Mark Jarvis & Margaret Kelly

2018-19 HFCCG Strategic Objectives	
1	Delivery of the 2018/19 control total
2	Delivery of the 2018/19 elements of the primary care strategy
3	Delivery of the 2018/19 constitutional standards
4	Delivery of the 2018/19 elements of the engagement strategy
5	Delivery of the 2018/19 commissioning plan
6	Taking an active role in the development of the Integrated Care Partnership through the alliance contract

North West London Health and Care Partnership (previously known as STP) - five delivery areas	
DA1	Radically upgrading prevention and wellbeing
DA2	Eliminating unwarranted variation and improving LTC management
DA3	Achieving better outcomes and experiences for older people
DA4	Improving outcomes for children & adults with mental health needs
DA5	Ensuring we have safe, high quality sustainable acute services

RISK ID	Description of Risk	Category	Lead Director/ Head of Service	CCG Project/ Programme Lead	Name of Committee	Initial score C	Initial score L	Initial score S	Controls currently in place	Current score C	Current score L	Current score S	Additional mitigating actions required	Due Date	Future score C	Future score L	Future score S	Appetite	2017 N	2017 D	2018 J	2018 F	2018 M	2018 A	2018 M	2018 J	2018 J	2018 A	2018 S	2018 O	2018 N	2018 D	2019 J	2019 F	2019 M	2019 A	2019 M	2019 J	2019 J	2019 A	2019 S	Review dates and Reviewer (individual's name) Project/ Programme Lead	Review dates and Reviewer (individual's name) Lead Director/ Head of Service	Review dates and Reviewer (individual's name) Responsible Committee	Status: closed/ open	Comments	Link to CCG Strategic Objectives 1	2	3	4	5	6	7	Link to North West London Health and Care Partnership five delivery areas 1	2	3	4	5
HF46	Risk of continued failure to meet 4 hour A&E standard	Organisational	Janet Cree	David Hill	Joint F&P and Quality Committee	5	4	20	Twice monthly monitoring	5	4	20	Recovery plan and trajectory for 18-19 agreed, anticipated breach reductions per scheme have been mapped, this still leaves a shortfall for March-19 which will need to be bridged. ICHT A&E escalation pack to be updated on a regular basis, providing updates on improvements and risks across the sector. As of M8 the recovery trajectory has been met for 5 of the 8 months and has risen to close to or above 90% in Q3. There is CCG representation at the trust 'improving patient flow' meeting and issues of concern are escalated to the PCE.	Ongoing	5	4	20	16	20	20	20	20	20	20	20	20	20	20	20	20	20											07/01/2019	07/12/2019		Open				Y												Y
HF102	Failure to deliver the QIPP plan could materialise as a significant risk to achieve our control total.	Financial	Janet Cree	Susan Roostan	Finance and Performance Committee	5	4	20	Monthly QIPP review and planning meetings are in place, additionally there are fortnightly FRPG meetings that support financial recovery schemes with contract, finance and QIPP leads. Monitoring via F&Pcommittee which is held monthly. Also reviews undertaken with CFO and NHSE /I as part of on-going assurance processes Separate work-stream meetings around key QIPP themes are also in place.	5	4	20	Clinician-to-clinician discussions relating to current QIPP schemes are on-going. As well as monitoring and driving current schemes, future initiatives and ideas are being discussed with a plan to further develop for 19-20. Clinical leads are being reassigned to specific qipp areas including GB members. There are also regular Financial Recovery Programme Group (FRPG) meetings to support and drive Financial recovery on-going engagement on the future plans and schemes are scheduled	On-going	5	3	15	10	20	20	20	20	20	20	20	20	20	20	20	20	20											07/01/2019	07/01/2019		Open		Y												
HF137	**GP at Hand** There is a financial risk to Hammersmith and Fulham CCG that the list size growth associated with the practice results in increasing cost pressures to the CCG, limiting the monies available for investment in other health and care services in Hammersmith & Fulham.	Financial & Quality	Janet Cree	Owen White (Paul Brown)	Finance and Performance Committee	3	4	12	NHSE have indicated that the financial implications of the GP at Hand practice will be 'cost neutral'. However within NHSE London other CCGs (outwith NWL) have been informed not to include their contributions in the forecasts or risks; and H&F have been instructed to show the pressure as a Risk, Mitigation discussions are still ongoing, including at National level, and with NWL CFO/Exec. There is also a significant administrative burden on the CCG in managing the on-going programme of work associated with the practice. On going discussions with NHS E regarding the exact methodology of how & when costs will be recovered are ongoing but this is now a major risk and reflected as such in the M8 results.	5	4	20	On going discussions with NHSE regarding the exact methodology of how & when costs will be recovered. Regular monthly reporting of the financial pressure flows to NHSE. Briefing for David Slegg to be shared w/e 21/12		5	4	20	10															20											Owen White 20/12/2018	Owen White 20/12/2018		Open		Y	Y						Y				
HF77	Due to significant pressures of capacity at Imperial College Healthcare Trust there is a risk of cancellation of operations for non clinical reasons. This could result in poor patient experience and possible detrimental patient outcomes	Clinical	Diane Jones / Jon Pearson and David Hill (performance)	Margie O'Connell / James Cavanagh	Quality Patient Safety and Risk Committee	4	3	12	Patient Experience and Harm Monitored through contract meetings and CQG, subsequently agreed that this would be considered firstly at PCE as a performance issue. Performance and capacity issues managed through contract and performance routes. Paper came to September PCE provided assurance that the cancellations are being appropriately monitored and managed, and that actions are in place to improve the rate of cancellations, recent increase in numbers - will be raised again in January 19 PCE	4	4	16	As per current controls for RTT and A&E including NHSI scrutiny for both. Paper discussed at September PCE, assurance of no moderate or severe clinical harm was given and accepted. One further query was raised regarding rate of cancelations by day of the week and whether particular theatre lists were more affected than others. This will be raised again at January 19 PCE	Ongoing	4	1	4	4	12	12	12	16	16	16	16	16	16	16	16	16	16											07/01/2019	07/01/2019		Open				Y												Y
HF33	**PMS Review:** There is a risk that due to the on-going delays with the implementation of the PMS Review, this could result in uncertainty for practices regarding core service funding. This could have an impact on the PMS commissioning intentions being implemented as part of the EPC.	Clinical and Financial	Debbie Parkin	Debbie Parkin	Primary Care Commissioning Committee	3	4	12	Work being undertaken jointly with colleagues across North West London to restart NWL PMS Steering group to review commissioning intentions to create a menu which can be drawn from to identify a core offer. It will need to be aligned to STP delivery. Supported provided by NHSE to help restart process	4	4	16	The CCG is required to completed PMS Assurance checklist to send to NHSE on 27th January 2017 which include the timelines to engage key stakeholders and implementation of the new contract (which NHSE expects should be 1st October 2017) Specialist support (legal and financial)available from NHSE to implement is scarce. PMS Assurance checklist supplied; the CCG is required to submit commissioning intentions to NHSE on 28th April 2017 to support implementation of new contract from 1st October 2017. 15/05: The CCG has submitted commissioning intentions to NHSE following approval at the Primary Care Commissioning Committee on 26th April 2017 . The CCG met with the PMS practice on 23rd June and were are in on-going dialogue with them in relation to areas requiring clarification. Still awaiting joint NHSE/LMC assurance on commissioning intentions - expected 9 August - following which an offer letter can be sent to the practice 2 weeks after assurance has been received which will impact on the implementation date of 1 October. 01/09/17: NHSE/LMC assurance still not received but focus is on on-going transition / suitability discussions with Practice. 26/02/2018 - The PMS offer letter has been sent to the practice. There may be a delay with the signing of the actual contract (3 months negotiating period) This could have a impact on the PMS commissioning intentions being implemented as part of the EPC. 16/01/2018:NHSE & LMC assurance received. LMC assurance on H&F's PMS commissioning intentions and financial model was confirmed on the 19 December 2017. CCG has drafted PMS Contract Offer Letter which is has been sent to NHSE (JS) for comment. JS is setting up a meeting between LMC and CCGs to agree wording of Contract Offer letter. Next steps, once agreed, the letter with PMS financials will be issued to LMC for information and to the Practice to commence contract negotiation process. July 2018 - Contract negotiation meetings continues . Practice is seeking an extension to the 4 years transition period to 6 years. Considering dispute resolution as next steps. August 2018, Practice now requested to go to stage 2 - disputes resolution. A panel is being put together to hear this in September as per the NWL disputes process. September 2018, An independent panel is being held this month to hear the dispute. Date and time TBC Due to the LMC not being available the independent review panel has been set up to hear the dispute on 18/19 Oct. Independent Panel met with practice & CCG practice raised a point of process as an objection to the panel hearing the statements. Panel chose to not hear dispute & rescheduled for 6th Dec. Primary Care will produce paper for November asking if 4 year transition period should be adjusted (ie shortened to ensure that timetable of reaching equivalence with GMS practices can still be achieved by 2022.	On-going	3	4	12	8	12	12	12	12	12	12	16	16	16	16	16	16												Debbie Parkin 26/11/18	Debbie Parkin 26/11/18	PCCC 09/10/18	Open	PCCC were informed in Dec. that the CCG is currently waiting formal notification of outcome of dispute.		Y							Y				
HF162	**CEPN Funding Reduction** Health Education England has reduced the annual training allocation for CEPN nationally. There is a risk that there will not be enough funding to provide training required for OOHS delivery. This is magnified by the mandated training requirements within the EPC contract	Financial	Debbie Parkin	Debbie Parkin	Primary Care Commissioning Committee	4	4	16	On-going discussions with GP Federation and other CCGs in NWL. Joint letter from all 8 NWL CCG sent to HHE currently waiting response.	4	4	16	CCG to identify any existing provisions for GP training and education. Diabetes training is funded separately through the Diabetes Transformation programme. ECG training has been included as part of the Cardiology workshops that will be offered to GPs. ABPM training is free. GP Federation to use underspend (£15k) from the 17/18 OOH Equipment Budget 17/18 to meet immediate training needs, as per agreement with the CCG. However not all training needs have been met through the unspent funds. The cost of the remaining unmet training needs is estimated at £70k for 18/19, this is based on the training needs analysis undertaken by the GP Federation. H&F CCG has been working with other NWL CCGs to identify further mitigating actions at a NWL level. The main focus of NWL discussions have been on ensuring the sustainability of CEPNs with consideration of the different models and ways in which CEPNs can operate with reduced funding going forward (i.e. development of a joint CEPN approach across NWL supported by a central team of Project Manager(s) and Nurse Education Leads to oversee the delivery of strategic requirements across the 8 CCGs). The pooling of funding to support a rolling training programme for primary care workforce across all CCGs is also being considered. Discussions are on-going and the implementation of a NWL-wide solution is expected to take time and may not be in place until late 2019/20.		4	4	16	8																			16	16	16											Deborah Parkin 26/11/18	Deborah Parkin 26/11/18	PCCC 09/10/18	Open			Y								Y				
HF49	Due to the lack of robust data quality, particularly for live waiting list management, there is a risk of impaired delivery of care through longer waits and non patient tracking	Organisational	Janet Cree	David Hill	Joint F&P and Quality Committee	4	4	16	Monitored at monthly elective care meetings with summary reports coming to the PCE.	4	4	16	Regular updates on the processes to improve and monitor data quality of RTT waiting lists are received at the RTT steering group. PCE receives broader updates on data quality across the trust including a regular cycle of audits. However an issue arose in late 2018 whereby Cystocopy patients for follow-up checks hadn't been appropriately added to the waiting list - an SI investigation was carried out and we are awaiting conclusions from this. **Due to this new Cystocopy issue the likelihood score has increased from a 3 to a score of 4.**	Ongoing	3	2	4	4	12	12	12	12	12	12	12	12	12	16	16	16												01/11/2018	07/01/2019		Open				Y												
HF47	Risk of continued failure to meet the 18 week RTT standard (Imperial)	Organisational	Janet Cree	David Hill	Joint F&P and Quality Committee	5	4	20	Twice monthly monitoring	5	3	15	In light of operating plan guidance to maintain current waiting list size, a modest performance improvement has been agreed as a trajectory for 18-19 and **due to it's modest nature the likelihood of failure has reduced.** Specialty level recovery trajectories previously worked up continue to be monitored. Twice monthly RTT meetings with NHS I continue with monitoring in place. Joint committee received monthly updates through the IPR report.	Ongoing	4	3	12	12	20	20	20	20	20	20	20	20	20	15	15	15	15											01/11/2018	07/01/2019		Open				Y		Y								
HF163	**Primary Care Access Work Programme** There is a risk that we do not deliver the 18/19 engagement elements of the Primary Care Access Work Programme and fail to achieve effective engagement outcome, due to lack of resources and time, in order to meet the commitments set out in our comms and engagement strategy	Financial Organisational Reputation	Janet Cree	Mark Jarvis	Primary Care Commissioning Committee	5	3	15	Timeline for primary care access, engagement and consultation plan developed to include; - phase 1 - pre consultation activities - phase 2 - public consultation - phase 3 - post consultation decision making - phase 4 - procurement Engagement workshop held on 21 August with GPs, Practice Managers and local residents in attendance with further workshops planned A UCC and Primary Care Access Steering Group (time limited) has been established to support the process with clear terms of reference. Group to meet fortnightly. Its remit is to review the timeline, discuss progress and consider any slippage. Tasks will be assigned to key individuals as required. Met with NHS England to discuss the comms and engagement requirements and that we will be discussing the legal position with lawyers. The approach to the work required has been discussed at governing body seminars.	5	3	15	Discussions with lawyers on the legal aspects was undertaken by Mark Jarvis in September 2018 Paper was produce and presented to NHS England (London) clinical senate for consideration of the clinical rationale of any change. Paper was taken to PAC in early December following the outcome of the Senate meeting with the aim of obtained PAC's comments on the proposed consultation process. The pre consultation business case paper due to go to the 15th Jan governing body will layout how PAC will be consulted during the formal consultation process. UPDATE 23.10.18 It may be possible to consider reducing this risk due to the additional resource of Sarah Bellman, NW London Assistant Director of Communications and Engagement. Sarah is joining the team two days a week to support planning and running primary and urgent care access. However, it would be advisable to hold off on this until the necessary budget for the engagement and equalities work has been identified. 31.12.18 - Sarah Bellman provided 2 day support per week until 1st January 2019. However due to limited capacity in the NWL communications team However due to limited capacity in the NWL communications team this arrangement will reduce from January 2019. To mitigate this, the engagement lead will discuss with the NWL comms team what resource they can provide between Jan-March 2019. Further mitigating will be undertaken in the form of a clear timeline indicating what level and type of resource will be required and when.		3	3	9	9																			15	15	15											Debbie Parkin/ Bethany Golding 31/12/18	Debbie Parkin/Bethany Golding 31/12/18	PCCC 09/10/18	Open			Y		Y						Y				