans resulting in the risk materialising.in uncertain delivery and loss of key staff.
	Appetite	**Rationale**
	2 x 2 = 4	When controlled it will be unlikely that there will be a major negative impact.
	Current score	**Rationale**
	3 x 4 = 12	Provider workforce: as of June 2017 we have a workforce strategy in place but lack assurances that it will be delivered. CCG workforce: The appraisals process continues to be a cause of concern. There has been minimal change from the August HR & OD report. Compliance rates have been discussed at September SMTs. Only Hammersmith and Fulham CCG (78%) has an amber rating (more than 75% of staff having had objective set). All other CCGs and directorates have a red rating (74% of staff and below having had objectives set).

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Provider workforce: Workforce Strategy for NWL developed in partnership with HENWL. Includes key initiatives over 5 years to address known issues	In place	Report taken to the Collaboration Board in January 2017. Update coming in September2017. Evaluation Framework being tested with workforce transformation delivery board (chaired by Ethie Kong) in July 2017.	Not yet
CCG workforce: HR & OD People Strategy completed. A People Strategy Implementation Programme (PSIP) set up to deliver the programme of work over the next two years in response to the identified risk.	Jun 17	Programme Group in place, which meets fortnightly. Programme Director reports to Maggie Gibbs monthly and to the HR Committee quarterly, then through the HR Committee papers to the BHH SMST and CWHHE SMT.	Oct 17
CCG workforce: **Succession planning** has been undertaken on a reactive rather than proactive basis across the Collaboration. To compound matters, 'one to ones' are not consistency used across the Collaboration and the rate of **appraisals and personal development** plans (PDPs) is very low. The work has been picked up as part of the implementation of the PSIP Work Programme. Work packages E1-E3 address the actions in relation to appraisals and PDPs. B4 and B5 relate to succession planning and talent management.	Oct 17	Both priorities were highlighted by the Collaboration staff survey analysis and by the RSM internal audit. 1- Internal Audit advisory review highlighting gaps, reviewed by SMT. 2- HR Committee to review mitigation 3 - Audit committee to review management response 4 - PSIP group has agreed that the HR Directorate will conduct a Deep Dive into NWL CCG's Performance Review and Talent Management Systems as a root cause analysis of the current compliance shortfall and future enhanced mitigation.	May 17 Sep 17 Oct 17 Jan 18

CCG workforce: Staff training programme completed in July. New **learning & development programme** procured during August for launch in late September. This will run to July 2018. A middle manager **Leadership Programme** (Mary Seacole Plus) launched in July 17 with an initial cohort of 12 managers (from Band 7-8c).	Sep 17	1. L&D programme launched and now running to July 2018. Training reports form part of the CCG workforce reports. 2. Cohort 1 Mary Seacole Plus Evaluation underway.	Jul 18 Mar 18
CCG workforce: Appraisal system re-launched for 2017/18 including training	May 17	1 - Workforce reports showing compliance with objective setting and appraisals are presented to CCG Finance and Performance Committees 2 - HR and OD reports presented to SMT monthly. 3 - HR and OD reports presented at HR Committee.	Ongoing
CCG OD Action Plans to be developed by each CCG/Directorate in response to staff survey results.	Oct 17	1 - Staff survey results to be shared by each CCG for their GBs 2- OD Action Plans developed by CCGs 3 - Progress against the action plan to be reported by CCGs 4 - CWHHE and NWL collective reports and OD Action Plans shared with Chief Officer – could also go to the Collaboration Board.	May 17 Oct 17 Dec 17 Nov 17
CCG workforce: People Strategy Implementation Programme (PSIP)	Jun 17	Present reports to Governing Bodies on progress against the HR strategy every six months.	Dec 17 Jun 18
Provider workforce: Workforce programme board as part of the STP infrastructure	In place	The Workforce Strategy provides a comprehensive outline of work that is being planned and delivered to support the service change presented in the STP, across health and social care. These are underpinned by more detailed delivery plans. Work outlined in the strategy is presented under four key themes as follows (please refer to the strategy for the comprehensive portfolio): • Workforce Planning and Identifying Future Workforce Needs, led by the Workforce Observatory. This will inform modelling and workforce priorities and plans. • NWL wide recruitment and retention initiatives informed by economic modelling and collation of good practice; projects include the NWL Staffing Project to optimise use of bank staff and reducing reliance on agencies, collaborative working across trusts on a range of initiatives including Occupational Health Services, the NWL Foundation Capital Nurse programme and the clinical pharmacist pilot. • Supporting workforce transformation and new ways of working aligned to delivery area specific initiatives, such as health coaching, practice manager development and MDT training programmes, and a range of programmes initiated by the Partnerships in Innovative Education (PIEs) and Community Education Provider Networks (CEPNs). Talent, Leadership and Organisational Development programmes (Change Academy). The suite of programmes supports development of skills around systems leadership, change management and delivering transformation in a sustainable and integrated way, and outcomes and values-based commissioning. A NWL-wide talent board is proposed to career development, and succession planning, which will also support retention.	Not yet

Central London CCG	Last update: 18/08/17	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 18/08/17
Controls: Local OD Group set up to develop and monitor mitigating actions in response to the emergent themes from the staff survey. Accountability for the action lies with each CCG through the MD who chairs this Group. The central OD team provide support and challenge. **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		NWL joint working to address this. NWL Organisational Development Group members have given feedback on this area.		**Controls:** 1) Local OD Group set up to develop and monitor mitigating actions in response to the emergent themes from the staff survey. 2) Accountability for the action lies with each CCG through the senior manager who chairs this Group. 3) The central OD team provide support and challenge. 4) Time to change champions in place to help support development of robust OD in relation to health and Wellbeing 5) OD Working Group preparing evidence for Healthy Workforce Charter submission **Assurances:** Reports made to all team meetings on key OD programmes/outputs. Working with CPEN and GP Federation to further develop primary care workforce e.g. HCA programme and pharmacists in general practice. **Risk Score:** 3 x 4 = 12	
Hounslow CCG	**Last update: 25/09/17**	**Ealing CCG**	**Last update: 10/10/17**	**Additional comments**	
Controls: 1) A local Organisational Development Group is ensuring the CCG develops the skills of staff to support new commissioning approaches in the future. 2) Local OD Group set up to develop and monitor mitigating actions in response to the emergent themes from the staff survey. 3) Accountability for the action lies with each CCG through the senior manager who chairs this Group. The central OD team provide support and challenge. **Assurances:** 1) Both the SMT and Organisational Development Group provide assurance as to local staff retention and development. 2) Identified funding for 3 clinical lead posts for one year. **Risk Score:** *Is there any local variation to the risk score? (include rationale)* No.		**Controls:** A local Organisational Development (OD plan) is in place. This plan was developed and is regularly monitored by the local (OD) Group based upon staff survey results, and locally identified training needs. ECCG is represented at the CWHHE OD group. **Assurances**: Local staff retention and satisfaction rates The CWHHE Workforce report is presented to the F&P Committee on a monthly basis. **Risk Score:** *Is there any local variation to the risk score? (include rationale)* No.		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.* Director of Compliance comments: Governing Bodies should note that there have been a number of updates to this entry with additional information added under controls and assurances. Governing Bodies should note and comment on this including, specifically, what action should be taken as a result and whether the assurances are being received at the right places.	

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.5	If we do not maximise the effectiveness of our IT systems and collect and analyse data well, then we will be less able to deliver integrated care and support effective decision making.	**Risk owner**	Bill Sturman	**Updated**	17/10/17

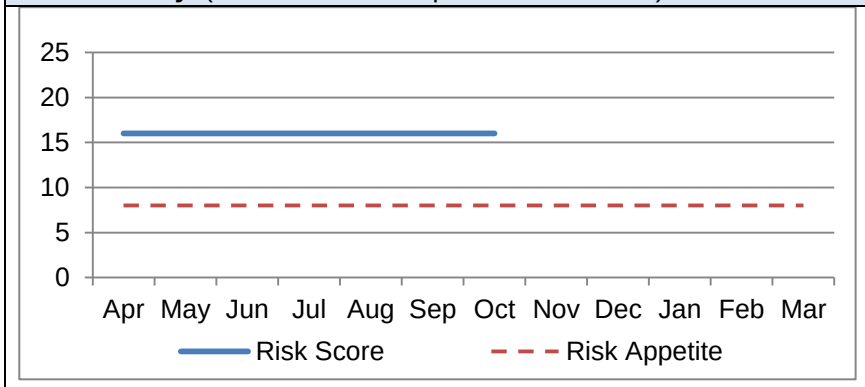
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled it is very likely that we will not be as efficient as we need to be with the use of data and IT systems.
	Appetite	**Rationale**
	2 x 2 = 4	When controlled there will be a low likelihood of the risk materialising and the impact will also be lower as we put in place measures to ensure we share data safely and effectively both for patient care and commissioning.
	Current score	**Rationale**
	4 x 4 = 16	A new governance structure (Digital Commissioning Strategy Board – Collaboration Board) has been implemented. It's remit includes strategic steer of the IT programme of projects towards integrated care and effective decision making..

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Digital Commissioning Strategy Board governance structure implemented (supported by a Digital Services Delivery Committee to monitor IT programme and service delivery).	Yes	Terms of reference approved by Governing Bodies.	July 17
Local Information Management and Technology (IM&T) Committee across all CCGs	Yes	Reports made by local IM&T Committee as appropriate to CCG SMT and Governing Body.IT Programme progress monitored via central Project Management Tool. Quarterly IT Performance and Finance report being trialled in Ealing CCG.	Oct 17
NWL Local digital roadmap (LDR) approved by NHSE with a NWL Digital Portfolio Board governance structure implemented to oversee LDR implementation.	Yes	National LDR funding now delayed until 18/19 financial year with bid process expected to start in Feb 18. Funding bids (aligned to STP) to be circulated to Digital Commissioning Strategy Board and Governing Bodies.	Mar 18
Centralised and coherent submission of GP IT Capital bids for all CCGs	Yes	GP IT Capital Bids approved by NHSE. Resubmission of 18/19 bids to correct carry-forward error by NHSE	Dec 17
Digital Information Sharing Agreement (ISA) to support good Information Governance across GPs and providers.	Yes	London Medical Council endorsed the digital ISA in Feb 2017 and all GPs have signed the new ISA.Update to be provided to Governing Bodies in response to any 'Fair Processing' changes arising from GDPR being introduced in May 2018.	Feb 18
Citizen Information Governance Agreement	Aug 18	Pilot project underway with NHSE exploring citizen access to patient data in alignment with national identity and information sharing agreements. Updates to Governing Bodies as this evolves.	Feb 18
IT Security Management Policy	Yes	All recommendations from the Cyber Security Audit are complete with the exception of enforcing password complexity for all users. This is dependent on software solutions becoming compliant and does not pose any immediate risk. A follow-up	Audit Committee in Q4 17/18
Procurement plan and implementation of a new business intelligence system providing consistent, high quality data to support decision making.	Sept 18	Plan approved by Governing Bodies Update on progress of implementation to be provided to all CCG GBs	Nov 17

Central London CCG	Last update: 25/06/16	West London CCG	Last update: 25/06/16	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: **Assurances:** **Risk Score**: *Is there any local variation to the risk score? (include rationale)*		**Controls:** **Assurances:** **Risk Score**: *Is there any local variation to the risk score? (include rationale)*		**Controls:** Local Information Management and Technology (IM&T) Committee in place with revised terms of reference including clinical leads for IT and IG **Assurances:** Reports made by local IM&T Committee as appropriate to Governing Body Maximising existing levers e.g. Network Plan to expand usage of both digital opportunities and analysis **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 5 x 4 = 20	
Hounslow CCG	**Last update: 22/09/17**	**Ealing CCG**	**Last update**: **10/10/17**	**Additional comments**	
Controls: *are there any additional local controls or gaps?* 1) Digital Portfolio Board at the NWL level which includes the IT directors of acutes, mental health etc. as well as sub-groups like the 'Technical Design Authority who look to address IT issues across NWL (such as interoperability). 2) IGMT committee monitor IT projects via Aspyre. **Assurances**: *Are there any additional local assurances or gaps?* Nothing in addition to the above. **Risk Score:** *Is there any local variation to the risk score? (include rationale)* No.		**Controls:** Quarterly performance and finance report on IT system and programme delivery provided to ECCG SMT, GP IT lead and lay member IT lead. Quarterly meetings between IT, ECCG SMT and GP IT lead. Aligned programme and budget management within the IT team with monthly finance and IT meetings to assure management within budget. Further work required on the quarterly reporting of IT projects, Spend and GP capital allocations. **Assurances:** *Are there any additional local assurances or gaps?* Tighter controls being established to manage budgets between CCG teams and IT team. Capital allocation for Primary care incorrectly allocated by NHSE, IT resubmitting plans across CWHHE to correct the position and ensure correct allocations to each CCG to ensure appropriate capital replacement in 18/19 for primary care. **Risk Score:** *Is there any local variation to the risk score?* No		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.*	

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.6	If we do not engage stakeholders, particularly staff and the public, in developing and delivering the sustainable solution for healthcare in NW London then we will be less able to effect the change described in the Sustainability and Transformation Plan.	**Risk owner**	Christian Cubitt, Director of Communications	**Updated**	15/10/17

Score history (likelihood x consequence = risk score)



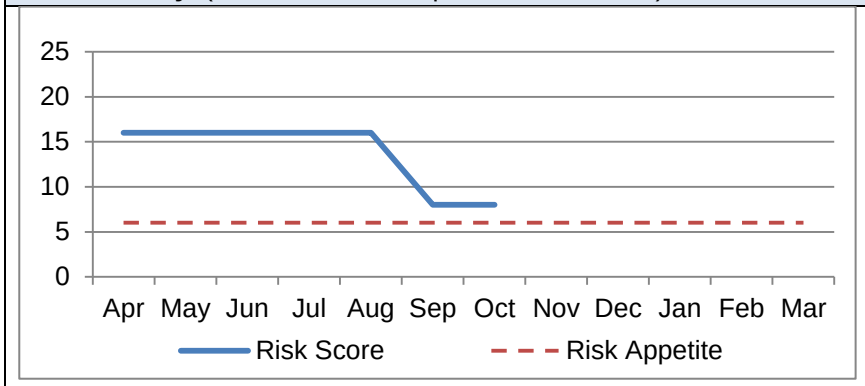
Initial score	**Rationale**
4 x 4 = 16	If uncontrolled we will not have the required level of support to deliver the plans.
Appetite	**Rationale**
2 x 4 = 8	When controlled there will be a low likelihood of us not having the support required.
Current score	**Rationale**
4 x 4 = 16	As of October 2017 we have plans in place but until we see what impact they have had, we will not be able to reduce the score.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Understanding who our stakeholders are - stakeholder map and plan on moving to a more favourable position – in process.	In train	Report to Governing Bodies every other meeting on progress with and impact of communications and engagement activities	Sept 17
Ensuring regular structured meetings with major stakeholders, working to understand their principle concerns and addressing these concerns in a positive and constructive way.	In train	To form part of the Governing Body report	Sept 17
We are working closely with colleagues in Trusts to work out a plan to demonstrate how all clinical activity fits under the STP. We need a clear overall narrative plus individual DA narratives.	June 17	This is due to be completed by the end of June 2017. Progress will be reported to the Governing Body in September.	Sept 17
Delivery Area boards are working through the clinical models towards agreeing such across the system.	on-going	Report to Governing Bodies at every other meeting.	Sept 17
Communications and engagement plan about Local Hospitals with LNWHT is in place. Due to share with Healthwatch and the Local Authorities to get their input. Plan in place by July. Start implementing in August.	Aug 17	Report to GBs every other meeting on progress with comms and engagement activities and the impact they are having.	Sept 17

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* Assurances: *Are there any additional local assurances or gaps?* Risk Score: *Is there any local variation to the risk score? (include rationale)*		Patient Reference Group (PRG) in place, and working well. PRG seminar considered new means of involving members of the public – in development.		**Controls:** *are there any additional local controls or gaps?* 1) Delivered Choosing Wisely engagement opportunities 2) Undertaken 2 focus groups for primary care Strategy 3) Undertaken co-productive activities for comms and engagement strategy . 4) Presented STP engagement opportunities to PRG. 5) Attended various community groups/fairs **Oct 17** On going engagement with PRG members on specific STP themes. Engagement planned with service users of current mental health employment and health and wellbeing services as part of reprocurement. Comms and Engagement strategy approved at September Governing Body meeting. **Assurances:** 1) "You Said We Did" section on CCG website established. 2) Comms and Engagement Strategy to be taken to September's governing body for approval **Oct 17** Comms and Engagement strategy now being implemented. Regular staff briefings being provided on the importance of and processes to be adopted for comms and engagement for individual pieces of work. **Risk Score:** 3 x 4 = 12	

Hounslow CCG	Last update: 13/10/17	Ealing CCG	Last update: 31/08/17	Additional comments
Controls: 1) Throughout July and August we've worked on choosing wisely with NWL with a large response from our patients. 2) We've held 5 LPPGs to discuss STP and self-care. 3) We hold PPE committees within the community and have seen an increase in patient representation. 4) We have refreshed the CCG's website in line with NHSE statutory obligations in July 2017. **Assurances:** 1) Q&A from patients are responded to on the CCG's "you said we did" document and fed back to the patients. 2) We have worked with local patients to sense check the CCGs website against the NHSE template for statutory obligations. 3) September 2017 Governing Body received and discussed the STP update guide for the public on the priorities and programmes of the NW London Health and Care Partnership. Feedback was provided on how to improve this reporting. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls:** 1) Over July and August we have reviewed the TOR for the PPE committee and strengthened the membership 2) We have started to map out all the comms and engagement work over the next year, the next phase will be to establish who and how this is done 3) We are in the process to refreshing the PPE strategy which will incorporate the approach to engagement over the next 3 years with key programmes mapped in 4) We have also been aligning the terminology used across the various programmes across NWL to ensure consistency. 5) We are in the process of establishing a Patient Engagement Reference Forum (PERF) which will feed into PPE committee and provide a key forum to receive feedback on a regular basis **Assurances:** We regularly review all comms and questions through our generic inbox and have a process to ensure timely response and feedback. We recently reviewed our Website to ensure key documentation was easily accessible. **Risk Score:** *Is there any local variation to the risk score?* *No*		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.* Comments from Director of Compliance: Governing Body members may wish to consider whether they feel that sufficient assurances have been provided at Governing Body level.

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.7	The third sector contributes towards the delivery of care and if we do not consider the sustainability of this sector in our commissioning plans then there will be a negative impact of available services for patients and carers.	**Risk owner**	CCG MDs (operational), Christian Cubitt (engagement elements)	**Updated**	15/10/17

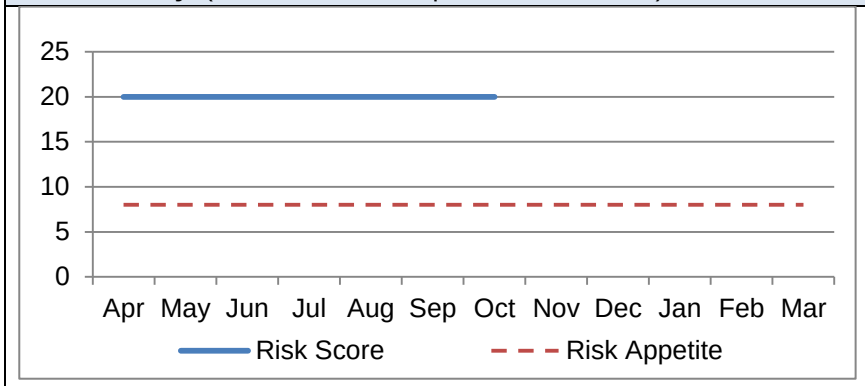
Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**4 x 4 = 16**	If uncontrolled we will experience unintended consequences of our financial control programme and important services will be undeliverable.
	Appetite	**Rationale**
	2 x 3 = 6	When controlled there will be a low chance of negative service impact based on our commissioning decisions.
	Current score	**Rationale**
	4 x 4 = 8	As of October 2017 we have plans to engage with providers but these have yet delivered sufficiently to confidently reduce the risk score.

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Mapping exercise of all the third sector providers that contribute to provision of services to patients.	Not yet	An update will be brought to Governing Bodies on progress	Sept 17
Coordinated programme of engagement activities so that we can direct resources appropriately.	Not yet	We have put in place a programme of meetings with third sector organisations over the summer to coordinate our engagement activity	Sept 17
Risk based approach to understanding and identifying pressures	Not yet	Once we have a better understanding of the third sector's pressures and concerns, we will use this to identify and make interventions.	Sept 17
We need to put in place a mechanism to ensure contracting arrangement with third sector providers is done in a way that is sensitive to sustainability issues.	Not yet	None identified yet.	Not yet
There is currently a gap in control in that we do not have a director leading on the overall commissioning of third sector providers.	Not yet	None identified yet.	Not yet
The development of Accountable Care provides an opportunity to support the third sector to prepare for the new way of contracting and providing services.		Recruitment for someone to lead this work is underway and an update will be provided to Governing Bodies in September via the Chief Officer's report.	Sept 17

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 29/08/17	Hammersmith & Fulham CCG	Last update: 28/08/17
Controls: *are there any additional local controls or gaps?* **Assurances:** *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		Patient & public engagement small grants programme move towards supporting longer-term programmes in third sector.		**Controls:** 1) Community grants awarded to local groups to deliver local services 2) Continued working with Healthwatch and SOBUS to maintain third sector engagement **Assurances:** Report on the 2016/17 community grants project currently being produced **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 2 x 3 = 6	

Hounslow CCG	Last update: 10/10/17	Ealing CCG	Last update: 31/08/17	Additional comments
Controls: 1) Above controls in place for Hounslow but not presented to GB. 2) Hounslow CCG signed up to the Hounslow Compact supporting the development of the voluntary sector. **Assurances**: 1) Exploring with the voluntary sector joint funding with LA and other sectors to help sustainability by being less reliant on one source of funding. **Risk Score**: *Is there any local variation to the risk score?* No.		**Controls:** CCG works very closely and jointly funds (with LA) a Voluntary sector commissioner. All VCS commissioning is aligned to the needs identified for the local population. The next round of grants/VCS contracts commissioning will be starting over the autumn. The areas to commission are being reviewed to align with the needs of the borough and commissioning intentions/STP for the coming few years. **Assurances:** Paper will be coming through to the CCG Exec and F&P in the coming month to establish principles with future commissioning of VCS schemes. **Risk Score:** *Is there any local variation to the risk score?* No		*Comments from the Director of Compliance:* 1) Local assurance can be gained from the comments from Hammersmith and Fulham, Hounslow and Ealing CCGs. 2) There is a proposal to reduce the risk score and Governing Bodies should consider this in the context of the assurances they have seen. 3) There appears to be a disconnect between the controls (that have not been put in place yet) and the assurances. Governing Bodies should consider what assurances they would expect to see and how they would like to test them.

Delivery area/ Objective 6	Ensuring the system has the capacity and capability to deliver (workforce, OD, IT primary care etc).	**SRO**	Clare Parker (Chief Officer, CWHHE)		
Risk 6.8	Without positive developments in the commissioner-provider relationship, we will be less able to identify shortfalls together in a way that enables us to be assured that patients' services are being delivered to appropriate standards.	**Risk owner**	David Freeman	**Updated**	20/10/17

Score history (likelihood x consequence = risk score)	**Initial score**	**Rationale**
	**5 x 4 = 20**	If uncontrolled it is almost certain that we will be unable to deliver key objectives of system-wide improvements within the resources available to us.
	Appetite	**Rationale**
	2 x 4 = 8	When controlled it will be unlikely that this will occur and transparent systems will be in place.
	Current score	**Rationale**
	5 x 4 = 20	As of June 2017 we are discussing new ways of working in the context of Accountable Care Systems but we do not have sufficient detail to reduce the risk score (link also to risk 6.2)

Effective controls *(Plans to reduce the risk score?)*	**In place?**	**Assurances** *(How do we know if this has had the desired impact?)*	**Received?**
Each CCG has a plan in place to develop Accountable Care Systems with common elements. These plans have been formally notified to providers as part of the 2018/19 Commissioning Intentions document.	Yes	Plans have been considered at Governing Body level in all CCGs	Yes
We are combining our approach to business planning for 2018/19, tackling QIPP and CIPs. A combined focus and attention will improve the system-wide response to delivering the shared financial control total. Further guidance is awaited from regulators; a working assumption is the planning needs to be concluded in Q4 of 2017/18.	In train	GBs to sign off combined/aligned business plans – date to be confirmed (national planning guidance awaited – expected in Dec)	By March 2017
A NWL Commissioner Business Planning Group is meeting weekly to drive forward the planning process; the group is co-chaired by a COO/MD from BHH and CWHHE CCGs respectively. The group has identified a provider-commissioner engagement plan.	Sept 2017	Minutes, actions, and plans in place and reporting weekly. Final recommendations to GBs during Q4 of 2017/18 (subject to confirmation of national timeliness by regulators)	Update report in Jan 2018
A Head of Systems Change role (short-term for 6 months in the first instance) has been created to support Organisational Development across (amongst other things) commissioners and providers. The role will target support for commissioners and providers preparing for the new ways of working required for Accountable Care (ie new care models and new business models)	*25 September*	1) Internal recruitment process conducted & appointment made. 2) NW London Accountable Care Virtual Team established October 2017. 3) Action plan in development (complete Nov 2017); update to GBs in Jan 2018	Jan 2018

Central London CCG	Last update: XX/XX/XX	West London CCG	Last update: 24/10/17	Hammersmith & Fulham CCG	Last update: 19/10/17
Controls: *are there any additional local controls or gaps?* **Assurances**: *Are there any additional local assurances or gaps?* **Risk Score:** *Is there any local variation to the risk score? (include rationale)*		STP/ NWL joint working to address this.		**Controls:** On-going discussions with GP Federation and local Provider Trusts in relation to development of ACP. Oct 17 Governing Body have received an update from the GP Federation on progress with ACP discussions. Governing Body having further discussions at the end of October to discuss Governing Body position. **Assurances:** Regular updates provided to governing body members. **Risk Score**: *Is there any local variation to the risk score? (include rationale)* 5 x 4 = 20	

Hounslow CCG	Last update: 25/09/17	Ealing CCG	Last update: 10/10/17	Additional comments
Controls: Continued development of local relationships and plans for integrating primary, community and social care to create shared accountability for populations. **Assurances:** 1) Local STP Steering Group to turn into the local ACP Steering Group. 2) Need to understand the impact on the CCG when others go out to procurement. **Risk Score:** *Is there any local variation to the risk score?* No.		**Controls**: Ealing has established the Integrated Model of Care Service, which brings together a number of providers working with the care coordination team to coordinate services for patients, including primary, community, intermediate care, social care and VCS. Facilitated provider maturity session with Federation during October to understand future role. **Assurances**: **Risk Score:** *Is there any local variation to the risk score?* *No*		*This section will include challenge provided by the CWHHE Governance team. This will be for both the risk owner and Governing Body members.*