

#	Description of Risk	Category: Clinical/ Organisational/ Financial/ Governance/ Operational/ Infrastructure	SMT lead	Management lead	Committee	BAF	Initial score			Controls currently in place	Current score			Additional mitigating actions required	Target score			Risk Rating by month												
							I	L	S		I	L	S		I	L	S	A	M	J	J	A	S	O	N	D	J	F	M	
1	Risk that, if we are unable to insert re-based values into contracts for 2019/20 (CLCH/ CNWL) the CCG will be facing a £3m cost pressure.	Financial	Paul Chung	David Matthews	Finance & Activity	5	4	2	8	Working with Provider Directors to ensure service lines Delivery manager to review with Head of Finance every month • Delivery manager to monitor if risk to delivery of services emerges monthly	3	4	12	• Reviewed with Central Finance leads for each CCG to agree approach to correctly budget contract costs	3	3	9	12	12	12	12	12	12	12	12	12	12	12	8	8
2	Risk that the the transition to the Integrated Community Team (and wider ICS accountable care and PCN agenda) and scale and speed of the change is very disruptive, leading to a loss of focus on business as usual and delivery of short term efficiency savings, leading to an unsustainable financial position for the CCG and local providers.	Financial/ organisational	Jane Wheeler	Hannah King	SMT/ Operational Group	5	2	5	10	14/01/2018: discussions with partners re: 2019/20 plans include requirement for focus on delivery .Existing providers included in Alliance Leadership Group, ensuring that provider input to ICT development is maintained. The programme is structured to ensure that delivery of savings (transactional and transformational, both QIPP and general cost control) is phased, with the change programme delivering, short, medium and longer term savings and enhanced cost-effectiveness to support the delivery of WCCG and the wider NWL STP area's financial sustainability. Phase I completed.	2	4	8	13/11/2018:IT identified as priority. Phase II to be implemented in 2019/20. Co-design session 7 December 2018, to define scope.	2	3	6	10	10	10	10	10	10	10	10	10	10	10	8	
3	Risk that the Alliance is not yet mature enough to transition to a multi-specialty community provider, resulting in inability or delays to delivering the CCG's Integrated Care Strategy and likely financial pressures	organisational/ governance/ infrastructure	Jane Wheeler	Jane Wheeler	SMT/ Operational Group	5	4	4	16	Alliance Leadership Group established. Developing joint working amongst providers, including GP Federation and Primary Care Network. Integrated Care Programme Board established. Provider Chief Exec meetings ensure senior focus on addressing challenges. Alliance stocktake completed.	4	3	12	CCG to agree approach to commissioning, and set target timelines. Further work with Alliance Leadership group to explore future ways of working. Outputs from Alliance stocktake will inform future focus.	3	4	12	16	16	16	16	16	16	16	16	16	12			
4	If we do not achieve requisite development of Federation and Primary Care Networks to operate effectively within an integrated care environment, the CCG will be unable to deliver its integrated model of care, and associated clinical outcomes. This would also have a negative impact on the CCG's plans to achieve relevant financial targets.	organisational/ financial	Simon Hope	Joe McGale	Primary Care Commissioning/ Operational Group	1	4	4	16	All five Primary Care Networks submitted Stage 2 templates. Primary Care Network Development Plan/ Federation memorandum of understanding and work programme in place/ Governing Body member input to Primary Care Network development PCN Stage 2 plans submitted including relevant plans for achievements of key priorities.	4	3	12	Confirmation if wider NW London pressures have an impact on West London's ability to invest in Primary Care. Organisational development plan for Federation/ Primary Care Networks Additional project management resource to support PCN key development areas e.g. ICT / IT Development of "at-scale" contract under discussion via PCC.	4	3	12	/	/	/	16	16	16	16	16	16	12	12		
5	E-Rs: if we do not fully comply with E-Rs implementation, there is a risk to patient care, through referrals being delayed in the transition.	Organisational/ clinical	Thomas Harte	Thomas Harte	Quality & Performance	9	4	4	16	Role dedicated to oversight in WLCCG and NWL, practice training programme, provider engagement	4	1	4	To review mid-October 2018, once e-Rs change is nationally mandated (NWL mandated since 1 August 2018).	4	1	4	16	16	16	16	8	8	4	4	4	4	/	/	
6	Primary Care Engagement: risk that, with the pace and volume of change, members are not able to participate fully in CCG activities and understand their role as commissioners as part of a CCG strategy that aims to support them as providers and commissioners	Organisational	Simon Hope	Joe McGale	Operational Group	1	4	4	16	Work with Governing Body and CLS leads about member engagement; proposals developed, taking into account Primary Care Networks. Regular CLS and plenary meetings, with agendas structured to maximise relevance and usefulness for practices. PCNs now operational and providing another engagement	3	3	9	Joint CLS meeting February 2019. Senior level management support (SMT rep) at all CLS meetings. Work underway using 360 review and GB input to redesign engagement framework and approach. Proposal going to members for feedback/ decision February 2019.	4	2	8	16	16	16	16	12	12	12	12	9				
7	Better Care Fund/ Section 75: risk that NHS and Local Authority commissioners, seeking to make clearer the responsibilities that are separate and joint makes changes that have unintended consequences	Financial/ organisational	Jane Wheeler	Jane Wheeler	SMT/ Operational Group	4	4	3	12	Weekly meetings with RBKC and CL CCG and support from quality team on development of Impact Assessments	3	3	9	Streamlined decision making timeline across organisations. Team working through individual cases.	3	2	6	12	12	12	12	12	9	9	9	9	9	9		
8	Workforce: as we evolve to meet the organisation's needs, there is a risk that if we do not retain/ recruit the right staff or support their development to meet the organisation's current and future objectives, we will not be able to operate effectively.	Organisational	Louise Proctor	OD Chair (rotation)	SMT/ Operational Group	6	4	4	16	Team event in March will include changes in North West London. Regular workforce reports. Team Organisational Development: focus in December on team working, and negotiation skills - positive feedback from the team. West London CCG Organisational development group focussing on priorities from staff survey. Opportunities for workign	4	3	12	Skills/ development diagnostic. Succession planning. Long-term development for teams both within West London and North West London. Longer-term effects of implementing multi-specialty community provider/ accountable care organisation in relation to staff retention to be considered.	4	2	8	16	16	16	16	16	16	12	12	8	8	12	12	
9	Mental health transformation. Developments across neighbouring CCGs have an impact on services we commission for WLCCG patients. There is a risk because the impact is unquantified in particular for QPP provision and that impact will be either a reduction in service availability, leading to inequalities across our population. or an increased cross subsidisation of provision in other CCGs.	clinical/ financial	Jane Wheeler	Jane Wheeler	SMT/ Operational Group	8	4	5	20	Joined up work with other teams including defining scope of projects	4	2	8	Regular leadership structured conversation (across five CCGs) to ensure early strategic alignment across organisations.	4	2	8	/	/	/	20	20	12	12	12	12	12	8	8	
10	Commissioning decisions, relating to Supported Accommodation, taken by neighbouring CCGs have an impact on services provided for patients in QPP, and create an unquantified cost pressure. Additionally there is a risk that the CCG provides an unequal service offer for patients in QPP and K&C	clinical/ financial	Jane Wheeler	Jane Wheeler	Transformation Board/ Finance & Activity Committee	4	4	5	20	Regular meetings with neighbouring CCG commissioners and clinical leads to quantify impact and agree mitigations	4	4	16		4	1	4	/	/	/	/	/	/	/	/	16	16	16	16	
11	Risk that the CCG will go into 2019/20 without having finalised the 2018/19 contract for North Kensington Recovery.	Clinical/ governance	Louise Proctor	Henry Leak	Transformation Board/ Finance & Activity Committee	8	4	4	16	Delivery Assurance Board being established January 2019	4	3	12		4	1	4	/	/	/	/	/	/	/	/	16	12	12	12	
12	Risk that, as we work increasingly with partners across NW London (NHS and other agencies), we may have to review service provision in the locality.	Organisational	Louise Proctor	Thomas Harte	Transformation Board/ Operational Group	2/ 3/ 8	3	4	12	Independent review of service provision and commissioning: report due Spring 2019.	3	4	12	Workplan to be developed, based on independent review's findings.	3	2	6	/	/	/	/	/	/	/	/	/	12	12	12	