



AoF 1	Development of general practice at scale to be in a strong position to contribute to integrated care systems									
Outcome	General Practice at scale will be able to deliver their element of the NW London Integrated Care Outcomes Framework							Risk owner	Sue Jeffers / Richard Ellis	
								CCG Lead	Primary care lead	
Key Risk	If the sustainability issues in primary care are not addressed then we may be less able to deliver quality primary care services at scale in order to meet patients' needs.							Committee	Primary Care Commissioning Committee(s)	
CCGs impacted	BrCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HoCCG	EaCCG	Last update	26 October 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)				Initial score		Rationale initial/inherent risk score				
<p>Risk Directional Movement</p> <p>Risk score (Y-axis: 0 to 25) vs Time (X-axis: Apr to Mar). Current score (red line) starts at 20 in April, drops to 16 in June, and remains at 16 through March. Appetite score (dashed blue line) is constant at 12.</p>				5 x 4 = 20 (L x C = RS)		If risks are uncontrolled there is a high chance that general practice will not be able to respond to growing demand in a way that eliminates unnecessary variation.				
				Current score		Rationale for current risk score				
				4 x 4 = 16 (L x C = RS)		We have GP at scale providers across NW London and the risk score reduced. The organisations need to mature further before the risk can be lowered.				
				Appetite score		Rationale for target/appetite risk score				
				3 x 4 = 12 (L x C = RS)		We want to develop strong sub-borough networks with at scale GP provider organisations at the centre. This will reduce the likelihood of the risk materialising.				
Mitigations (Controls in place or SMART actions)				Date of control /action		Assurance (evidence) or progress on actions				Date Received
Control: All local areas have at scale organisations				01/04/2018		Report to NHSE on status of at scale organisations.				09/05/2018
Control: All local areas have submitted a plan for developing at scale working in general practice				01/06/2018		Delivery against plan to be reported against to Primary Care Commissioning Committees quarterly and to NHSE in Q3 18/19				01/12/2018
Control: NW London primary care workforce strategy in place and agreed by all 8 Primary Care Committees				01/04/2018		Workforce programme to report to Primary Care Commissioning Committees quarterly				01/06/2018
Control: Enhanced GP contracts in place across all eight CCGs, business cases by relevant CCG governance				30/09/2018		Business case and contract approval through relevant PCC and F&A committees, excluding H&F, Harrow and Brent for 18/19				01/06/2018
Control: Quality standards framework developed and reviewed by DA2 programme board				30/05/2018		Framework is being reviewed and approved by each CCG Primary Care Commissioning Committee				31/03/2018
Action: All GP Federations to undertake the provider maturity evaluation and develop a development plan				30/11/2018		6 of the 8 Federations have undertaken the provider maturity evaluation, dates are being planned for the last two				26/10/2018

AoF 2	Development of a NW London urgent and emergency care strategy and delivery of the associated plan									
Outcome	To meet NHS England's UEC operating planning targets for 2018/19 including delivery of the 4 hour standard (90% by Sept 19 and 95% by March 2019).							Risk owner	Lizzy Bovill	
								CCG Lead	UEC lead	
Key Risk	If we fail to deliver a responsive and integrated urgent care provision across NW London population, then there is a risk of not achieve the NHS England UEC operating plan targets for 2018/19							Committee	Q&P Committee	
CCGs impacted	BrCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HoCCG	EaCCG	Last update	4 October 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					Initial score	Rationale for initial/inherent risk score				
<p>Risk Directional Movement</p> <p>Risk score (Y-axis: 0 to 25) vs Time (X-axis: Apr to Mar). Current score (red line) starts at 16 (Apr), drops to 12 (Jun), and remains at 12 (Oct). Appetite score (dashed blue line) is constant at 8.</p>					4 x 4 = 16 (L x C = RS)	Uncontrolled we are unlikely to achieve the targets and likely to incur increased costs through increased A&E attendances and unplanned admissions.				
					Current score	Rationale for current risk score				
					3 x 4 = 12 (L x C = RS)	A programme is in place that has reduced the likelihood of this risk materialising; however there is more to do including ensuring robust winter plans are in place.				
					Appetite	Rationale for risk appetite/target score				
					2 x 4 = 8 (L x C = RS)	Controlled there will be a low likelihood of not achieving targets and controlling demand.				
Mitigations (Controls in place or SMART actions)					Date of control /action	Assurance (evidence) or progress on actions			Date Received	
Control: UEC strategy delivery plan across NW London developed and approved by NHSE					01/04/2018	Performance reported to GBs via the integrated performance report.			01/09/2018	
Control: Dedicated urgent care leads in place across each of the 8 CCGs on the implementation of the strategy.					01/06/2018	Performance reported to GBs via the integrated performance report.			01/09/2018	
Control: QIPP work programmes across all 8 CCGs to support demand management and reduction in activity					01/04/2018	QIPP progress reported to each GB meeting.			01/09/2018	
Action: to develop local system plans (AEDBs) supporting regional ahead of Winter					31/12/2018	SMT agreed (15 Oct) a new process for refreshing winter plans, with a nominated lead per AEDB developing and consolidating a final plan for each system, including NHS E/I winter assurance templates recently circulated from region– to be approved at 26 Nov SMT.			29/10/2018	
Action: 'Home First' to ensure patients return home from hospital when medically fit, with the right support					31/12/2018	Report to the Governing Body via the STP report.			01/09/2018	

Action: Review the governance framework for Urgent and Emergency Care to ensure it fits NW London structures.	31/12/2018	Under development and in line with STP refresh – target around Jan 2019	29/10/2018
--	------------	---	------------

AoF 3	Development and delivery of a North West London outpatient transformation programme.									
Outcome	To enable a clinically-led and collaborative review of service pathways to achieve the right specialist advice at the right place and at the right time, with a 20% reduction in outpatient activity in 3 years.							Risk owner	Louise Proctor	
								CCG lead	Planned care lead	
Key Risk	If we do not manage the complexities of system-change well then the outcomes will not be achieved by the expected date.							Committee	Joint Committee	
CCGs impacted								BrCCG	HaCCG	HiCCG
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					Initial score		Rationale for initial/inherent risk score			
<p>Risk Directional Movement</p> <p>Risk score (Y-axis: 0 to 25) vs. Month (X-axis: Apr to Mar). Current score (red line) starts at 16 (Apr-Aug), drops to 12 (Sep-Oct), and then to 8 (Nov-Mar). Appetite score (dashed blue line) is constant at 8.</p>					4 x 4 = 16 (L x C = RS)		Uncontrolled, there is a high chance that we will not achieve the changes to outpatient pathways by the expected dates.			
					Current score		Rationale for current risk score			
					3 x 4 = 12 (L x C = RS)		First 5 change proposals developed with clear interventions identified. Risk around development of a contractual model. Risks around implementation timescales due to primary care capacity and engagement.			
					Appetite score		Rationale for risk appetite/target score			
					2 x 4 = 8 (L x C = RS)		Through partnership design and clear decision making at CCG level, we can reduce the likelihood of the risk materialising.			
Mitigations (Controls in place or SMART actions)					Date of control /action		Assurance (evidence) or progress on actions			Date Received
Control: clinical leads and planned care leads along with some patient groups, Patient Participation Groups and Health watch have engaged through design workshop and taking leadership for local area implementation.					01/07/2018		The outpatient board, provider board & STP Programme Board receives updates and commissioner/provider commitment to system change can be sought and gained. Governing Bodies will be appraised of progress through the STP report.			01/09/2018
Control: to develop a tracker to monitor progress on delivery of redesign phase.					01/09/2018		The Governing Body and the Shadow Joint Committee receives progress reports via the STP progress report.			01/09/2018
Control: design Pathways in partnership between CCGs, Primary, Secondary Care and patient groups to secure fair value.					11/07/2018		CCGs and providers are represented on the design group. Fair value developed through challenge at system-wide CFOs			01/09/2018
Action: Develop business cases with trust finance leads, system CFOs and individual CCG CFOs to detail current cost basis whilst reflecting individual CCG requirements/schemes.					10/10/2018		Trust Business cases received by commissioners who will analyse for local impact ahead of the contract being signed off in February.			10/02/2019
Action: Run a soft triage process from 2 Jan 19 for a minimum 6 week period and implement any required changes prior to the hard triage start date, with a gateway review ahead of implementation.					14/02/2019		GP engagement and education being understood and local CCG intelligence being used to develop implementation plans (including ensuring appropriate timescales and support are put in place).			01/04/2019

Control: Contractual model designed by Trust, system and CCG CFOs to ensure development of a suitable contractual model that supports behavioural change and releases costs.		14/11/2018	Contractual model reviewed and endorsed at NWL Outpatient Board (Nov 18) following discussions being held with all key stakeholders.					21/11/2018		
AoF 4	To improve outcomes for children and adults with Serious and Long Term Mental Health (MH) needs.									
Outcome	To increase proactive community support for people with serious and long-term mental health needs, and improve their physical health to help them live full and healthy lives in their communities.							Risk owner	John Wicks	
								CCG lead	Mental health lead	
Key Risk	Serious long term mental health needs - If we do not prioritise the spending on mental health then patients' needs will not be met.							Committee	Joint Committee	
CCGs impacted	BrCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HoCCG	EaCCG	Last update	01 October 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					Initial score		Rationale for initial or inherent score			
<p>Risk Directional Movement</p> <p>Risk score (Y-axis: 0-25) vs Time (X-axis: Apr-Mar). Current score (red line) starts at 16 (4x4) in Apr, drops to 12 (3x4) by Sep. Appetite score (blue dashed line) is constant at 8 (2x4).</p>					4 x 4 = 16 (L x C = RS)		Uncontrolled, national targets for children's and adults' MH services will not be met.			
					Current score		Rationale			
					3 x 4 = 12 (L x C = RS)		Ambitious national targets for children's and adults' mental health services. Variation in performance & commissioning not wholly explained by local needs.			
					Appetite score		Rationale			
2 x 4 = 8 (L x C = RS)		NW London needs to keep pace with national targets / improvement trajectories. Should aim for more equity in offer and experience.								
Mitigations (Controls in place or SMART actions)					Date of control /action		Assurance (evidence) or progress on actions		Date received	
Control: completed checks that CCG meets MH Investment Standard with exercise underway to validate results with					01/11/2018		NHS England financial planning returns confirm all NW London CCGs are compliant		01/11/2018	
Control: Monthly performance management metrics track all national MH targets in place					01/04/2018		All MH metrics reviewed monthly and exception reports generated for any performance which is off-track.		01/04/2018	
Control: Generated consistent list of MH commissioning priorities for adoption across NW London					30/04/2018		List of 2018/19 mental health priorities approved by April meeting of MH Transformation Board		30/04/2018	
Control: Reviewed arrangements for collaboration and joint working between CCGs and S&T Directorate					30/06/2018		New structure finalized and out for staff consultation. Key Director appointments recruited to.		30/06/2018	
Control: Revised governance of use of external investment for MH, ensuring it transparently application in line with agreed					30/06/2018		External investment governance system in place to support Joint Finance Working Group & Central London F&P		31/07/2018	
Action: Confirm any contractual / commissioning changes in 2019/20 to focus resources on priorities					31/03/2019		Commissioning intentions issued by CCGs to NHS Trusts		01/10/2018	

Action: Support delivery of physical health checks for people with serious and long term mental health needs in primary care and, through use of CQUIN, in secondary care	31/03/2019	'Out of hospital' enhanced services contract available for use by all CCGs with GP Practices and performance reported through WSIC dashboard. CQUIN in place in contracts with MH trusts	30/09/2018
--	------------	--	------------

AoF 5	Delivery of financial sustainability.									
Outcome	Delivery of the shared financial control total across NW London CCGs							Risk owner	Neil Ferrelly	
								CCG lead	Deputy CFO/Head of Finance	
Key Risk	Our collective financial recovery plans lack deliverability leading to non-achievement of our financial control totals and a major financial challenge in 19/20.							Committee	Finance Committee	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	15 November 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					Initial score	Rationale for initial or inherent score				
<p>Risk Directional Movement</p> <p>Risk score</p> <p>Risk Appetite</p>					3 x 5 = 15 (L x C = RS)	Uncontrolled, NHS budgets under significant pressure which affects our allocations how we respond to growing technological demands.				
					Current score	Rationale				
					4 x 5 = 20 (L x C = RS)	Medium chance that we will miss our control total by a significant margin. Significant pressure from acute sector particularly with Royal Free Hospital.				
					Appetite score	Rationale				
					2 x 5 = 10 (L x C = RS)	Controlled, through good financial planning and good financial control measures, we can reduce the likelihood of the risk materialising.				
Mitigations (Controls in place or SMART actions)					Date of control /action	Assurance (evidence) or progress on actions			Date Received	
Control: NW London financial strategy in place and agreed by Governing Bodies					01/05/2018	Regular financial reports to the Governing Body			01/09/2018	
Control: Financial support arrangements within the financial strategy					01/05/2018	Any use of the arrangements would be reported in the financial report.			01/09/2018	
Control: Joint Committee and Finance Working Group to give greater visibility and control of our collective finances.					01/09/2018	Minutes of those meetings presented to the Governing Body for information			01/09/2018	
Control: NW London QIPP schemes will also consider Quality Impact and Equality Impact for the populations served					01/09/2018	These will be reported to the Joint Committee via the quarterly S&T finance reports.			01/09/2018	
Control: Newly configured monthly provider meetings to scrutinise activity and performance					01/09/2018	Reported to the Governing Body via the financial report			01/09/2018	

Control: Full engagement as associate commissioner with Royal Free contract	01/09/2018	Feedback to finance committee with outcome of engagement with Royal Free Hospital	01/09/2018
Control: Continued QIPP development to minimise unidentified QIPP	01/09/2018	Reported to the Governing Body via the Financial Report	01/09/2018
Control: Financial Recovery Plan submitted to NHSE	15/11/2018	Reported to the Finance Committee and Governing Body via the Financial Report	29/11/2018
Action: Deliver the financial recovery plan	31/03/2019	Via the NW London and CCG monthly finance reports.	31/12/2018

AoF 6	To support the development of a workforce that will deliver the NW London agreed areas of focus towards new models of integrated care									
Outcome	To ensure we have workforce capacity and capability to meet current and future demand to deliver new models of care and work towards integrated care partnerships							Risk owner	Delvir Mehet	
								CCG lead	Integrated care lead	
Key risk	There is a system risk around alignment between existing workforce capacity and capability to meet current and future demand to deliver new models of care and work towards integrated care partnerships.							Committee	Joint Committee	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	02 November 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)				Initial score		Rationale for initial or inherent score				
<p style="text-align: center;">Risk Directional Movement</p> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) on the y-axis (0 to 25) against months from April to March on the x-axis. The Risk Score is constant at 16, and the Risk Appetite is constant at 8.</p>				4 x 4 = 16 (L x C = RS)		Without clearer plans for future workforce requirements we will not be able to realise the ambition for integrated care. Uncontrolled, there is a high likelihood.				
				Current score		Rationale				
				4 x 4 = 16 (L x C = RS)		Whilst some controls have been put in place, it has not yet significantly reduced the risk score				
				Appetite score		Rationale				
2 x 4 = 8 (L x C = RS)		Through implemented the controls, it is anticipated that there will be a low chance of the risk materialising.								
Mitigations (Controls in place or SMART actions)				Date of control /action		Assurance (evidence) or progress on actions			Date Received	
Control: The Chief Nurse is on NWL workforce board and at the wider NWL Directors of Nursing Workforce Board.				01/04/2018		Working with directors of health providers as well as Health education England to consider wider issues impacting on recruitment across all sectors			30/11/2018	

Control: NWL Workforce Strategy 2016-21 and delivery plans developed in partnership with HEE NL.	01/05/2018	<ul style="list-style-type: none"> • Task and Finish Groups, HR Directors Network established • Primary Care Workforce Strategy approved by all Governing Bodies. • Mental Health FYFV and workforce strategy are reported to Joint Committee. • Delivery is guided and informed by the WTD Board and WTA Council as part of the STP infrastructure. 	30/11/2018
Action: Refresh of workforce strategy and action plans to align with revised Health and Care Partnership plans.	15/02/2019	Progress against the Delivery Areas will be reported via the STP reports.	26/10/2018

AoF 7	Collaboration Development Programme										
Outcome	To design and implement improved ways of working across the CCGs that help us respond to patients' needs in the way we commission services and to support the delivery of a 10% reduction in corporate spend.									Risk owner	Mark Easton
										CCG lead	MD
Key Risk	If CCGs do not embrace changes and retain local systems, processes and approaches then there is a risk that the benefits of greater collaboration cannot be realised and efficiencies/cost reductions cannot be achieved.									Committee	Joint Committee
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	29 November 2018	
	✓	✓	✓	✓	✓	✓	✓	✓			
Likelihood (L) x Consequence (C) = risk score (LS)				Initial score		Rationale for initial or inherent score					
<p style="text-align: center;">Risk Directional Movement</p>				5 x 3 = 15 (L x C = RS)		Uncontrolled, the pressures on CCGs to deliver statutory local responsibilities are significant, and a complex challenge which can impact on all our aspirations.					
				Current score		Rationale					
				2 x 3 = 6 (L x C = RS)		Significant milestones delivered. Key risks remain regarding single processes for greater joined up working, retaining talents and reducing duplication.					
				Appetite score		Rationale					
2 x 3 = 6 (L x C = RS)		NW London CCGs have robust controls and mitigating actions are in place to ensure safe delivery of services during this period of change.									
Mitigations (Controls in place or SMART actions)				Date of control /action		Assurance (evidence) or progress on actions			Date Receive		
Controls: All CCGs agreed to core proposals around the establishment of a Joint Committee and for further developing senior leadership				29/03/2019		Single AO and single CFO now appointed recruitment of leadership team underway and all 8 GBs approved amended Constitutions and governance proposals.			26/10/2018		
Control: Funding for the Collaboration Development Programme was agreed in January 2018 - March 2019				30/03/2018		Update progress reports to shadow Joint Committee (monthly) and then to full Joint Committee. complete			30/03/2018		
Control: Programme Governance now fully established				01/05/2018		Reports to Programme Board, Programme Delivery Group, Programme and workstream, NW London SMT & Joint Committee. Complete.			01/11/2018		
Control: Organisation Design workshops and plan				29/11/2018		Reports to Programme Board / Shadow Joint Committee / GBs Key leadership posts recruited and associated structures developed/developing as planned.			29/11/2018		
Action: Operating Cost reduction management				01/12/2018		Report to NW London SMT, BPRG and NW London20 QIPP - (LM is leading (from a finance perspective)			31/07/2018		

AoF 8	Working with partners across the system (including social care) to develop whole system integrated care.																																																
Outcome	Progress on developing multi-partner integrated care models such as ICPs, MCPs, PACS and whole sector ICS.								Risk owner	Juliet Brown																																							
									CCG lead	MD																																							
Key Risk	If we do not develop plans, models or contract arrangements with stakeholders then we will be less able to deliver a North West London Integrated Care System (ICS).								Committee	Joint Committee																																							
CCGs impacted	BrCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HoCCG	EaCCG	Last update	23 November 2018																																							
	✓	✓	✓	✓	✓	✓	✓	✓																																									
Likelihood (L) x Consequence (C) = risk score (LS)				Initial score		Rationale for initial or inherent score																																											
<p>Risk Directional Movement</p> <table border="1"> <caption>Risk Directional Movement Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>20</td><td>8</td></tr> <tr><td>May</td><td>20</td><td>8</td></tr> <tr><td>Jun</td><td>16</td><td>8</td></tr> <tr><td>Jul</td><td>16</td><td>8</td></tr> <tr><td>Aug</td><td>16</td><td>8</td></tr> <tr><td>Sep</td><td>16</td><td>8</td></tr> <tr><td>Oct</td><td>16</td><td>8</td></tr> <tr><td>Nov</td><td>12</td><td>8</td></tr> <tr><td>Dec</td><td></td><td>8</td></tr> <tr><td>Jan</td><td></td><td>8</td></tr> <tr><td>Feb</td><td></td><td>8</td></tr> <tr><td>Mar</td><td></td><td>8</td></tr> </tbody> </table>				Month	Risk Score	Risk Appetite	Apr	20	8	May	20	8	Jun	16	8	Jul	16	8	Aug	16	8	Sep	16	8	Oct	16	8	Nov	12	8	Dec		8	Jan		8	Feb		8	Mar		8	5 x 4 = 20 (L x C = RS)		Uncontrolled, it is highly likely that the focus of attention and development will fall on a narrower range of partners thus making it difficult to our aspirations.				
				Month	Risk Score	Risk Appetite																																											
				Apr	20	8																																											
				May	20	8																																											
Jun	16	8																																															
Jul	16	8																																															
Aug	16	8																																															
Sep	16	8																																															
Oct	16	8																																															
Nov	12	8																																															
Dec		8																																															
Jan		8																																															
Feb		8																																															
Mar		8																																															
				Current score		Rationale																																											
				4 x 4 = 16 (L x C = RS)		Plans in place in each CCG; active engagement and discussion with multiple partners in each borough. System-wide engagement and significant clinical buy-in for with ICS priorities/outcomes of seven interconnected programme areas. Begun to develop our ICS clinical strategy with clinical stakeholders across the system.																																											
				Appetite score		Rationale																																											
				2 x 4 = 8 (L x C = RS)		We need the active involvement and/or agreement from partners on being part of a whole system integrated care model. This is essential if we are to deliver our aspirations for a sustainable ICS.																																											
Mitigations (Controls in place or SMART actions)				Date of control /action		Assurance (evidence) or progress on actions			Date Received																																								
Control: Borough based plans for approval by GBs.				31/03/2019		Proposals, Business Cases, Procurement papers (etc) to GBs and relevant committees.			31/03/2019																																								
Control: The Integrated Care Virtual Programme Team 'the VT' has been established to supported co-ordinated developments across NW London including work to progress to Whole System integrated care models				01/09/2018		Monthly meetings of the VT. Outputs and recommendations of the VT considered by CCGs; any proposals for decisions to be approved by GBs. An update report for GBs is planned for September 2018			01/09/2018																																								
Action: Shared learning and development from Vanguards, first/second wave ICSs, and London STPs to support NW London developments				31/03/2019		1) NW London is an active member of national networks. 2) London-wide 'Learning Labs' (run by ICHP) in place. 3) Site visits have taken place. 4) Guest speaks attending VT meetings to share insights and learning. 5) Linked in with the London Clinical Senate and central NHSE ICS team to share learning. 6) Facilitated clinical board workshops to shape and plan our clinical strategy across the sector in October and November 2018			31/03/2019																																								

Action: Programme of work across NW London STP to develop an NW London framework for local borough integrated care systems and to link in with the national agenda	31/03/2019	STP-wide workshops June and September 2018 Integrated care stocktake with all providers and commissioners – Sept 2018. Development of STP plan on seven interconnected programme areas October 2018, further developed with key stakeholders for January 2019	30/10/2018
---	------------	--	------------

AoF 9	Digital: enhancing the use of technology to improve care delivery.									
Outcome	Digital technology providing effective exchange of patient information to enable efficient automated clinical pathways and to support the management of pathways							Risk owner	Bill Sturman	
								CCG lead	IT committee chairs	
Key Risk	If we do not take advantage of digital innovation to transform integrated care and associated pathways, we will continue to operate non-standardised, inefficient and paper based pathways							Committee	CCG IT Committees	
CCGs impacted	BCCG	HaCCG	HiCCG	CLCCG	WLCCG	HFCCG	HCCG	ECCG	Last update	25 October 2018
	✓	✓	✓	✓	✓	✓	✓	✓		
Likelihood (L) x Consequence (C) = risk score (LS)					Initial score		Rationale for initial or inherent score			
<p style="text-align: center;">Risk Directional Movement</p> <p>The graph plots Risk Score (solid red line) and Risk Appetite (dashed blue line) on the y-axis (0 to 25) against months on the x-axis (Apr to Mar). Risk Score is 16 from Apr to Sep, then drops to 12 in Oct. Risk Appetite is constant at 8.</p>					4 x 4 = 16 (L x C = RS)		Likelihood is high given lack of digital interoperability Consequence is also high if existing paper based pathways continue to operate.			
					Current score		Rationale for current score			
					3 x 4 = 12 (L x C = RS)		National investment unlikely to meet NW London £140m ask for a 'paperless 2020', ETTF primary care funding not expected to continue beyond 17/18).			
					Appetite score		Rationale for target or appetite score			
					2 x 4 = 8 (L x C = RS)		Embedding of digital pathways and interoperability will reduce likelihood.			
Mitigations (Controls in place or SMART actions)					Date of control /action		Assurance (evidence) or progress on actions		Date Received	
Control: NW London (and London) wide strategy for interoperability					01/12/2018		Digital Strategy to be developed NW London addressing STP requirements and aligned to the 'One London' architecture		01/12/2018	
Control: GDPR compliance underpinning the use of technology					01/06/2019		New GDPR compliant NW London digital ISA available for providers by Oct. NW London DPO/IG Manager appointed by Nov. GP surgeries fully compliant by June 19.		01/06/2019	
Action: To secure digital investment for digital transformation (ETTF, LHCRE and HSLI bids) to be submitted in October					01/12/2018		LHCRE and HSLI funding (£15m each) approved, awaiting NHSE sing-off. ETTF funding (19/20) awaiting NHSE		25/10/2018	
Action: To implement London BI solution to help with CCG commissioning and management of services and address the gap to a pan-London commissioning dataset.					01/02/2019		London BI Programme Board expectation of pan-London BI procured solution in-place in Sept.		25/10/2018	
Action: to establish Programme Management Office (PMO) to assure adoption of best practice in project delivery standards					01/12/2018		Pan-London PMO built on exemplar local ones		25/10/2018	
Action: Quality teams to seek further assurance that commissioned providers remain compliant in 2018/2019					01/04/2019		Health Help Now App across all 8 CCGs New e-learning platform and Intranet available in NW London CCGs by Oct.		25/10/2018	
Action: Roll-out of digital technologies to help CCG staff work flexibly 'anytime' / 'anywhere'					01/07/2019		CCG staff have laptops instead of desktop PCs (requires CCG investment). Office 365 under consideration		25/10/2018	
Action: Use of Digital technology to support EPRR and Business Continuity					31/03/2019		Development and review of Business Continuity Plans and EPRR		25/10/2018	