

RISK ID	Description of Risk	Category	Lead Director/ Head of Service	CCG Project/ Programme Lead	Name of Committee	Initial score			Controls currently in place	Current score			Additional mitigating actions required	Due Date	Review dates and Reviewer (individual's name)			Status: closed/ open	Comments
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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 an 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	Debbie Parkin 22/01/19	Debbie Parkin 22/01/19	PCCC 09/10/18	Open	PCCC were informed in Dec. that the CCG is currently waiting formal notification of outcome of dispute. Panel has made decision which committee will receive at next meeting.
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.		Debbie Parkin 22/01/19	Debbie Parkin 22/01/19	PCCC 09/10/18	Open	
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.		Debbie Parkin 22/1/19/ Bethany Golding 31/12/18	Debbie Parkin 22/1/19/ Bethany Golding 31/12/18	PCCC 09/10/18	Open	
HF66	If the CCG does not engage effectively with the GP membership, it could lead to an underperformance in the delivery of the services commissioned from General Practice and will affect the transformation of primary care	Organisational	Debbie Parkin	Debbie Parkin	Engagement and Organisational Development (OD) Committee	3	4	12	Increased dialogue with GP practices to understand what would help improve communications, review of GP newsletter and routine communication processes from CCGs to GPs to ensure greater effectiveness, review the approach to membership meetings to ensure they meeting needs of the membership	3	4	12	Membership meetings to be more focussed on providing clinical "teach in" sessions and to engage in more debate and discussion rather than just providing information, focussed engagement on the proposals to move to full delegation of primary care. Redesign of extranet led by central comms to ensure it reflects the needs of GP members and links directly to the primary care team. To look at attending members' meetings and network meetings to identify gaps in engagement and further development of PPGs. To review feedback of 360 once received May 2018	On-going	Debbie Parkin 19/10/18	Debbie Parkin 19/10/18	PCCC 09/10/18	Closed	This nature of this risk appears so broad that primary care team feel that it is most appropriate to rise risk against more discrete objectives/piece of work with a targeted approach being more effective.
HF136	GP At Hand: There is a risk that the PCCC will be unable to determine that sufficient assurance exist due to the novel nature of the digital-first model introduced by the practice impacting the quality and safety of the service provided to registered patients.	Financial & Quality	Janet Cree	John Pullin	Primary Care Commissioning Committee	4	4	16	On-going clinical review process overseen by the NHSE Medical Director, working alongside IG and clinical governance experts from NHS England. Regular reporting of data and activity associated with the practice and close liaison with the GP at Hand practice, affected CCGs and relevant providers to ensure appropriate clinical pathways are in place. Ipsos MORI commissioned by the PCCC to undertake an independent evaluation of the GP at Hand practice, assessing impact on patients, the primary care workforce and on primary care providers more broadly. Due to report by March 2019. Weekly update from evaluation team & CCG.	4	3	12	On-going clinical review process overseen by the NHSE Medical Director, working alongside IG and clinical governance experts from NHS England. Regular reporting of data and activity associated with the practice and close liaison with the GP at Hand practice, affected CCGs and relevant providers to ensure appropriate clinical pathways are in place. Weekly update from evaluation team & CCG continues.		John Pullin 22.1.2019	Janet Cree 09/10/18	PCCC 09/10/18	Open	
HF137	GP at Hand : The exceptional list size growth associated with the GP at Hand practice has resulted in increasing costs flowing to the CCG, in relation to which the expectation and assurance from NHSE was that these would be mitigated fully. Should the mitigation not materialise there will be a material worsening of the financial position of the CCG, potentially jeopardising other health and care services in Hammersmith & Fulham.	Financial & Quality	Janet Cree	John Pullin (NWL Financial Lead 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	5	4	20	Discussions with NHSE remain ongoing despite routine monthly reporting of the financial pressure flows to NHSE. Briefing for David Slegg prepared for CFO w/e 21/12; discussion at CFO level ongoing.		John Pullin 22.1.2019	Owen White 16.1.2019	PCCC 09/10/18	Open	

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HF119	Primary Care Quality Dashboard There is a risk that quality monitoring in primary care has not been undertaken since delegation as there are on-going discussions about a localised dashboard. This may lead to quality issues not being dealt with in a timely and appropriate fashion leading to late intervention by the CQC.	Quality	Sue Pascoe	Margie O'Connell/Sharon Peppard	Primary Care Commissioning Committee	4	3	12	Use of historic quality monitoring arrangements	4	3	12	NHSE continue to use the primary care dashboard developed before delegation and to work with CQC in relation to quality issues identified through CQC inspections. Local dashboard being developed 26th February 2018 - Primary Care Quality Monitoring workshop was held on 22/02/2018. Update to come to PCCC on 20th March 2018. July 2018: The first iteration of the Primary Care Quality Dashboard was reviewed by the PCCC in June 2018. PCCC is expecting a further update in Sept 2018. CCG have provide S&T with the date for the November meeting in order for them to present to PCCC with their update.		22/01/2019	Sue Pascoe 23/01/19	PCCC 09/10/18	Open	PCCC requested increasing risk back to a 12 given continued delay in presentation & agreement of this tool 9/10/18. Dashboard presented to PCCC in Nov. further work planned with action raised re consolidation of quality data.
HF106	Practice Pressures / Resilience Funding There is a risk that practices that are struggling organisationally and financially, which could impact on patients receiving timely primary care and may result in practices terminating GMS contract.	Organisational	Debbie Parkin	Coral McNeilly	Primary Care Commissioning Committee	3	4	12	July: CCG and the GP Federation identifying practices as potentially requiring resilience support. Practices also urged to apply for Resilience funding (available nationally and through the CCG as part of GPFV monies).	4	2	8	Local panel to be set up to consider practices identified (self nominated / otherwise) in August. Continue to work with the GP federation in identifying other Practices that are struggling and developing a strategy for this.01/09/17: Panel met on 31st August to discuss applications received from Practices requiring resilience support. 20th Sept 2017 -Initial Practice visits has commenced for practices whose bid were successful. 28th February 2018 - Resilience Plans are in place for some practices. The process is expected to be finalise by the end of March 2018, when there will be plans in place for practices that were approved for resilience support. May 18 - No of practices have now received different forms of resilience support. We continue to monitor practices that may show signs of struggling with NHSE and will review for 18/19 resilience support. July 2018 - Additional support is available through resilience funding for 2018-19 and practices have submitted application. Practices have submitted applications which have been reviewed & four application will be supported through 18/19 funding which has now been released.	Ongoing	Coral McNeilly 28/01/19	Debbie Parkin 22/01/19	PCCC 09/10/18	Open	Additional funding has been applied for however the outcome is unknown.
HF159	Estates Failure to secure funding for refurbishment results in further delays to the proposed relocation of Stendale and Brook Green Surgeries into Milson Road and the associated void costs chargeable by NHSPS from April 1st 2017.	Financial	Debbie Parkin	Debbie Parkin	Finance and Performance Committee	4	3	12	Failure to secure ETTF or CCG funding during 16/17. Current options are to use NHSPS customer capital or to facilitate sale of the site to LBHF	4	2	8	18.7.18 - Capital funding secured from NHSPS. Ongoing project meetings to enable refurbishment to take place in 18/19 Bi-weekly conference calls with NHS Property Service and both practices. Revised head of head issued last 28/9/18, practices are currently reviewing. CCG currently reviewing resilience funding to assist practices legal cost. 27.11.18 - the resilience funds to assist GP practices with the legal costs has been resolved, with money available for the financial year with the agreement being progressed between all parties.	Ongoing	Debbie Parkin 02/02/19	Debbie Parkin 02/02/19		Open	Revised head of terms issued last 28/9/18, practices are currently reviewing. A letter of support has been sent from CCG to NHS PS in order to accrue into 18/19.
HF165	Practices not GDPR compliant There is risk that practices are not GDPR compliant this may be due to the new legislation (for eg lack of Data Protection Officer or Data Security and Protection Toolkit[DSPT]), resulting in potential that practices may be fined and unwanted attention for practices & CCG.	Organisational	Bill Sturman	Coral McNeilly	Primary Care Commissioning Committee	2	4	8	Weekly blog that covers specific areas of change by NWL clinical IG lead.	2	4	8	Comms plan to send upgraded info with printed FPN. IG support team are also due to complete further engagement at practice level. To target the issue of uncertainty regarding appointing a DPO at practice level a community discussion is planned together with a presentation to 8 CCG Chairs/MDs on 06/12/18, together with further liaison with the LMC. & a request for the CCG provision of cybersecurity service in relation to DSPT.	Ongoing	Coral McNeilly 28/01/19	Debbie Parkin 26/11/18		Open	Primary Care team are aware that some practices are working towards compliance. Primary Care team are also highlighting issue in Primary Care Newsletter.
HF 150	Enhanced Primary Care Contract - The contract stipulates that with the exception of a subset of service lines in the OOH services relating to the population health management specification, practices will not be funded for activity over and above the F&A plan. This poses specific issues for a number of services, including phlebotomy, near patient testing, mental health and wound care.	Clinical	Debbie Parkin	Cynthia Mkandawire	Primary Care Commissioning Committee	5	3	15	As per discussion at the June PCCC, the implications of the proposed capping process will need to be kept under review by PCCC to ensure that any potential impact on patients is understood and where possible mitigated. Paper to be presented on implications and migrations at 09/10/18 PCCC.	4	3	12		On-going	Debbie Parkin 19/10/18	Debbie Parkin 19/10/18	PCCC 09/10/18	Closed	Cap has been lifted on OOHs has been lifted, post payment verification audit will be undertaken to help manage over performance.
HF116	ERS Referrals: October 2018 From Oct 2018, providers will not accept referrals unless they are received via E-RS. Our current utilisation rate is 16%. There is a risk that with this low levels in ERS utilization rates H&F practices will not be ready for Paper Switch Off Date.	Clinical and Financial	Debbie Parkin	Coral McNeilly	Primary Care Commissioning Committee	4	2	8	The Network Plan for 17/18 includes a requirement for practices to work towards improving utilisation rates. As part of this, the Primary Care Team has been arranging SystmOne User Groups sessions with practices to provide training on how to use ERS	2	1	2	CCG working with Imperial and Chelwest to ensure availability of slots for practices to book into. Further the CCG has completed a CCG Address book review on SystmOne which highlights ERS referral mechanism 20th November 2017 H&FCCG Referral rate is now at 30% 13/02/2018 the PCCC received an update on ERS utilisation rate for the CCG (now at 42%) and also a general update about the implementation plans, training etc. ERS was also a major agenda item at the members meeting in February 2018. 15/05/18 - ERS utilisation continuing to increase. Regular discussions at network meetings and practice visits. Training webinars have been held by Dr Laurie Slater, s1 User groups and on site training provided by Zeba Jamal July 2018 - The uptake for practices utilising eRS as the main route for referral continues to increase month on month. This currently stands at 52% utilisation August 2018- Paper switch off started on 1st August. Daily emails have been sent to practices that have submitted referrals outside of e-RS as per the Paper Referral Return Process. In the first week, 40 referrals were submitted outside of e-RS to Imperial and 4 referrals were submitted to Chelwest outside of e-RS. Paper to be presented at Oct PCCC. From 1 Oct ERS in place & transition period complete. Incorrect referrals will continue to be monitored by CCG & Imperial including looking for patterns of incorrect referrals, actioned by CCG following up with practices.	Ongoing	Coral McNeilly 01/10/18	Deborah Parkin 19/10/18	PCCC 09/10/18	Closed	PCCC will continue to be updated on incorrect referral & mitigating actions taken by CCG until level of incorrect referrals is 0 consistently, PCCC agreed to closure 9/10/18.
HF117	ERS Referrals- October 2018: Community Service Single Point Access (SPA) unable to use ERS to refer patients to acute services on behalf of GP Practices and therefore GP Practices will need to refer patients using ERS adding to practice workload. There is a risk that this could lead to possible cost pressure if practices do not use SPAs and refer directly to acute without SPA triage.	Clinical and Financial	Debbie Parkin	Coral McNeilly	Primary Care Commissioning Committee	4	3	12	This has been agreed as a contract issue and so is being managed by central contracts team.	1	1	1	Central London CCG leading on this as the CCG has commissioned majority of community services from Imperial. H&FCCG liaising closely with Central London. 20th November 2017 The NWL IT Team is now working with NHS Digital - and Community Dermatology service is now on SPA 15/05/18 - CCG working actively with NHSE to make sure services are set up to act as referrers in advance of PSO deadline 1st August 2018. July 2018 - Imperial Health Trust are now working to set up all community services to accept eRS referral. August 18 - Some of the community services have been set up, IT training and user guides have been provided to the community services to support with this. All of the required community services have been set up to onward refer via ERS when appropriate.		Coral McNeilly 01/10/18	Deborah Parkin 19/10/18	PCCC 09/10/18	Closed	PCCC will continue to be updated on incorrect referral & mitigating actions taken by CCG until level of incorrect referrals is 0 consistently, PCCC agreed to closure 9/10/18.
HF76	Core quality indicator data available at varying levels of consistency for Out of Hospitals Services for CWHHE CCGs, could lead to a lack of assurance and possible variability of patient safety	Clinical	Mary Mullix	Margie O'Connell	Quality Patient Safety and Risk Committee	5	5	25	OOHS quality dashboard in operation. Scheduled contract meetings. Risks escalated to QPSR by ADs for quality, to raise as appropriate to highlight concerns and seek assurance	5	3	15	Quality dashboard to be raised at all contractual meetings. Contractual leavers to be implemented as appropriate. Risks to be raised at OOHS Steering Group via OOHS risk log. 21-02-18. Liam Edwards. 8/3/18 reviewed at February OOH meeting: contractual leavers not applied but for consideration in new financial year.	Ongoing	01/11/2018	01/11/2018		Closed	From a primary care perspective this risk may no longer exist as sufficient KPIs & dashboards exist.

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HF75	Following a training needs analysis of healthcare assistants (HCAs) in CWHHE General Practices it has become apparent that some are undertaking clinical tasks which they are prohibited from doing as HCAs. HCAs are unregulated and some are lone working in practices without a Nurse. As part of delegated duties, it must be confirmed that the outcome of tasks being delegated to someone must meet the required standards of competency and be within current guidance/recommendations. Correct systems and various training methods are not in place and there is a risk to patient safety which could result in harm.	Clinical	Sue Jeffers	Sue Jeffers		5	3	15	CWHHE wide communications are being cascaded. A programme of work continues with Managers, Practice Nurses, GPs and HCAs around workforce development, competencies and standards in primary care.	5	2	10	Continued monitoring through contract meetings. With delegated commissioning this should be able to be monitored more closely.		13/03/2017	13/03/2017		Closed	Closed on the following basis: 1) Informed by Caroline Durack on 09/11/018 15:17 that the training need analysis found no instance of this issue in H&F 2) Additionally all HCA were sent on care certs. 3) HCA forums exist to report where HCA are being asked practice beyond their scope of practice. 4) A hotline also exists for the same as 3). 5) That the risk is 3-4 yrs old.
HF169	Fulham Cross Medical Centre There is a risk that it will be necessary to put in place caretaking arrangement regarding the Fulham Cross Medical Centre. The urgency is due to the fact the practice is currently not registered with the CQC therefore in breach of their contract and therefore delivery licenced activity without registration.	Quality and Clinical	Debbie Parkin	Debbie Parkin	Primary Care Commissioning Committee	3	4	12	The CCG & NHS England are following the caretaking procedure.	2	4	8	The caretaking procedure include notifying the practice and all registered patients & redirecting patients to a caretaking practice is expected to be in place until such time as the issue of registration is resolved. The caretaking practice is expected to be in place w/c 17 Dec. From 7 Jan the caretaking practice is provided by North End Medical Centre Patients and other stakeholders have been informed. FCMC have submitted their registration documentation to the CQC for consideration.	Ongoing	Debbie Parkin 22/01/19	Debbie Parkin 22/01/19		Open	From 7 Jan the caretaking practice is provided by North End Medical Centre Patients and other stakeholders have been informed. FCMC have submitted their registration documentation to the CQC for consideration.