

Governing Body Assurance Framework

BAF Objectives	Relevant Corporate Risks	Description	Change in risk profile	Key Controls in place	Sources of Assurance	Initial Risk to objective being achieved (Pre-mitigation)	Residual Risk to objective being achieved post mitigation	Previous Rating (September 2019)	Trend
1. Improving the quality and safety of the services we commission									
<p>a. <u>Continue to commission high quality, safe healthcare services</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</p>	<p>CR02 - Cyber Attacks CR03 - NHS Constitutional Targets CR15 - CCG Staff Capacity Challenges CR19 - Transforming Care Partnership CR22 - Exiting the European Union</p>	<p>There are a number of high level risks associated with provider safety concerns listed on the Risk Register. In particular, cancer outcomes at RWT and mortality statistics 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.</p>	<p>No new strategic risks have been identified. The Quality and Safety Committee are managing risks associated with cancer performance at RWT, for which system level action plans have been put in place, and performance is beginning to improve. The risk managed by the committee in relation to mortality figures is also reducing.</p>	<p>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</p>	<p>Monthly Quality Reporting via QSC CQRM Meetings with main providers Quality Monitoring Visits Information from Regulators (CQC, NHSE/NHSI, Ofsted etc.)</p>	<p>Likelihood - 4 Impact - 4 16 Very High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	↔
<p>b. <u>Ensure that services perform effectively so that the CCG can continue to meet our Statutory Duties and responsibilities</u> Providing assurance that we are delivering our core purpose of commissioning high quality physical and mental health and care services 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>CR03 - NHS Constitutional Targets CR05 - Mass Casualty Planning CR15 - CCG Staff Capacity Challenges CR22 - Exiting the European Union</p>	<p>In a period of change across the health service, it is important that the CCG is able to maintain a focus on delivering its core duties and responsibilities within the available capacity. This includes meeting our corporate responsibilities in law for areas such as Equality and Diversity, Data Protection and Health and Safety. In particular, the CCG must ensure that it works to ensure our local providers deliver on commitments in the NHS Constitution in the face of considerable national and local challenges, including rising demand for services and the need to respond to unforeseen or unpredictable events.</p>	<p>No new strategic risks have been identified. Paul Maubach has been appointed as the Accountable Officer for the Black Country and West Birmingham CCGs and is now leading the next phase of the CCG's Transition Programme. Risks associated with this programme will continue to be identified, including ensuring that the CCG continues to meet its statutory duties during the transition period. To support this, the role of Deputy Accountable Officer which will play a key role in the CCGs' relationships with the regulator has been identified as a priority for recruitment. Risks associated with key performance areas continue to be managed.</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.</p>	<p>NHS England CCG Improvement and Assessment Framework Monthly Performance reporting via F&PC Internal and External Audit work Contract Review mechanisms Statutory and Regulatory reporting (e.g. Data Security and Protection Toolkit, Workforce Race Equality Standards)</p>	<p>Likelihood - 4 Impact - 4 16 Very High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	<p>Likelihood - 3 Impact - 4 12 High</p>	↔
2.Reducing health inequalities in Wolverhampton									
<p>a. <u>Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions</u> Work with partners across the City to support the development and delivery of the emerging vision for transformation towards services wrapped around the patient that will lead to improved outcomes.</p>	<p>CR09 - Better Care Fund CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate estates and infrastructure funding CR20 - Governance for Insight Shared Care record CR21 - Impact of potential funding withdrawal by City of Wolverhampton Council</p>	<p>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 and understand the interface between the local programme of work and its contribution to the Black Country and West Birmingham STP becoming an integrated Care System. 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.</p>	<p>A new strategic risk associated with enacting the Integrated Care Alliance has been identified. This supersedes the risk associated with the development of the alliance which is recommended for closure. The risk associated with the Better Care Fund has also been closed. Proposals are now being developed to formalise the governance arrangements for the ICA, supported by clear outcome measures and new approaches to contracting.</p>	<p>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.</p>	<p>Better Care Fund performance and assurance reports to Governing Body and Health and Wellbeing Board Developing ICA governance framework Risk Share Arrangement with RWT</p>	<p>Likelihood - 4 Impact - 3 12 High</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	<p>Likelihood - 2 Impact - 3 6 Moderate</p>	↔

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<p>b. Build on our Primary Care Networks (PCNs), wrapping community, social care and mental health services around them</p> <p>Working with our members and other key partners to ensure that primary care and the developing PCNs are at the heart of improving how local healthcare services are delivered, including encouraging 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>CR12 - New Ways of Working in Primary Care</p> <p>CR14 - Developing Local Accountable Care Models</p>	<p>The CCG's Primary Care strategy sets an ambitious programme in partnership with GP practices and Primary Care Networks 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 transition into networks able to deliver new services, at scale.</p>	<p>As highlighted above, a new strategic risk associated with the implementation of the ICA has been identified, superseding the risk related to its development. This followed a deep dive into this domain at SMT which recognised further information is required to fully understand a number of risk areas associated with the next stage of Primary Care Network Development. The new Primary Care Strategy has been approved and implementation is being managed through the milestone review board. PCNs are now established and working through programmes of development tailored to their individual needs, supported by regular meetings with Clinical Directors.</p>	<p>The CCG continues to support the development of PSNs 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.</p>	<p>Primary Care Contracts</p> <p>Primary Care Network Directed Enhanced Service</p> <p>NHSE PCN assurance framework</p> <p>Primary Care Strategy Milestone Review</p>	<p>Likelihood - 3</p> <p>Impact - 4</p> <p>12</p> <p>High</p>	<p>Likelihood - 2</p> <p>Impact - 4</p> <p>8</p> <p>High</p>	<p>Likelihood - 2</p> <p>Impact - 4</p> <p>8</p> <p>High</p>	↔
3. System effectiveness delivered within our financial envelope									
<p>a. Proactively drive our contribution to the Black Country and West Birmingham STP</p> <p>Aligning our Clinical Priorities, as appropriate, to STP/ ICS plans to ensure resources are used to deliver material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country and West Birmingham footprint.</p>	<p>CR08 - New Ways of Working across the STP</p> <p>CR14 - Developing Local Accountable Care Models</p> <p>CR15 - CCG Staff Capacity Challenges</p> <p>CR19 - Transforming Care Partnership</p>	<p>As the STP seeks to transition to become an Integrated Care System (ICS), a number of risks emerge. In particular, as highlighted above, there is the potential for tensions in relation to the interface between efforts to develop locally appropriate models of care and strategic commissioning across the wider footprint, which could create risks associated with the relationships between organisations within the system. In addition, the transition to become an ICS involves a programme of closer collaboration across the CCGs in order to form a single commissioning voice, this has a significant impact on the overall risk related to CCG staff capacity in an uncertain environment.</p>	<p>No new strategic risks have been identified. As highlighted above, recruitment has been completed for the Accountable Officer for the 4 CCGs. The transition programme to implement a single team across the four CCGs will now continue and include assessment of the CCGs' role in the developing ICS. Further risks associated with the impact on staff will continue to be monitored as the Transition Programme continues to develop.</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 and governance framework to provide 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 and closer working between the CCGs are being developed via the CCG's Governing Body</p>	<p>STP Governance Framework and Assurance reporting</p> <p>Transition Board Assurance Reports</p>	<p>Likelihood - 4</p> <p>Impact - 4</p> <p>16</p> <p>Very High</p>	<p>Likelihood - 4</p> <p>Impact - 3</p> <p>12</p> <p>High</p>	<p>Likelihood - 4</p> <p>Impact - 3</p> <p>12</p> <p>High</p>	↔
<p>b. Ensuring our services are cost effective and sustainable</p> <p>Working across all of the services we commission to ensure that the CCG meets its financial duties and responsibilities and achieves the best possible value for the money it spends.</p>	<p>CR01 - Failure to meet QIPP targets</p> <p>CR07 - Failure to meet overall financial targets</p> <p>CR18 - Long Term Financial Strategy</p>	<p>The CCG faces, in common with other health service organisations, a number of financial challenges. This includes continuing to meet QIPP targets and planned reductions in running costs whilst managing the challenges of maintaining performance and quality in the face of increasing demand. In addition, as financial planning increasingly moves to the STP footprint with shared control totals, work to deliver these targets will need to be based on closer collaboration, both between CCGs and commissioners and providers.</p>	<p>No new strategic risks have been identified. The risks associated with QIPP delivery plans continue to be managed at the Finance and Performance Committee, informed by the development of a STP Operational plan in response to NHSE/ financial improvement Trajectories. The CCG's robust programme process continues to monitor in year QIPP performance and develop an approach to delivery in future years.</p>	<p>The CCG has a robust financial planning process in place, supported by PMO processes to manage key areas including QIPP delivery. Financial performance is monitored through the F&P Committee on a monthly basis. The CCG is a core and key participant in STP financial planning processes</p>	<p>Financial reporting mechanisms</p> <p>Internal and External Audit work</p>	<p>Likelihood - 3</p> <p>Impact - 4</p> <p>12</p> <p>High</p>	<p>Likelihood - 2</p> <p>Impact - 3</p> <p>6</p> <p>Moderate</p>	<p>Likelihood - 2</p> <p>Impact - 3</p> <p>6</p> <p>Moderate</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
CR01	PCPB14 - QIPP: Delivery of Targeted GP Peer Review Scheme	Failure to meet QIPP Targets 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	Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets. Update QIPP Plans in place for 2019/20 following NHSE Scrutiny of Planning Process. The CCG has fully identified QIPP schemes to meet the revised target. An initial assessment of deliverability risk has been undertaken and the consequences of which can be met through reserves - this will continue to be the focus of close scrutiny in collaboration with partners across the system in line with the STP planning process.	12/08/2016	Jan-20	3b - Ensuring our services are cost effective and sustainable	Finance and Performance	Tony Gallagher	12	High	12	High	↔
CR02		Cyber Attacks 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.	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 Update Internal audit is currently underway and once completed the Audit and Governance Committee will be reviewing the risk level in line with national best practice around the top ten identified risks	31/01/2014	Nov-19	1a - Continue to commission high quality, safe, healthcare services	Executives	Mike Hastings	4	Moderate	4	Moderate	↔
CR03	FP04 - Increased Activity at RWT FP11 - System Pressures A&E Performance QS06 - Cancer Target	NHS Constitutional Targets 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 Update 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 via weekly assurance calls and monthly face to face meetings. Recent impact of month on month increase in breast referrals on to the Urgent (2WW) referral pathway has impacted on performance. High levels of scrutiny remain in place with support from IST and NHSE. Coordinated approach involving Quality, Commissioning, Contracting and Performance team are driving CCG approach. Finance and Performance Committee have assessed the risk associated with RTT targets	28/02/2017	Nov-19	1a - Continue to commission high quality, safe, healthcare services	Finance and Performance	Mike Hastings	8	High	12	High	↔

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CR05		EPPR Support 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. WCCG has been working closely internally and with all stakeholders on EU Exit preparations. Update Public Health staffing resource has reduced. However meetings with PH continue to take place locally. Work continues with Public Health and other partners to ensure key work is prioritised regionally.	01/05/2014	Sep-19	1b - Ensure that services perform effectively so that the CCG can continue to meet our Statutory Duties and responsibilities	Quality and Safety	Mike Hastings	8	High	6	Moderate	↕
CR08	Execs	New Ways of Working across the STP 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. Update New Accountable Officer now appointed across four CCGs and transition programme will continue to develop single CCG team, Transition Board continues to monitor this process on behalf of the CCG Governing Bodies. STP plan in development and Dr Helen Hibbs will continue as SRO for the STP until April 2020.	21/06/2017	Nov-19	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Very High	9	High	↕
CR10		BCF Programme Success 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	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. Update Section 75 for 19/20 has now been signed and we continue to develop and put in place full plans and actions in line with national planning guidance. Work is also taking place to align governance and programme support for the ICA with linked BCF programmes.	12/09/2017	Jul-19	2a - Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions	Commissioning Committee	Steven Marshall	12	High	9	High	↕
CR12		New Ways of Working in Primary Care 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	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. Update New Primary Care Strategy is now in place with implementation being monitored via the Milestone Review Board. PCNs are moving forward with tailored development programmes and regular meetings have been established with Clinical Directors to support their role in system change.		Nov-19	2b - Build on our Primary Care Networks (PCN's), wrapping community, social care and mental health services around them	Primary Care Commissioning Committee	Steven Marshall	12	High	8	High	↕
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	Developing Local Accountable Care Models 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. Update Risk share agreement contract is signed. Clinical priorities pathways are being finalised. Agreement has been reached with regard to IG and shared data governance processes. Outcomes framework is still under development and there remains much work to be done on the 'shared' virtual contract concept. **Risk Recommended for closure and now to be superseded by Risk CR23**	12/09/2017	Nov-19	3a - Proactively drive the CCG's Contribution to the Black Country STP	Commissioning Committee	Steven Marshall	16	Very High	12	High	↕

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CR15	Workload pressures of STP Workload pressures - Black Country Joint Commissioning Committee Impact of unexpected events on overall workload CSU Capacity	CCG Staff Capacity Challenges 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 Update 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. The transition board established by the Governing Bodies across the 4 CCGs is developing proposals for the development of a single management team.	12/09/2017	Jul-19	3a - Proactively drive the CCG's Contribution to the Black Country STP	Executives	Helen Hibbs	12	High	9	High	↕

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CR17	Primary Care estate improvements	Failure to secure appropriate Estates Infrastructure Funding 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	The CCG is working with partners across the local health economy to develop collaborative and strategic plans for estates developments. 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. Update 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.	12/09/2017	Dec-18	2a - Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	↔
CR18	FP05 - Over Performance Acute Contract FP06 - Prescribing Budget FP07 - CHC Budget	Failure to Deliver Long Term Financial Strategy Recurrent Financial pressures across the system may make it difficult to deliver the CCG's financial plans for future years	Proactive approach to identifying QIPP schemes and embedding them in contracts has been developed. The CCG has submitted initial plans for 20/21 to 23/24 to NHSE for consideration and there remains a significant QIPP challenge in excess of 5.2% of the CCG's allocation which will be the subject of detailed scrutiny. Work with partners to support alliance working with risk/ gain share. Proactive approach to financial planning to identify potential gaps and develop mitigating actions Update Financial Plan for 19/20 had risks of approximately £6.3m following the requirement to identify additional QIPP of £3.1m to support the Regional financial control total. Mitigations have been identified but the plan included a significant revised QIPP target of £16.7m (equivalent to 4.1%) and the use of nonrecurrent contingencies to meet financial targets There is an expectation that the Black Country CCG Risk share arrangements will be enacted to provide additional mitigation as a consequence of Wolverhampton CCG meeting a disproportionate share of the overall Black Country requirement of £8.4m . The CCG in accordance with national guidance will produce a revised long term financial plan for the period 2019-20 to 2024-25 to inform the STP financial plan for consideration by the Governing Body prior to September. This will need to reflect the requirement for the CCG to achieve a 20% reduction in its running costs.	31/03/2019	Jan-20	3b - Ensuring our services are cost effective and sustainable	Finance and Performance	Tony Gallagher	20	Very High	12	High	↔
CR19	FP14 - Transforming Care - Financial Impact	Transforming Care Partnership 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. Update 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 reserves in 2019-20	27/02/2018	Jan-20	3a - Proactively drive the CCG's Contribution to the Black Country STP	Finance and Performance	Tony Gallagher	16	Very High	6	Moderate	↔

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CR20		<p>Insight Shared Care Record – Governance Arrangements</p> <p>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.</p>	<p>Technical Project Group in place discussing the implementation. ICA Sub-group established to support developing governance arrangements. Clear project mandate and timelines being developed.</p> <p>Update</p> <p>ICA IG & BI Sub-group has been established to support the work going forward including developing DSA and DPIA for all Data controllers. Project resource has been identified to support the development of the project which will continue to require input from all parties.</p>	19/07/2018	Jul-19	2a - Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions	Executives	Mike Hastings	12	High	12	High	↔
CR21	BICPB - Reduction in funding to BCPFT as a result of City of Wolverhampton council withdrawing their current funding to specialist CAMHS.	<p>Impact of potential funding withdrawal by City of Wolverhampton Council (CWC) following consultation process.</p> <p>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.</p>	<p>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</p> <p>• 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.</p> <p>Update</p> <p>Funding has been agreed to fill the gap as a result of the removal of funding by the City of Wolverhampton Council. This is a temporary measure with work to be completed on development of service specifications to ensure that the service being provided meets the health needs which is required from a CCG point of view.</p>	20/11/2018	Jan-20	2a - Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions	Commissioning Committee	Steven Marshall	12	High	9	High	↓
CR22		<p>Leaving the European Union (EU-Exit)</p> <p>A No-Deal Brexit scenario could impact Primary care services including GPs, Pharmacies, Ambulance service and Hospital trusts. Medical/non-medical supplies, medicine/vaccine and workforce could all potentially not be available at business as usual levels posing a risk to service delivery.</p>	<p>Regular communication with all relevant organisations have taken place and assurance calls are regularly taking place in line with national guidance. Work with Primary Care providers, Acute trust and other stakeholders to ensure appropriate actions and planning for eventualities continues.</p> <p>Update</p> <p>Following the ratification of the Withdrawal agreement, the United Kingdom has now left the European Union.</p> <p>***Risk Recommended for Closure***</p>	25/03/2019	Jan-20	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	9	High	3	Low	↓
CR23		<p>Enacting the Wolverhampton ICA Contract</p> <p>If the enacting of the Wolverhampton ICA contract is not fulfilled then there is a risk of reverting to PbR which will lead to:</p> <ul style="list-style-type: none"> • A potentially unaffordable contract and a difficult collaborative relationship. • A lack of traction in the ICA in the absence of a contract. 	<p>The CCG continues to work collaboratively with partners in the system ensuring the enactment of the Wolverhampton ICA contract.</p>	06/11/2019	**NEW**	2a - Deliver the Integrated Care Alliance for Wolverhampton to support preventative care closer to home and improve management of Long Term Conditions	Commissioning Committee	Steven Marshall	12	High	12	High	*