

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	Previous Rating (September 2017)	Trend
1. Improving the quality and safety of the services we commission								
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	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 maternity services 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 added to the Corporate risk register, however the Finance and Performance Committee have identified an operational risk in relation to proposals for increased activity at RWT to support changes in the wider Black Country system. This has been added to the committee risk register and actions will be monitored as further assurances are sought. Work continues to address quality concerns at Vocare and to understand the impact of the recent change in ownership.	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	↔
2.Reducing health inequalities in Wolverhampton								
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	CR04 - CCG Staff Capacity to deliver new Commissioning Responsibilities 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 identified. Recruitment to substantive positions to support group level working has taken place and additional support for the workforce workstream has been put in place. High level milestone plans are now in place to support the strategy delivery and programmes are moving forward.	The CCG continues to support the development of Clinical Groupings and has recently recruited additional staff capacity to support the groups in the Primary Care team. The Primary Care Strategy committee continues to meet to review the progress against the strategy's outcomes and a milestone plan is being developed to ensure that remedial action can be targeted appropriately. 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 - 3 Impact - 3 9 High	Likelihood - 3 Impact - 3 9 High	↔
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 Accountable Care Model 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. New Governing Body is now in place and working through an induction plan that will help to build their understanding of the CCG's priorities - particularly in relation to the development of accountable care models. This means that the risks associated with overall leadership are reducing. Substantive appointments have been made to posts to support Primary Care clinical groupings.	The CCG is working in partnership with the other organisations and is ensuring all work on new models is done collaboratively. Ernst Young have been engaged to support partners in developing proposals and efforts are being made to seek additional support from the wider NHS. 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 - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔

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3. System effectiveness delivered within our financial envelope								
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.	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	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.	No new strategic risks identified. The Finance and Performance Committee have now articulated specific risks on their risk register impacting the overall financial position relating to overperformance of acute contracts and prescribing budgets. Discussions continue around the development of the STP and the contribution of the CCG to its strategic priorities, particularly through the on-going progress of the local accountable care model. As highlighted above, the strategic risk associated with new Governing Body roles has reduced.	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.	Likelihood - 4 Impact - 4 16 Very High	Likelihood - 3 Impact - 4 12 High	Likelihood - 3 Impact - 4 12 High	↔
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.'	CR09 - BCF Programme CR14 - Developing Local Accountable Care Models CR17 - Failure to secure appropriate Estates Infrastructure funding	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.	No new strategic risks identified. The 2017/18 Better Care Fund Plan has been developed and submitted and work continues to develop the agreement and financial risk share associated with that agreement.	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.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
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	CR01 - Failure to meet QIPP Targets CR04 - Capacity to deliver new Commissioning Responsibilities CR05 - Mass Casualty Planning CR07 - Failure to meet overall Financial Targets CR15 - CCG Staff Capacity Challenges CR16 - Governing Body Leadership	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.	No New strategic risks identified. As highlighted above, the Finance and Performance Committee are managing the risks associated with Financial duties through the development of their risk register. Discussions are continuing with the other CCGs in the STP around how accountability arrangements for CCG Statutory duties will be delivered through collaborative commissioning approaches including the Joint Commissioning Committee.	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. Plans are in place to recruit new Governing Body members and a clear induction process will be put into effect when new elected members assume their new roles.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔
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.	CR15 - CCG Staff Capacity Challenges CR17 - Failure to secure appropriate estates infrastructure investment	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	No new strategic risks have been identified. The CCG is working in collaboration with the other CCG's in the STP to support the effective delivery of estates and technology funding for infrastructure improvements and working closely to identify new sources of funding.	The CCG has a fully established IM&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.	Likelihood - 3 Impact - 3 9 High	Likelihood - 2 Impact - 3 6 Moderate	Likelihood - 2 Impact - 3 6 Moderate	↔

Corporate - Organisational Risks

New ID	Relevant Departmental/ Programme Risks & Datix Risk IDs	Title and Summary	Latest Update and Key mitigations	Opened	Principal GBAF Objective	Responsible Committee	Responsible Director	Rating (initial)	Risk level (initial)	Rating (current)	Residual Risk Level	Change/ Trend
CR01	434	Failure to meet QIPP Targets QIPP Delivery is vital to ensuring that the CCG meets its financial targets. Challenging QIPP targets (including a £2m unallocated QIPP position at the beginning of year) puts the delivery of the CCG's financial targets at risk	Robust QIPP Process is in place, progress is being made towards identifying new schemes to deliver QIPP targets.	12/08/2016	3c - Meeting our Statutory Duties (Delivery of Financial duties)	Finance and Performance	Tony Gallagher	12	High	6	Moderate	↔
CR02	290	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	31/01/2014	1a - Monitoring ongoing safety and performance in the system	Executives	Mike Hastings	4	Moderate	4	Moderate	↔
CR03	475 Demand Management Plan Relationships with Providers Increase in Activity at RWT Provider capacity to demonstrate adherence to statutory duties	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 Assurances are being sought that proposals for increased activity at RWT as a result of changes across the Black Country do not destabilise delivery.	28/02/2017	1a - Monitoring ongoing safety and performance in the system	Finance and Performance	Mike Hastings	8	High	9	High	↑

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CR04	469 - Full Delegation Capacity 268 - Loss of Key Finance Staff 337 - Full Delegation 478 - GMS Contract Changes Capacity of NHSE Primary Care Hub	CCG Staff Capacity to deliver new Commissioning Responsibilities The CCG has taken on greater responsibility for commissioning Primary Care from NHS England. The additional work this requires is being met within existing resources which creates risks for delivery of this (and other) programmes of work	Additional Capacity has been created across the virtual Primary Care Team, including dedicated resource in Finance and Contracting. The recent decision to bring the Contracting Team 'In house' from the CSU also enables greater flexibility of resources when required.	31/01/2017	3c - Meeting our Statutory Duties (Delivery of commissioning responsibilities - delegated)	Executives	Steven Marshall	9	High	4	Moderate	↔
CR05	312	Mass Casualty Planning 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.	01/05/2014	3c - Continue to meet statutory duties and responsibilities (Emergency Planning)	Quality and Safety	Mike Hastings	8	High	6	Moderate	↔
CR06	466 453 - Data Sharing 147 - Provider issues 472 - Procuring a Step in Provider 473 - Repeat Dressings	Vocare Ongoing issues with the provider mean that there are concerns about the overall safety and sustainability of the service	Vocare improvement Plan in place supported by local and regional assurance processes. Agreed plans are being worked through at regular Vocare improvement board. Impact of recent takeover of Vocare is being assessed and existing improvement plans remain in place.	30/01/2017	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	16	Extreme	12	High	↔
CR07	FP - CHC Budget FP - Over performance of Acute Contract FP - Tier 4 Obesity Services FP - Prescribing	Failure to meet overall financial targets Challenging financial targets mean that there is a risk that the CCG will not meet it's overall financial target.	Strong budget management supported by Finance team includes regular discussions with individual budget holders, Executive oversight and deep dives at least twice a year. Finance involvement in all aspects of CCG business including BCF, Business cases , contract monitoring. Budget Holder development sessions Month 6 (Q2) proved difficult to close and all flexibilities have now been utilised in delivering a balanced position. Q2 budget review undertaken. Review of risk appetite needs to be undertaken by Execs and GB which will inform the impact of holding back non recurrent resource to underpin the financial position.	14/06/2016	3c Meeting our statutory duties (Meeting Financial duties)	Finance and Performance	Tony Gallagher	12	High	6	Moderate	↔

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CR08	495	<u>New Ways of Working across the STP</u> 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.	21/06/2017	3a - Proactively drive the CCG's Contribution to the Black Country STP	Governing Body	Helen Hibbs	16	Extreme	6	Moderate	↔
CR09	489 - Safeguarding Midwife 476 - Named Dr for LAC 321 - Provider DBS Check renewals	<u>Safeguarding Compliance</u> There are a number of interlinked issues with the delivery of safeguarding responsibilities across the system that create a risk that the CCG's statutory Duties will not be met	Issue with LAC health checks has now been resolved. Interim arrangements are in place for arrangements for Safeguarding in Midwifery and for the named LAC Doctor. Work continues on DBS checks and staff requiring repeat checks are being identified across the health economy		1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Maxine Danks/ Steven Forsyth	12	High	6	Moderate	↔
CR10	415 - BCF Finance 450 - BCF Capacity 454 - Community Equipment 425, 451 - Community Neighbourhood Teams 407 - Discharge to Assess (DIOC) 445 - Fibonacci 471 - Risk Stratification Social Care Staffing Issues Relationship with Local Authority	<u>BCF Programme</u> 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	Progress is being made with developing financial plans in partnership with the local authority. 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.		3b - Greater Integration of health and Social Care Services across Wolverhampton	Commissioning Committee	Steven Marshall	12	High	9	High	↔
CR11	487 - Cost of new roles in Primary Care 485 - Nurse Training Roles 486 - GP Retirements 440 - Clinical Pharmacist role 459 - Student Placements	<u>Primary Care Strategy - Workforce Issues</u> There are a number of issues associated with workforce in Primary Care that may create a risk to the delivery of the objectives of the strategy in creating a multiskilled workforce able to deliver care closer to home	Workforce development is a key strand of the Primary Care Strategy and is being robustly monitored. Milestone action plan is being developed to support task and finish group in delivering their programme of work. Additional capacity has been added to the Primary Care Team to support this work stream Work also continues collaboratively with other CCGs across the STP where appropriate.		2a - Improve and develop Primary Care in Wolverhampton	Governing Body	Steven Marshall	12	High	12	High	↔

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CR12	223 - Alliance Contractual Governance 467 - MCP New way of Working 468 - Group Capacity	<u>New Ways of Working in Primary Care</u> 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.		2a - Improve and develop Primary Care in Wolverhampton	Primary Care Commissioning Committee	Steven Marshall	12	High	12	High	↔
CR13	492 - Maternity Capacity & Demand	<u>Maternity Services</u> 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	Maternity services are being actively monitored and local and regional action plans are being put into place.	15/06/2017	1a - Monitoring ongoing safety and performance in the system	Quality and Safety	Manjeet Garcha	12	High	12	High	↔
CR14	Relationship with Local Authority Capacity of Public Health to contribute to strategic change Relationship with local providers Complexity of financial modelling	<u>Developing Local Accountable Care Models</u> 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. Proposals have been shared with NHS England, Other CCG and Provider Chief Executives and Accountable Officers and positive discussions continue across the system.	12/09/2017	2b - Delivering new models of care that support care closer to home	Commissioning Committee	Steven Marshall	16	Extreme	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	12/09/2017	3c - Meeting our statutory duties and responsibilities	Executives	Helen Hibbs	12	High	9	High	↔
CR16		Governing Body Leadership 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.	CCG Constitution change has been agreed with Member practices and submitted to NHS England 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.	12/09/2017	3c - Meeting our statutory duties and responsibilities	Governing Body	Helen Hibbs	12	High	9	High	↓
CR17	451 - Estates for Community Neighbourhood Teams 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.	12/09/2017	3d - Deliver improvements in the infrastructure for health and care across Wolverhampton	Primary Care Commissioning Committee	Mike Hastings	8	High	8	High	↔