

## Appendix A – Strategic Risks

Risk Ref.	Strategic Risk Description	Potential consequences of risk materialising:	Executive Lead (Responsible Officer)	Risk Rating Qtr1 (I X L)	Potential / Target Risk Score (I X L)
1	Arrangements for engaging and communicating with member GP practices may not be sufficiently robust	<ul style="list-style-type: none"> <li>• Commissioned services may not reflect requirements of local patient populations or complement existing local services</li> <li>• Members may not be suitably engaged in future system developments</li> <li>• Potential impact on the delivery of statutory requirements</li> <li>• Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Chief Operating Officer (Locality Directors)	4 x 3	4 x 3
2	The Clinical Commissioning Groups' delegated functions relating to primary medical services may not be delivered	<ul style="list-style-type: none"> <li>• Core primary medical services may not be available or meet required standards</li> <li>• Delegated functions may be removed by NHS England</li> <li>• Potential impact on achievement of NHS England IAF domain - Better Care</li> </ul>	Chief Operating Officer (Locality Directors)	4 x 3	4 x 2

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3	Arrangements for ensuring openness, transparency and accountability in decision-making may not be suitably robust.	<ul style="list-style-type: none"> <li>• Decisions may not be appropriate (or not taken appropriately) or the best option to meet the needs of the local population</li> <li>• Inability to demonstrate high standards of business conduct and potential loss of public trust</li> <li>• Individuals may not be protected to engage in discussions/decision-making</li> <li>• CCGs may be open to challenge on decisions Potential impact on the delivery of statutory requirements</li> <li>• Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Chief Operating Officer (Corporate Director)	5 x 2	5 x 2
4	The organisation may not be successful in recruiting, developing and retaining an effective workforce and leadership model	<ul style="list-style-type: none"> <li>• Workforce capacity and capability may be insufficient to deliver required CCG functions</li> <li>• Organisational memory may be lost with increased staff turnover</li> <li>• Staff rights and pledges, as set out in the NHS Constitution, may not be met</li> <li>• Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Chief Operating Officer (Director of Strategic Planning)	4 x 3	4 x 2

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5	Children and vulnerable adults may not be appropriately safeguarded in accordance with legislative and statutory frameworks and guidance	<ul style="list-style-type: none"> <li>• Children and vulnerable adults may be unable to access appropriate services</li> <li>• Safeguarding concerns may not be identified, reported and managed and information may not be shared with other appropriate bodies</li> <li>• Potential impact on the delivery of statutory requirements</li> <li>• Potential impact on achievement of NHS England IAF domain – Better Care</li> </ul>	Chief Nurse/ Director of Quality	5 x 2	5 x 2
6	Arrangements for collaborative commissioning with other CCGs in Nottinghamshire and joint commissioning with the Local Authorities may not be suitably robust	<ul style="list-style-type: none"> <li>• Patient services commissioned may not reflect requirements of patient populations or complement existing local services</li> <li>• The CCGs may not be assured that services are commissioned and delivered as required</li> <li>• The CCGs may lack assurance that appropriate legal arrangements are in place (eg. Section 75 agreements with the local authorities)</li> <li>• Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Accountable Officer (Chief Commissioning Officer and Chief Operating Officer)	4 x 2	4 x 2

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7	Commissioning priorities to reduce health inequalities and improve health outcomes (as defined within the CCGs' strategic objectives and Operational Plan) may not be delivered	<ul style="list-style-type: none"> <li>• Patient services commissioned may not reflect requirements of patient population</li> <li>• Patients may be unable to access the right services or receive different levels of care</li> <li>• Potential for financial impact caused by avoidable hospital admissions</li> <li>• Potential impact on the delivery of statutory requirements</li> <li>• Potential impact on achievement of NHS England IAF domain - Better Health</li> </ul>	Accountable Officer (Chief Commissioning Officer and Chief Operating Officer)	4 x 3	4 x 3
8	Patient and public consultation and engagement may not be fully embedded within all stages of the commissioning cycle	<ul style="list-style-type: none"> <li>• Patient services commissioned may not reflect requirements of local patient populations</li> <li>• Potential for missed opportunities to improve the design and delivery of local services</li> <li>• Potential for challenge on the CCGs' decisions</li> <li>• Potential impact on the delivery of statutory requirements</li> <li>• Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2
9	General and specific public sector equality duties may not be met	<ul style="list-style-type: none"> <li>• Patient groups may be unable to access the right services and the equality of health outcomes may not be achieved</li> <li>• Workforce and services may not reflect local population</li> <li>• Potential impact on the delivery of statutory requirements</li> </ul>	Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2

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		<ul style="list-style-type: none"> <li>Potential impact on achievement of NHS England IAF domain – Leadership</li> </ul>			
10	Procurement, patient choice and competition arrangements may not be compliant with current legislative requirements and national guidance	<ul style="list-style-type: none"> <li>CCGs may be open to legal challenge on procurement decisions</li> <li>Patients may be unable to make choices about their healthcare</li> <li>The CCGs' Social Value priorities and obligations may not be achieved</li> <li>Potential impact on the delivery of statutory requirements</li> <li>Potential impact on achievement of NHS England IAF domain - Leadership</li> </ul>	Chief Commissioning Officer (Director of Contracting and Procurement)	5 x 2	5 x 2
11	Improvements in the quality (patient safety, patient experience and clinical effectiveness) of commissioned services may not be achieved	<ul style="list-style-type: none"> <li>Patients may not receive high quality care</li> <li>Care delivered by commissioned services may not be in line with national guidance and current best practice</li> <li>CCGs may receive complaints or criticisms regarding commissioned services</li> <li>Potential impact on the delivery of statutory duties</li> <li>Potential impact on achievement of NHS England IAF domain - Better Care</li> </ul>	Chief Nurse/ Director of Quality	5 x 3	5 x 3

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12	The CCG may not have robust procedures in place to monitor national and local performance indicators, including the access targets set out in the NHS Constitution	<ul style="list-style-type: none"> <li>• Potential inability to detect unwarranted clinical variations or to benchmark performance against comparable areas</li> <li>• The CCGs may not be able to hold providers to account for under-performance or be assured that corrective actions are in place</li> <li>• Financial and managerial decisions may not be supported by timely and accurate information</li> <li>• Potential impact on the delivery of statutory duties</li> <li>• Potential impact on achievement of NHS England IAF domain - Better Care</li> </ul>	Chief Commissioning Officer (Director of Performance and Information)	4 x 2	4 x 2
13	The organisation may fail to identify and achieve recurrent financial savings	<ul style="list-style-type: none"> <li>• Impact on delivery of the system control total.</li> <li>• Potential impact on the delivery of statutory duties</li> <li>• Potential impact on achievement of NHS England IAF domain – Sustainability</li> </ul>	Chief Finance Officer (Director of Financial Recovery)	4 x 3	4 x 3

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14	Appropriate and effective financial management and reporting arrangements may not be in place.	<ul style="list-style-type: none"> <li>• Insufficient oversight and scrutiny of the CCGs finances at the Governing Bodies and Joint Commissioning Committee</li> <li>• Finance risks may not be highlighted to the right forum in a timely manner</li> <li>• Potential impact on the delivery of statutory duties Potential impact on achievement of NHS England IAF domain – Sustainability</li> </ul>	Chief Finance Officer	5 x 2	5 x 2
15	Investment and disinvestment decisions may not be robust and consistent when considering the prioritisation of existing or planned healthcare	<ul style="list-style-type: none"> <li>• Patient services commissioned may not reflect the needs of local patient populations or reflects the CCGs agreed commissioning priorities</li> <li>• Patient services may not be equitable, clinically effective or lead to improved health outcomes Loss of opportunities to find better alternatives that satisfy a range of principles, whilst being clinically and cost-effective.</li> <li>• Potential impact on the delivery of statutory duties</li> <li>• Potential impact on achievement of NHS England IAF domain – Sustainability</li> </ul>	Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2

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16	Health community resilience to known and potential increases in demand may significantly exceed capacity within our major providers	<ul style="list-style-type: none"> <li>• Patient services and quality of care may not be maintained during periods of increased activity (eg. seasonal, in response to a major incident etc.)</li> <li>• Potential impact on delivery of statutory duties</li> <li>• Potential impact on achievement of NHS England IAF domain – Better Care</li> </ul>	Chief Operating Officer (Urgent Care Programme Director)	5 x 3	5 x 3
17	System transformation in Nottinghamshire may not deliver the required system reconfiguration or financial sustainability across the health and social care system within the required timeframe	<ul style="list-style-type: none"> <li>• System-wide efficiencies may not be fully realised</li> <li>• Potential impact on achievement of NHS England IAF domain - Sustainability</li> </ul>	Accountable Officer (Chief Commissioning Officer and Chief Operating Officer)	5 x 3	5 x 2