

ID	Title	Opened	Description	Delivery Board	Harm	Risk level (Initial)	Rating (Initial)	Mitigating	Residual Risk Level	Rating (Current)	Risk Review Summary	Acceptable Risk Level	Rating (Target)	Target Score - Achieved Date	B - Gaps	Handler	*Director	Review date
487	Additional costs to primary care attached to new roles being promoted in practice.	19/04/2017	New roles such as Nursing Associate, Physicians Associate, Clinical Pharmacist and Primary Care Mental Health worker will have cost implications for practices and this needs to be addressed through dialogue with practice groups and embedding of GPV and other initiatives in the City to promote newer ways of working and retention of staff over time.	Primary Care	Harm of additional financial implications for practices due to additional staff and increased salary costs and training may result from the introduction of new roles into primary care.	High		12 - Work with local primary care providers to identify gaps and work together with other providers and the CCG to identify ways of managing this through new roles and collaborative roles. - Support from HEIs and HEE through funding and training for new roles within primary care workforce (nursing associates, ANP, ACP, prescribing courses, physicians assistants).	High	12		High	8		Current succession planning requires a broader oversight of future workforce gaps and costs, this will allow local provider groups to identify their workforce needs and allow financial planning.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/05/2017
474	CHS (Child Health Information Service) - current IT system not fit for purpose	08/02/2017	Current IT system is not fit for purpose in relation to our data sharing agreement with GPs and Acute provider. There are issues around information from live births, vaccination scheduling and routine screening resulting in late invitations and queues for vaccinations. Currently the data extraction tool we use for the information CHS require is not acceptable to them (Grafnet) and they wish to use another tool (Health Intelligence) that is not acceptable to RWT. As a result it appears that information flow is not as it should be and there is a risk that children will miss their vax and screening.	Primary Care	There is a risk that children will miss their vaccinations and screening.	Extreme		15 - Public Health coordinating communications regarding new CHS system to GPs in conjunction with CCG comms team. CCG IM&T and Health Informatics Service facilitating automatic data extraction from GPs to CHS system. IS and data exchange processes monitored and verified regularly by IM&T and Health Informatics.	High	15	14/3/17 - Following discussion with Steven Marshall, to review mitigating circumstances in line with action plan and reassess level of risk. To discuss at March PCOMG meeting and update following this. 07/03/17 - Domain updated in line with changes to Strategic Objectives agreed at Governing Body session in February, at request of Director of Nursing. 14/2/17 - CHS meeting was held with representatives of CCG, PH, Child Health and NHS England. Actions: To monitor activity and feedback to Steve Barlow of PH, sharing examples of incidents To coordinate communications between PH, CCG, GPs, CHS and NHSE Facilitate automated data extraction Explore and verify IG issues Confirm, clarify and communicate DNA pathway Clarify and communicate data	Moderate	4	31/07/2017	Current IT system is not fit for purpose in relation to our data sharing agreement with GPs and RWT. There are issues around information from live births, vaccination scheduling and routine screening resulting in late invitations and queues for vaccinations. Meetings between all parties ongoing to find immediate solution.	Corrigan, Liz - Primary Care Quality Co-ordinator	Steven Marshall	08/05/2017
454	Community Equipment Procurement - Joint with City Council	03/11/2016	The procurement will not be delivered within the timescale required, on budget and meeting quality and outcome requirements	Primary Care	Harm of procurement not proceeding timeously due to delays caused by City Council or by decision-making processes Harm of not being deliverable within financial envelope due to uncertainty concerning activity levels and costs of delivery and other activities arising from different finance model Harm of not being deliverable within financial envelope due to uncertainty concerning funding for childrens equipment Harm of not being able to achieve required quality and performance standards due to uncertainty concerning out of hours service provided by RWHT Harm of not being deliverable within financial envelope due to uncertainty concerning how service spend will be managed	High		12 - Clear timetable for procurement will be agreed and progress monitored by Programme Board Activity and cost data to be confirmed by City Council as part of joint working. Joint financial modelling to be undertaken. Decision will be made on whether to include health equipment for children in the scope of procurement if uncertainty remains over funding required. Activity data and specification of Out of Hours service provision to be established through meeting with RWHT	High	12	There has been no overall change in risk level. One potential risk has potentially been reduced by proposing the removal of health equipment for children and young people from the scope of procurement at this stage. There is still a significant degree of uncertainty concerning activity and finance but including the procurement in BCF and joint working with the City Council should ensure these issues are addressed before formal procurement commences. There remains a risk linked to the "prescriber" function that sits outside the service to be procured and manages spend.	Moderate	6		Finance envelope for Childrens equipment to be ascertained through contract queries and discussions with provider Activity data and specification of Out of Hours service provision to be established through meeting with RWHT	Love, Jeff - Commissioning Development Manager	Steven Marshall	24/06/2017
486	Risk of reduced workforce numbers due to high numbers of primary care staff nearing retirement	19/04/2017	Approximately one quarter of GPs and practice nurses are aged 55 or over, increasing risk of a depleted workforce due to retirement in the next 5-10 years particularly if no succession planning is put in place. Additionally this may lead to a loss of experience staff who may potentially mentor newer team members.	Primary Care	There is a risk of harm to overall workforce numbers (particularly experienced staff) if high numbers of staff opt for retirement in the next 5-10 years.	High		12 - Current and future workforce needs will be identified by project managers, with evidence of practice group workforce planning for the aging workforce. In addition to this the following controls are available: - Support for GP workforce via GP Forward View programme which offers training and development for practice managers and administration staff allowing staff progression. - Work with and encourage local primary care providers to identify current and future gaps and work together with other providers and the CCG to identify ways of managing this through new roles and collaborative roles, and development of existing staff as well as employment of new staff. - Support from HEIs and HEE through funding and training for new roles within primary care workforce (nursing associates, ANP, ACP, prescribing courses, physicians assistants, etc).	High	10		Moderate	4		Current succession planning requires a broader oversight of future workforce gaps, this will allow local provider groups to identify their workforce needs and solutions.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/05/2017
485	Changes to Trainee Nursing Associate placements	10/04/2017	Changes to placement requirements within the nursing associate programme run by University of Wolverhampton have occurred due to Nursing and Midwifery Council regulation of the role. Nine weeks of external placement time annually is now required rather than four. This is more than double the original requirement, and may cause issues within practices that have a nursing associate student working within the team, particularly as these students are not supernumary.	Primary Care	Due to increase in placement time there is a risk of practices withdrawing staff from the programme leading to harm to the overall programme reputation.	High		9 - Primary care quality assurance coordinator is working with the programme project manager and placement coordinators at RWT to create a programme of placements that will be undertaken during the 3 month period between 9 September and December where students are not in university and have only one self-directed study day per month. This will allow this time to be used for placements and will not have an impact on the practice as the student was expected to be out on a study day.	High	9		Moderate	4		No gaps identified at present, the Primary Care Quality Assurance Coordinator will continue to liaise with the TNA project manager and RWT placement coordinators.	Garcha, Manjeet - CCG Executive Lead for Nursing and Quality	Manjeet Garcha	10/07/2017

453	Data Sharing between RWT and Vocare (UC)	17/10/2016	A lack of governance relating to sharing data could have a detrimental effect on Staff and patients.	Primary Care	Information held on RWT clinical system in AE is not automatically shared with Vocare. This could relate to Child Safeguarding issues or violent patients. Some patients present to AE and are then referred to the UCC. Information held on Vocare's clinical system is not automatically shared with RWT By not sharing crucial information, staff may be exposed to violent patients and clinical care may be compromised.	High		9	March 17 - RWT and Vocare to develop a data sharing agreement	High		9	Vocare reported at Jan CRM that progress was being made	Low	3	30/11/2016	Seek agreement from RWT that this will be progressed with some level of urgency.	Harris, Dee - CCG Commissioning Solutions and Development Manager	Manjeet Garcha	31/03/2017
469	Impact of responsibilities Primary Care Hub/ Full Delegation	31/01/2017	Moving to full delegation presents risks to the CCG in terms of increased contractual responsibilities. There are risks in terms of capability and capacity.	Primary Care, Primary Care Strategy Committee	Moving to full delegation presents risks to the CCG in terms of increased contractual responsibilities. There are risks in terms of capability and capacity.	High		9	Primary Care Contracting Task and Finish Group Highlight report to Primary Care Strategy Committee Memorandum of Understanding for Primary Care Hub, which defines the support the CCG will receive from the Hub. Primary Care Full Delegations Task and Finish Group	High		9		Moderate	4	28/07/2017	This will be considered as part of the next review	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
325	NHS Friends & Family Test in Primary Care	08/08/2014	Failure of GP practices to meet contractual requirements of FFT from December 2014. There are a small number of mandatory requirements, which Practices must adhere to: - Provide an opportunity for people who use the practice to give anonymous feedback through the FFT. - Use the standard wording of the FFT question and the responses exactly, as set out in NHSE guidance. - Include at least one follow up question which allows the opportunity to provide free text. - Submit data to NHS England each month. - Publish results locally.	Not Applicable, Primary Care	Non compliance with nationally mandated contractual requirement Potential for unidentified quality issues Local media coverage Failure to achieve PPG enhanced service Failure to engage with patients Complaints to the CCG/NHS England	High		12	Progress is reported to PCOMG on a monthly basis and quarterly to Quality & Safety Committee via the Quality report. Monthly review of published test data. Monthly reminder to all practices to submit FFT data by 12th working day. Procedure for non-compliant practices in place with continued non-compliant escalated to the PCOMG for consideration of contractual action.	High		9	14/3/17 - submissions continue to be low 11 practices having no data and 7 having surpassed data. Liz Corrigan and Sarah Southall to engage with PPGs on 21/3/17 and to continue working with practices to promote easily accessible ways for patients to complete FFT. 14/2/17 - January and February no data and surpassed data have not improved. 30/1/17 - Some improvements in submission in November, however submissions in December were low again. Practices reminded monthly of the submission date and of contractual obligations, however lower submissions this month may be due to the timing to monitor January submissions. 1/12/16 - All Saints and Penn Manor submitted data in November, 3 practices failed to submit Drs Passi and Handa have failed to submit in the previous 4 months, to liaise with practice and monitor December submission. 3/11/16 - Some practices that had	Moderate	6	30/06/2016	None	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	24/06/2017
467	Primary Care Contracting Mechanisms	31/01/2017	The Primary Care Contracting Task and Finish Group has identified a risk in relation to changes associated with new contracting guidance: Mechanisms for Primary Care 2017/18 and implications of this to stakeholders	Primary Care, Primary Care Strategy Committee	The mechanisms for Primary Care need to be clearly understood as the new MCP contracts represents a very different way of working.	High		12	Primary Care Task and Finish Group Primary Care Strategy Committee (Highlight report) Development of an MCP checklist to improve the state of readiness from a commissioning and provision point of view.	High		9		Moderate	6	28/07/2017	To be considered as part of the first review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
409	Primary Care Inreach Team	03/05/2016	Practices signed up to deliver the Primary Care In reach Team(PITs) may withdraw from scheme due to capacity issues. Therefore payment would need to be clawed back and NHS e informed.	Primary Care	12 Practices signed up to participate Potential for practices to withdraw during the pilot [One Practice withdrawn(Probert Road Surgery covering Oxley Lodge.NHS e informed and payments clawed back)]	High		9	Regular communication with Practices and homes.	High		9	**Updated 19 December 2016** PITs project monitoring group met September & December 2016 to review progress, no major difficulties with input/provision. Data reviewed in September indicates the project has had an impact on hospital transfers/admissions. Fuller evaluation currently taking place & due to be reported to Primary Care Delivery Board January 2017. Project is live and due to review performance in September. Performance data being collated to determine extent of effectiveness in averting hospital admissions. PITs Working Group has met since the project went live & contact is being maintained with the providers to ensure any risks/issues are discussed at the earliest opportunity.	High	9	01/12/2016	Monitor delivery against payment - monitoring meeting due to be held in September 2016 Assurances from homes Practices	Khular, Ranjit - Commissioning Development Manager	Steven Marshall	03/04/2017
468	Primary Care Readiness to respond to new contracts & sub contract responsibilities	31/01/2017	New MCP Contracts require a state of readiness from the Practice Groupings and from the CCG which presents risk, in terms of capacity and capability	Primary Care, Primary Care Strategy Committee	New MCP Contracts require a state of readiness from the Practice Groupings and from the CCG which presents risk, in terms of capacity and capability	High		9	Primary Care Contracting Task and Finish Group Highlight report to Primary Care Strategy Committee MCP Checklist which is in development	High		9		Moderate	4	28/07/2017	To be determined as part of the first review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	28/04/2017
477	VAT Implications for Practice Groups	09/03/2017	There is lack of clarity over VAT implications for Primary Care Groups which could add 20% to costs depending on whether VAT applies or not.	Primary Care	Depending on the outcome of the national review, this could directly impact on the organisational structures of Practice Groups in terms of whether VAT is payable.	High		9	A national review is being undertaken by the Treasury on this issue, however the completion date of this is unknown.	High		9		Low	3	30/06/2017	To be considered as part of the review	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	30/06/2017

312	Mass Casualty Planning	01/05/2014	The ability of the CCG to respond to any event where the casualty load generated is in excess of 100 patients	Better Integrated Care Board, Modernisation and Meds Optimisation, Operations, Primary Care	Failure for the CCG and wider health economy to prepare for major incident or mass casualty event	Moderate	6	reliance upon the existing legacy business continuity plans from PCT working with Area Team to highlight the need to engage CCGs in the development of Mass Casualty Plans Working with Black Country CCGs to ensure consistent networking As at Oct 2015 - WCCG has a Major Incident Plan in place and is working on the latest update of the local system wide escalation plan. Currently waiting for the NHS England Mass Casualty Plan to enable it to be fully aligned to local plans April 16 - Andy Smith linking in with WMAS and Area Team and ensuring integration of plans with the new UCC	High	8	07/03/17 - Domain updated in line with changes to Strategic Objectives agreed at Governing Body session in February, at request of Director of Nursing. 14/10/16 - Updated by Andy Smith. Current position unchanged. Threat level remains severe (attack highly likely). Planning remains work in progress. NHSE planning validation exercise by mid 2017 at which point WCCG will be in a better position to review its own planning arrangements against planning assumptions for this particular risk. 15/08/16 - Updated by DB on behalf of Andy Smith. WCCG risk assessment replicates BSBC (Birmingham, Solihull, Black Country) NHSE LHRP risk assessment (July 2015). Regional mass casualty planning continues to be led by NHSE. Recently tested at exercise Alcazar (WCCG were not involved in the exercise) 15/12/16 (L5) QIPP delivery is reviewed monthly by Finance, Programme Boards and F&P. Good progress has been made in identifying additional QIPP to mitigate against the £2.2m. At month 6 the unallocated/unachieved QIPP FOT is £1.3m. The CCG continues to identify QIPP savings. However, the residual balance is being covered within the financial position of the CCG. 2016.12.13 (L5) The CCG is making excellent progress in delivering QIPP with the acknowledged gap no being the stretch element of the BCF, £788k. It is unlikely at this stage that any further contributions to QIPP shortfall will occur. 13.2.17(L5) Following the close of M10 accounts further QIPP has been identified against the unallocated QIPP, leaving a balance of c£540k, 95% achievement. This level is unlikely to reduce significantly over the last two months of the year. Reduced level	Moderate	4	local Major Incident Plan in place further assurance required from AT that Mass Casualty Plans will engage wider health economy to free up capacity and not just focus on the initial first hour	Kalea, Tally - Commissioning Operations Manager	Claire Skidmore	16/12/2016
434	2016/17 QIPP unallocated	12/08/2016	The CCG currently has an unallocated QIPP saving of £2.12M (Total QIPP £11.25M). The CCG has identified funds towards the unallocated to date, however these are through financial counting / adjustments not by the introduction of new schemes. Without new schemes being generated by the boards, the CCG will not achieve QIPP and the delivery of QIPP is imperative to achieve financial balance within the CCG.	Better Integrated Care Board, Modernisation and Meds Optimisation, Operations, Primary Care	QIPP delivery is paramount to the financial stability of the CCG. The impact of failure to deliver on 16/17 QIPP targets would place significant financial pressures on the organisation and affect the future financial stability.	High	12	QIPP Board and Programme board reviews.	Moderate	6	13/02/2017	Exec Review / SMT	Sawrey, Lesley - Deputy CFO.	Claire Skidmore, Manjeet Garcha, Steven Marshall	31/05/2017		
139	Fraud by NHS provider of healthcare	23/05/2012	Lack of contractual monitoring and governance resulting in potential fraud by providers of NHS healthcare.	Better Integrated Care Board, Modernisation and Meds Optimisation, Primary Care	Potential fraud and loss of funds.	High	8	Contract management, budgetary control, internal audit and proactive reviews.	Moderate	6	31/07/2017	Monthly matrix of received information from providers has identified a small number of providers not submitting information.	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	31/05/2017		
478	Outcome of 2017/18 GMS Contract Negotiations	09/03/2017	There is uncertainty of the impact of changes associated with GMS Contract Negotiation outcomes. Given that uncertainty, this is noted as a risk.	Primary Care	The NHSE summary document refers to the following changes: - Changes to contract uplift and expenses - Enhanced Services - Identification and Management of Patients with Frailty - Data collection - Registration of Prisoners - Access to Healthcare - Vaccinations and Immunisations	Moderate	6	Discussions have taken place between CCG Finance and NHSE Finance which have confirmed there is no financial risk as a result of these changes. Therefore the risk is more operational/ process oriented. With regard to the operational aspects of the risk, this will be managed through the PC Contracts Management T&F Group	Moderate	6	30/06/2017	To be considered as part of the review process	Middlemiss, Vic - Head of Contracting and Procurement	Steven Marshall	30/06/2017		
459	Primary Care Student Nurse Placements	09/11/2016	Due to non-payment of costs by Health Education England two student nurse placement sites in primary care had previously withdrawn from offering placements.	Primary Care, Primary Care Strategy Committee	Loss of placement sites will affect the placement opportunities for not only pre-reg students but also trainee nursing associates and other new roles. This also has implications for attraction and recruitment as students are not being offered the opportunity to experience primary care as a viable option for employment in the future. Students will be diverted to other placements in other areas who may then recruit staff resulting in a disadvantage to primary care in Wolverhampton. Inconvenience to students and to the university who have had to move placements at short notice, and potential reputational harm.	High	8	University of Wolverhampton will divert students to placements in other areas as a contingency. Nurses in Wolverhampton have been encouraged to undertake the SLAIP mentorship course and as a result the practices offer placement sites, vertical integration sites will all be offering student nurse placements as part of their programme of work with RWT. University of Wolverhampton will provide a list of mentors and placements sites within primary care for CCG information.	Moderate	6	31/03/2017	Details of mentor updates and which individuals need to undertake this so that a schedule can be formed are required.	Corrigan, Liz - Primary Care Quality Co-ordinator	Manjeet Garcha	19/10/2017		

161	Safeguarding Children - Named GP Role	28/06/2012	<p>Named GP Dr role is vacant from 01.03.14.</p> <p>9.10.14 The Named GP role has remained vacant despite attempts to recruit into the role. This issue has been identified as a problem across the region resulting in alternative arrangements being made.</p> <p>A Named Professional has a number of duties including: Inter-agency responsibilities; Leadership and advisory role; Co-ordination and communication. Governance; Training; Monitoring; Supervision In the absence of a Named GP there is a clear gap in service and support available for GPs and practice staff.</p>	Primary Care	<p>Non compliance with statutory requirements Children Act 2004 and also the NHSE CCG authorisation requirements.</p> <p>Reputational damage of CCG if failings occur as a result of this role not being fulfilled.</p> <p>1.7.14 A Named Professional has a number of duties including: Inter-agency responsibilities Leadership and advisory role Co-ordination and communication. Governance Training Monitoring Supervision In the absence of a Named GP there is a clear gap in service and support.</p>	Moderate		<p>26.1.16 WCCG employs a Named GP for Safeguarding Children 2 sessions per week. L Millard</p> <p>10.03.14 Role is going out to advert and is being addressed as a priority. Arrangements for GP training will continue - presented by designated DR and Nurse for Safeguarding.</p> <p>31.3.14 A GP has been identified to carry out the IMR for an ongoing SCR. The designated nurse will be attending locality meetings with GPs to discuss the possibility of having a pool of IMR writers for the future. Discussions are ongoing to replace the Named GP for Safeguarding.</p> <p>1.7.14 The Designated Nurse for Safeguarding Children is collating a data base to monitor GP safeguarding arrangements and</p>	Moderate		<p>3.1.17 WCCG continue to employ a Named GP 2 sessions per week. 26.1.16 WCCG employs a Named GP for Safeguarding Children 2 sessions per week. Plan to review in 1 year to monitor compliance or earlier if arrangements change. L Millard 24.04.15 - MG - The named GP for Childrens safeguarding has been employed at the CCG since 05.01.15, reduced to green.</p> <p>Role is going out to advert and is being addressed as a priority. Arrangements for GP training will continue - presented by designated DR and Nurse for Safeguarding. A GP has agreed to complete the GP IMR for the current SCR.</p> <p>1.7.14 Two GPs have indicated that they would be interested in various aspects of the role. Further</p>	Moderate	6	03/01/2017	<p>26.1.16 There are currently no gaps. L Millard</p> <p>No postholder. Provision is in place to seek IMR author for current priority workstream (SCR).</p> <p>9.10.14 Many functions cannot be fulfilled due to the demands and capacity of the Designated Nurse Safeguarding Children. 16.1.15 That the post holder has the capacity to fulfill the role, supported by the designated professionals, to carry out the roles and responsibilities.</p> <p>27.8.15 None - 2 sessions a week provided.</p>	Millard, Lorraine - Designated Nurse Safeguarding Children	Manjeet Garcha	02/02/2018
147	Health Economy Surge Planning (Winter/Summer)	24/05/2012	<p>Urgent Care/Capacity Financial liability from excessive demand/over capacity & unbudgetted expenditure Operational implications managed by provider</p> <p>March 15 - financial risk due to extension of Winter schemes into April to cover Easter</p>	Primary Care	<p>Reputational damage for commissioner if plans are inadequate. Financial (as above) Operational (as above)</p>	High		<p>12 AE Delivery Board to oversee activity, performance and spend continually.</p>	Moderate		<p>4 Key issues are rehearsed at AE Delivery Board. A winter debrief is planned for April 17.</p>	Moderate	4	23/08/2016	<p>urgent care system under extreme pressure - but plans and contingencies coping.</p> <p>Current activity levels do not appear to be following previous trends further analysis is required.</p>	Harris, Dee - CCG Commissioning Solutions and Development Manager	Steven Marshall	30/06/2017
357	Primary Care Co-Commissioning	22/01/2015	<p>Lack of resource to deliver Co-Commissioning of Primary Care Medical Services with the Sub-Regional Team within the short available timescale.</p>	Primary Care	<p>Arrangements may not be in place to deliver required services including GP payments, contract management arrangements. The CCG may not be able to effectively deliver its strategy to improve primary care.</p>	Moderate		<p>4 Discussions are taking place with the Area Team to develop a Memorandum of Understanding to clarify the level of resource required. Issue has been flagged with Exec team for discussion at a Corporate level. Discussions taking place with Area Team to determine structure and approach to potential co-commissioning</p>	Moderate		<p>4 The CCG has now recruited to a robust team to manage both Primary Care Strategy delivery and Primary Care Assurance as a fully delegated CCG (from 1/4/17). The CCG has been working with NHSE and has begun to take on more responsibilities for co-commissioning. To support this a Band 7 Co-ordinator is in post to ensure there is a single point of contact for all NHSE requests and to manage responsibilities internally. A Primary Care Team structure has been designed to support requirements which includes a senior role as a Primary Care Lead with support for change management, contracts, commissioning, locality development, finance, quality and administration. Once signed off by Exec's and SMT the team will be recruited to. Updated by MH/DB 2/11/15 - From 01/10/2015</p>	Moderate	4	20/09/2017	<p>Deployment of existing resources to support the development of arrangements. Assurance from NHS England that CCG arrangements are adequate to enable a full handover of relevant responsibilities</p>	Hastings, Mike - CCG Director of Business and Performance	Steven Marshall	02/05/2016