

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved post mitigation	Previous Rating (September 2018)	Trend
<b>1. Improving the quality and safety of the services we commission</b>								
a. <u>Ensure on-going safety and performance in the system</u> Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions	CR02 - Cyber Attacks CR03 - NHS Constitutional Targets CR06 - Vocare CR09- Safeguarding Compliance CR13 - Maternity Services CR15 - CCG Staff Capacity Challenges CR19 - Transforming Care Partnership	There are a number of high level risks associated with provider safety concerns listed on the Risk Register. In particular, the concerns about the Vocare Urgent Care Centre and the issues with mortality and cancer outcomes at RWT have the potential to have a significant impact. In addition there is an underlying risk that mitigating action to address these concerns may divert resources from overall systemic improvement.	No new strategic risks have been identified. Quality and Safety Committee are managing risks associated with Cancer and Mortality, which are the most significant quality and safety concerns across the system. Action plans to address the identified issues are being managed at a local and regional level, this includes scrutiny from NHS England. Following the most recent CQC inspection the Vocare Urgent Care is now rated as good.	The CCG continues to actively monitor the quality of provision at all its providers. The CCG is engaged with a multiagency improvement board to support improvements at the Urgent Care Centre and is working with other CCGs across the STP to ensure a system level approach is taken to issues with Maternity services. Existing monitoring systems are in place to ensure that concerns about Quality are addressed at the earliest possible opportunity and to ensure that appropriate contractual levers can be used if necessary	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔
<b>2.Reducing health inequalities in Wolverhampton</b>								
a. <u>Improve and develop primary care in Wolverhampton</u> – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this	CR11 - Primary Care Strategy Workforce Issues CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges	The CCG's Primary Care strategy is ambitious and aims to deliver significant improvements in care for patients in primary care in Wolverhampton. The scale of change itself has a number of inherent risks as it involves CCG Staff, GPs and practice staff considering significant changes to their ways of working. This comes on top of existing high demand for services and a recognised workforce challenge in Wolverhampton. The most significant risks identified relate to the ongoing development of new clinical groupings in the City that will be able to deliver new services, at scale in primary care across Wolverhampton	No new strategic risks have been identified. Primary Care Committee now has responsibility for monitoring the implementation of the Primary Care Strategy in Wolverhampton with the support of the Milestone Review Board. Progress continues, with key achievements including the implementation of extended access in advance of national targets and the rollout of a number of technological solutions to improve access. Following the procurement exercise for the APMS practices in the City work is underway to support the transition to the new provider. Following the publication of the NHS Long Term Plan, the CCG will continue to work with practices to develop Primary Care Networks that build on existing approaches to working at scale.	The CCG continues to support the development of Clinical Groupings with staff in the Primary Care team providing direct support. Progress with the Primary Care Strategy is being measured by a milestone plan through monthly checks and quarterly review meetings now reported to the Primary Care Committee. Significant work continues to take place both locally and at an STP level to ensure that workforce challenges are addressed through both recruitment and upskilling of the existing workforce.	Likelihood - 4 Impact - 3 12 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
b. <u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u> Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings	CR12 - New Ways of Working in Primary Care CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership	The CCG is working with partners in the City to support the development of an Integrated Care Alliance for Wolverhampton. This creates a number of significant risks as each organisation needs to balance their own priorities and challenges to deliver systemic change. In particular, there is a risk that relationships between partners may become strained as differing priorities are encountered. There are also significant challenges for CCG staff delivering these changes in addition to their existing responsibilities, particularly as they need to build their understanding of the impact of new models.	No new Strategic Risks Identified. Proposals for a local place based system continue to be developed with defined clinical areas of priority which have been now been shared with a wider group of clinical and managerial stakeholders. Wider public and patient engagement is now being planned. Following extensive discussions a risk share arrangement with RWT is in place which allows the contracting arrangement for 2019/2020 to support new ways of working.	The CCG is working in partnership with the other organisations and is ensuring all work on new models is done collaboratively. Clear lines of responsibility for developing clinical and governance workstreams to support these priorities have been developed. Communication lines with staff are prioritised to ensure that all staff are briefed on the trajectory of work and that there are opportunities for questions to be raised to allay any concerns.	Likelihood - 3 Impact - 4 12 High	Likelihood - 2 Impact - 4 8 High	Likelihood - 2 Impact - 4 8 High	↔

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<b>3. System effectiveness delivered within our financial envelope</b>								
<p>a. <u>Proactively drive our contribution to the Black Country STP</u> Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint.</p>	<p>CR07 - Failure to meet Overall Financial targets CR08 - New Ways of Working across the STP CR14 - Developing Local Accountable Care Models CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR19 - Transforming Care Partnership</p>	<p>As the STP moves from being an integrated planning process to a more defined partnership, a number of risks emerge. In particular, the STP has the capacity to highlight tensions between efforts to develop locally appropriate models of care and strategic commissioning across the Black Country footprint. These tensions create risks associated with the relationships between organisations within the system as well as contributing to the overall risk related to CCG staff capacity in an uncertain environment. The national focus on STP delivery also has the potential to create challenges associated with financial delivery, as there may be tensions between delivering the CCG's own financial targets and financial metrics and planning across the footprint.</p>	<p>No new Strategic Risks identified. Risk around new ways of working in the STP has now reduced as key appointments including Programme Director and PMO team have been made. The CCG is acting as the host organisation for these STP staff and continuing to lead the Mental Health and Infrastructure work streams. The Chief Nurse as STP Board Nurse has supported the development of the STP clinical strategy. SMT has led staff discussions to understand staffing pressures associated with the STP. In line with the requirements of the NHS Long Term Plan a proposal for the STP to transition towards becoming an Integrated Care System is being developed. This will be delivered in partnership with the other CCGs (and other STP partners) to support the CCG in meeting the requirement to achieve a 20% reduction in running costs.</p>	<p>The CCG is ensuring that it remains fully engaged with the STP process as it continues to develop. CCG staff contribute to strategic leadership groups and all staff are briefed as part of ongoing internal communication plans. The STP has developed an MOU to which the Governing Body have signed up to ensure that there is clarity about the aims and objectives of the STP and how it links into other ongoing work streams. Proposals for the development of an ICS are being developed via the CCG's Governing Body</p>	<p>Likelihood - 4 Impact - 4 16 Very High</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	<p>↓</p>
<p>b. <u>Greater integration of health and social care services across Wolverhampton</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.'</p>	<p>CR09 - BCF Programme CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate Estates Infrastructure funding CR20 - Governance for Insight Shared Care Record</p>	<p>The CCG recognises that there are a number of risks associated with the Better Care Programme of work which underpins much of the work to integrate health and social care services. In particular the risks associated with the different challenges and priorities faced by the CCG and the Local Authority place some of the delivery of this programme at risk. Some of the risks highlighted above in relation to both developing local care models and the STP, in particular the potential tension between local and Black Country wide ways of working, also impact on the achievement of this objective.</p>	<p>A new strategic risk associated with the potential impact of the reduction in funding for the local authority has been identified however committee level risks around the BCF outcomes have also reduced. As highlighted above, plans for a broader integrated system both locally in Wolverhampton and the wider Black Country continue. Whilst the risk level associated with it has increased, work continues to deliver a Shared Care Record solution for Wolverhampton, including ensuring this work is strategically integrated with wider system objectives through the establishment of an ICA sub-group focusing on informatics.</p>	<p>The CCG has a Section 75 agreement in place with the Local Authority which governs the partnership and the Pooled budget for the BCF. The CCG also continues to work collaboratively with partners on the development of new models of care in the system. The ICA programme includes defined workstreams supporting clinical and operational governance support requirements</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 3 Impact - 3 9 Moderate</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>↑</p>
<p>c. <u>Continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework</p>	<p>CR01 - Failure to meet QIPP Targets CR05 - Mass Casualty Planning CR07 - Failure to meet overall Financial Targets CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership CR18 - Long Term Financial Strategy</p>	<p>As highlighted above, the CCG is working in an environment of significant change. This means that there is significant pressure on delivering existing responsibilities within existing staff resources. In particular, a number of key staff who have significant roles to play in meeting CCG commissioning, finance and performance duties are working on STP level work streams in addition to CCG responsibilities. These pressures are also impacting on providers who are facing significant and increasing demand for services which has an impact on their ability to meet statutory duties and targets, particularly when responding to unforeseen events that lead to greater regulatory pressure such as the Grenfell Tower disaster. The CCG also faces significant challenges meeting its financial duties, particularly ensuring that QIPP targets are met and that plans to manage demand within the system work effectively. Underpinning all of the CCG's work to meet these duties is the need for robust strategic and operational leadership and there is a risk that recent and upcoming changes to the make up of the CCG's Governing Body will have an impact on the strategic leadership of the organisation.</p>	<p>No new strategic risks have been identified. Following a Deep Dive at SMT Finance and Performance Committee have reviewed the risk associated with achieving constitutional targets. Increased focus has been placed on understanding the issues and risks associated with CCG capacity, particularly the ongoing work across the STP. Further actions will be identified through this work, including continued engagement with staff at a team level.</p>	<p>The CCG has clear accountability mechanisms in place for the delivery of statutory duties and uses robust performance management frameworks to ensure that providers are meeting their statutory responsibilities, particularly those relating to the NHS Constitution. This includes the use of a range of contractual mechanisms when appropriate. Robust plans and processes are in place to assure QIPP delivery, with clear lines of accountability into the Finance and Performance Committee to ensure that any slippages are dealt with promptly and effectively. Governing Body Members are in place and taking up roles within the organisation</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>↔</p>
<p>d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.</p>	<p>CR15 - CCG Staff Capacity Challenges CR17 - Failure to secure appropriate estates infrastructure investment CR20 - Governance for Insight Shared Care Record</p>	<p>The CCG's programmes of work to improve infrastructure for health and care is heavily reliant on the recruitment and retention of appropriately skilled staff to support improvements in specialist IT systems in partnership with other organisations, this means that the risks associated with staff capacity will have an impact on the delivery of this objective. Plans to make improvements in estates across Wolverhampton are dependent on appropriate funding being available. The complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk</p>	<p>No New Strategic risks identified. Work on existing estates plans continue, with a number of primary care projects now underway including collaborative work with practices to develop estates strategies associated with practice mergers. As highlighted above, the CCG is working collaboratively with partners across Wolverhampton to develop a robust approach to Data Sharing through the Insight Shared Care Record which will enable integrated care delivery and service planning including ensuring that this work is strategically integrated with broader workstreams. This involves consideration of the specific information and privacy risks associated with the use of technology and the CCG and partners are working to understand these potential risks</p>	<p>The CCG has a fully established IM&amp;T team in place working to a detailed strategy to support improvements, reporting into other work streams as a key enabler. This is supported by a robust SLA with RWT as our IT supplier to deliver technical services in line with agreed priorities. The CCG is working in partnership both locally and across the STP to ensure that improvements in estates are delivered in a targeted and strategic manner. Work continues to ensure GP practices are fully engaged in the development of plans and priorities.</p>	<p>Likelihood - 3 Impact - 3 9 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>↔</p>

## Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Committee Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Latest Update	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/Trend
CRO1	PCPB14 - QIPP: Delivery of Targeted GP Peer Review Scheme	<p><b>Failure to meet QIPP Targets</b> QIPP Delivery is vital to ensuring that the CCG meets its financial targets. A challenging QIPP target of 3.5% has been set equivalent to £14m in 2018-19</p>	<p>Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets.</p> <p><b>Update</b> QIPP Plans in place for 2018/19 following NHSE Scrutiny of Planning Process. The CCG has fully identified QIPP schemes to meet the target. An assessment of deliverability risk has been undertaken and the consequences of which can be met through reserves.</p>	12/08/2016	Nov-18	3c - Meeting our Statutory Duties (Delivery of Financial duties)	Finance and Performance	Tony Gallagher	12	High	3	Low	↔
CRO2		<p><b>Cyber Attacks</b> Cyber attacks on the IT network infrastructure could potentially lead to the loss of confidential data into the public domain if relevant security measures are not in place. There is also serious clinical/financial and operational risks should there be a major failure leaving the organisation unable to function normally. In such an instance, Business Continuity Plans would need to be enacted.</p>	<p>Robust SLA in place with RWT for IT systems Proactive approach to Cyber Security with consequent investment in cyber security approaches CCG EPPR and Business Continuity plans in place to address any issues should they arise</p>	31/01/2014	Oct-18	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	4	Moderate	4	Moderate	↔

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CR03	FP04 - Increased Activity at RWT FP11 - System Pressures A&E Performance QS06 - 62 Day Cancer Target	<b>NHS Constitutional Targets</b> There is a risk that ongoing pressure in the system will lead to Providers missing statutory NHS Constitutional targets with the associated impact on patient outcomes	CCG Performance Management Framework ensures robust monitoring of Constitutional Targets through meetings with providers, analysis of performance data and rigorous reporting through the Committee structures). Contract Management applied when necessary Whilst providers are not yet meeting all targets, performance is improving on key indicators <b>Update</b> Cancer performance continues to be scrutinised by NHS England, Recovery Action Plan is in place and is being monitored by NHSE and the Cancer Alliance. Coordinated approach involving Quality, Commissioning, Contracting and Performance team are driving CCG approach. Finance and Performance Committee are assessing the risk associated with RTT targets	28/02/2017	Nov-18	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	High	8	High	↔
CR05		<b>EPPR Support</b> There is a risk that effective plans will not be in place for CCG and other agencies will not be in place	CCG is working in conjunction with other CCGs to ensure that there is regional capacity sharing and resilience. Training has taken place for key staff and a regional EPPR handbook is being developed. <b>Update</b> Public Health staffing resource has reduced. Work continues with Public Health and other partners to ensure key work is prioritised	01/05/2014	Oct-18	3c - Continue to meet statutory duties and responsibilities (Emergency Planning)	Quality and Safety	Mike Hastings	8	High	6	Moderate	↔
CR08	Execs	<b>New Ways of Working across the STP</b> The STP is complex and works across both providers commissioners and local authorities. This requires building new relationships and overcoming organisational barriers . Management capacity to fulfil new roles will be a risk to the CCG as well as the move to new ways of working with partners in a complex system	Relationships across the STP continue to develop, an MOU is being put into place and clear leadership for individual work streams are being identified and put into place. <b>Update</b> Independent Chair, Programme Director and PMO staff in place. Clear intent for the STP to become a Integrated Care System (ICS), with plans to support this being developed.	21/06/2017	Jan-19	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Very High	6	Moderate	↓

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CR10		<p><b>BCF Programme Success</b> The Better Care Fund Programme is an ambitious programme of work based on developing much closer integration between NHS and Local Authority Social Care services. There are significant risks associated with the programme not meeting its targets both financially and for patient outcomes</p>	<p>Programmes are being put into place and work continues to ensure that the impact of this work can be measured in an efficient and effective way. <b>Update</b> Section 75 Agreement for 2017/18 has now been signed to reflect agreed financial and risk share plans now in place. Committee risks relating to Community and Neighbourhood teams clarified</p>	12/09/2017	Nov-18	3b - Greater Integration of health and Social Care Services across Wolverhampton	Commissioning Committee	Steven Marshall	12	High	9	High	↔
CR12		<p><b>New Ways of Working in Primary Care</b> There are a number of issues with the developing new approach to working. This potentially puts at risk the benefits for patients and the prospect of system change</p>	<p>Substantive appointments now made in the Primary Care Team to support group working. Milestone plans developed to support the overall delivery of the Primary Care Strategy. Primary Care groups are actively involved in discussions to develop accountable care models in Wolverhampton. <b>Update</b> Milestone Review Board continues to review progress with Primary Care Strategy implementation including completion of key projects including Extended Access and remote consultation. Groups continue to participate in broader work partners as part of the broader local accountable care work stream.</p>		Jan-19	2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	8	High	↔
CR13	QS05 - Maternity Capacity & Demand	<p><b>Maternity Services</b> Following the decision to transfer a number of births from Walsall to Royal Wolverhampton Trust there have been consistently high midwife to birth ratios and there is a risk that the level of demand may affect the safety and sustainability of services</p>	<p>Maternity services are being actively monitored and local and regional action plans are being put into place. <b>Update</b> RWT have restricted the number of bookings as a result we have now begun to see a reduction in the number of bookings and deliveries below the identified threshold The mid wife to birth rate ratio is currently 1:29. Recruitment to midwife posts continues with completion expected in September 2018. Risk to remain open until recruitment has been completed.</p>	15/06/2017	Nov-18	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Sally Roberts	12	High	4	Moderate	↔

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CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	<b>Developing Local Accountable Care Models</b> The potential complexity of the developing new models locally will mean having to balance competing priorities for different organisations and against other drivers in the system to clearly articulate the rationale for change and the direction of travel. This means that there is a risk that the objectives of improving patient care and delivering financial stability across the system will not be realised	The CCG is working collaboratively with partners in the system to develop plans to ensure that they are produced in an open and constructive way. Ernst Young are supporting the development of clear plans and proposals for discussion. <b>Update</b> Risk Share agreement with RWT is close to completion and will continue to inform discussions around contract for 2019/20 and beyond. Agreed clinical priorities are due to be launched in events for professionals and the public	12/09/2017	Nov-18	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Very High	12	High	↔
CR15	Workload pressures of STP Workload pressures - Black Country Joint Commissioning Committee Impact of unexpected events on overall workload CSU Capacity	<b>CCG Staff Capacity Challenges</b> The level of change across the system means that existing staff resources are stretched to contribute to change based work streams including Black Country Joint Commissioning, STP and local models of care in addition to existing responsibilities. This creates a risk that gaps will be created as well as the existing risk of recruiting sufficiently skilled staff to fill any vacancies that arise in an uncertain environment.	Open lines of communication are being provided to staff through regular updates from STP and Joint Commissioning Committee meetings and through CCG staff briefings <b>Update</b> Following Deep Dive discussion meetings with staff, including a workshop with team managers and Director lead meetings with all staff have taken place. This continues to allow staff issues to be raised and understood as they arise. ICS development proposals will continue to have an impact as more details emerge, including the CCG's approach to meeting the planning requirement to achieve a 20% reduction in its running costs.	12/09/2017	Jan-19	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High	9	High	↔
CR16		<b>Governing Body Leadership</b> The recent changes in the CCG's Governing Body, including changes in the Executive Team and the resignation of the chair have created a risk that it will become more difficult for the Governing Body to provide clear strategic leadership as new individuals familiarise themselves with the CCG and the issues it faces.	New Governing Body now well embedded. Induction plans are being worked through with new Governing Body members and the clinical leadership structure has been developed to ensure that there are opportunities for Governing Body members to understand the CCG and how it functions. <b>Update</b> Governing Body Appraisals are taking place and outcomes will be considered when completed. Work is underway to recruit a replacement Secondary Care consultant.	12/09/2017	Oct-18	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High	6	Moderate	↔



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CR17	Primary Care estate improvements	<p><b>Failure to secure appropriate Estates Infrastructure Funding</b></p> <p>Much of the plans to improve services, particularly in Primary Care, is dependent on securing improvements in the facilities across Wolverhampton. There are a number of possible avenues for funding these improvements but there is a risk that the complex nature of the funding streams and the profile of the estate itself may put delivery of improvements at risk</p>	<p>The CCG is working with partners across the local health economy to develop collaborative and strategic plans for estates developments.</p> <p>GP practices are key partners and the CCG is working with a number of individual practices with identified needs to address these issues in a targeted manner.</p> <p><b>Update</b></p> <p>Funding sources have been identified for a number of proposed improvements in GP practices and the CCG continues to work with other partners to identify alternative sources of funding. Strategic plans are developing in conjunction with relevant practices in key areas. Two improvement schemes have been approved and work has begun on those schemes. Further work is being carried out across w'ton following a number of practice mergers. WCCG continue to support hub working across multi-provider setting and a number of funding sources around proposals are being explored.</p>	12/09/2017	Dec-18	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	↔
CR18	FP05 - Over Performance Acute Contract FP06 - Prescribing Budget FP07 - CHC Budget	<p><b>Failure to Deliver Long Term Financial Strategy</b></p> <p>Recurrent Financial pressures across the system may make it difficult to deliver the CCG's financial plans for future years</p>	<p>Proactive approach to identifying QIPP schemes and embedding them in contracts.</p> <p>Work with partners to support alliance working with risk/ gain share.</p> <p>Proactive approach to financial planning to identify potential gaps and develop mitigating actions</p> <p><b>Update</b></p> <p>Financial Plan for 18/19 had risks of around £3.5m. Mitigations have been identified but the plan included a significant QIPP target and the use of nonrecurrent contingencies to meet financial targets. The CCG in accordance with national guidance will produce a revised long term financial plan for the period 2019-20 to 2024-25 which will go to the Governing Body for consideration by March 2019. This will need to reflect the requirement for the CCG to achieve a 20% reduction in its running costs.</p>	30/01/2018	Jan-19	3c - Meeting our statutory duties and responsibilities	Finance and Performance	Tony Gallagher	20	Very High	6	Moderate	↔

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CR19	FP14 - Transforming Care - Financial Impact	<b>Transforming Care Partnership</b> There are a number of risks to the delivery of the Black Country Transforming Care Partnership's programme of work that cause result in a failure to deliver improvements in the quality of service for patients with Learning Disabilities	Black Country Joint Commissioning Committee has delegated authority for oversight of the programme of work across the four CCGs Programme Management for the partnership resourced by Sandwell and West Birmingham CCG with Wolverhampton AO acting as SRO Collaborative work underway to understand patient cohort and their needs Joint finance work to understand financial impacts on CCG. <b>Update</b> The risk sharing agreement with partners to support the funding transfer arrangement has been finalised. The financial risk is fully mitigated through the application of non-recurrent reserve in 2018-19.	27/02/2018	Jan-19	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Tony Gallagher	16	Very High	6	Moderate	↔
CR20		<b>Insight Shared Care Record – Governance Arrangements</b> If robust governance arrangements are not put in place to support the implementation of the Insight Shared Care record then it may not be possible to deliver the intended benefits of the programme to support direct care for patients and improved population health planning in order to support overall strategic aims across the health economy.	Technical Project Group in place discussing the implementation. ICA Sub-group established to support developing governance arrangements. Clear project mandate and timelines being developed. <b>Update</b> Risk has increased – RWT have put forward an alternative approach which is being reviewed by the CCG and other partners. ICA IG & BI Sub-group has been established to support the work going forward including developing DSA and DPIA for all Data controllers. This will continue to require input from all parties.	19/07/2018	Jan-19	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	12	High	12	High	↑



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CR21	BICPB - Reduction in funding to BCPFT as a result of City of Wolverhampton council withdrawing their current funding to specialist CAMHS.	<b>Impact of potential funding withdrawal by City of Wolverhampton Council (CWC) following consultation process.</b> As CWC formally consult on budgets for 2019/20 the CCG must consider the quality, safety, and financial impact of funding withdrawal for the delivery of statutory & specialist services across Wolverhampton for service users.	Reduction in funding to BCPFT as a result of City of Wolverhampton council withdrawing their current funding to specialist CAMHS. Potential for impact if a similar approach is taken to other services. CWC have been asked to look to reduce budgets across the services which are not impacting on statutory provision and as a result it may be that no actions undertaken by the CCG will result in funding not being removed from BCPFT. • Meetings to be arranged with CWC to discuss funding • Alternative method for funding EPP has potentially been agreed with CWC and this funding could be used to support the gap in funding from CWC.	20/11/2018	<b>**NEW**</b>	1a - Monitoring ongoing safety and performance in the system	Commissioning Committee	Steven Marshall	12	High	12	High	*