

Risk Ref.	Strategic Risk Description	A1	O1	O2	O3	E1	E2	Executive Lead (Responsible Officer)	Risk Rating (I X L)	Potential / Target Risk Score (I X L)
		To deliver health and care system sustainability via a new model of care for Greater Nottingham	Achieve defined standards of quality across all commissioned services	Improve health outcomes and healthy life expectancy	Reduce health inequalities	Organise ourselves appropriately for the future	Embed a strong organisational culture and competency			
1	Arrangements for engaging and communicating with member GP practices may not be sufficiently robust	✓				✓		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				✓	✓		Chief Operating Officer (Locality Directors)	4 x 3	4 x 2
3	Arrangements for ensuring openness, transparency and accountability in decision-making may not be suitably robust.		✓	✓	✓	✓		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		✓	✓	✓	✓	✓	Chief Operating Officer (Director of Strategic Planning)	4 x 3	4 x 2
5	Children and vulnerable adults may not be appropriately safeguarded in accordance with legislative and statutory frameworks and guidance				✓			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				✓	✓		Accountable Officer (Chief Commissioning Officer and Chief Operating Officer)	4 x 2	4 x 2
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		✓	✓	✓	✓		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		✓	✓	✓			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		✓	✓	✓		✓	Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2

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		To deliver health and care system sustainability via a new model of care for Greater Nottingham	Achieve defined standards of quality across all commissioned services	Improve health outcomes and healthy life expectancy	Reduce health inequalities	Organise ourselves appropriately for the future	Embed a strong organisational culture and competency			
10	Procurement, patient choice and competition arrangements may not be compliant with current legislative requirements and national guidance		✓			✓		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		✓	✓	✓	✓		Chief Nurse/ Director of Quality	5 x 3	5 x 3
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				✓	✓		Chief Commissioning Officer (Director of Performance and Information)	4 x 2	4 x 2
13	The organisations may fail to identify and achieve recurrent financial savings				✓	✓		Chief Finance Officer (Director of Financial Recovery)	4 x 3	4 x 3
14	Appropriate and effective financial management and reporting arrangements may not be in place.					✓		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		✓	✓	✓	✓		Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2
16	Health community resilience to known and potential increases in demand may significantly exceed capacity within our major providers				✓	✓		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				✓	✓	✓	Accountable Officer (Chief Commissioning Officer and Chief Operating Officer)	5 x 3	5 x 2

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
1	Chief Operating Officer (Locality Directors)	Arrangements for engaging and communicating with member GP practices may not be sufficiently robust	12	3	4	12	3	4

Potential consequences of risk materialising:

- Commissioned services may not reflect requirements of local patient populations or complement existing local services
- Members may not be suitably engaged in future system developments
- Potential impact on the delivery of statutory requirements
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- Clinical Leaders at the Greater Nottingham Joint Commissioning Committee
- Clinical Leaders/GP Leads for member practices at the Governing Bodies
- Clinical Cabinet responsibilities in relation to member practice engagement
- Locality Director responsibilities in relation to member practice engagement

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • CCG Constitutions and Inter Practice Agreements, which set out a range of mechanisms for member practice engagement, including: <ul style="list-style-type: none"> - Named member practice representatives - Clinical Cabinet meetings - Membership meetings/ forums 	<ul style="list-style-type: none"> • Clinical Cabinet minutes routinely received by Governing Bodies • Annual CCG membership forum meetings 	<ul style="list-style-type: none"> • Annual CCG 360o Stakeholder Survey – 2017/18 results 	Actions are required to address specific issues that arose in the 2017/18 survey.
2	<ul style="list-style-type: none"> • Sub groups of the Primary Care Commissioning Committees have role in supporting and developing member practices, including oversight of Practice Performance Review and Development Visits Programme 	Aligned Primary Care Quality Framework reviewed by the Quality and Performance Committee	As above	None identified
3	<ul style="list-style-type: none"> • Mechanisms for member practice communications through Locality GP Bulletins 	None	As above	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Action Plan for CCG 360 Stakeholder survey presented to Joint Commissioning Committee in July 2018	Chief Operating Officer	The action plan sits alongside business as usual activities that support relationship management and the Executive Team will review progress during November/ December 2018	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
2	Chief Operating Officer (Locality Directors)	The Clinical Commissioning Groups' delegated functions relating to primary medical services may not be delivered	12	3	4	8	2	4

Potential consequences of risk materialising:

- Primary medical services may not be available or meet required standards
- Delegated functions may be removed by NHS England
- Potential impact on achievement of NHS England IAF domain - Better Care

Key roles and responsibilities

- Executive lead for Primary Care at the Governing Bodies
- CCG Primary Care Commissioning Committees established as the corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Delivery and Oversight Arrangements established in order to ensure that the CCGs are able to effectively discharge their delegated functions, including: <ul style="list-style-type: none"> - Contract Management Process - Primary Care Policies 	None identified	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework – Quarterly and Annual Meetings • PENDING: Internal Audit Report - Primary Medical Care Delegated Commissioning 2018/19 	<p>There is a risk that the ability of our providers to provide safe high quality care is compromised due to the difficulties in being able to recruit, develop and retain an effective workforce with the potential to lead to impact on patient care and outcomes. (Risk Ref GN011)</p> <p>An aligned approach to Primary Care Commissioning is being reviewed across Greater Nottingham CCGs</p>
2	<ul style="list-style-type: none"> • Sub groups of the Primary Care Commissioning Committees have role in supporting and developing member practices, including: <ul style="list-style-type: none"> - Practice Performance Review and Development Visits Programme - Quality and Outcomes Framework (QOF) - Local Incentive Schemes (LES) 	Aligned Primary Care Quality Framework reviewed by the Quality and Performance Committee	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework – Quarterly and Annual Meetings • PENDING: Internal Audit Report - Primary Medical Care Delegated Commissioning 2018/19 	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Monitor provider workforce and respond as needed	Chief Nurse/ Director of Quality	Joint Commissioning Committee and Quality and Performance Committee receive provider workforce indicators	Oct-18
2	Development of an aligned approach to Primary Care Commissioning across Greater Nottingham	Corporate Director	Ability for the Primary Care Commissioning Committees to meet 'in common' is currently being investigated	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
3	Chief Operating Officer (Corporate Director)	Arrangements for ensuring openness, transparency and accountability in decision-making may not be suitably robust.	10	2	5	10	2	5

Potential consequences of risk materialising:

- Decisions may not be appropriate (or not taken appropriately) or the best option to meet the needs of the local population
- Inability to demonstrate high standards of business conduct and potential loss of public trust
- Individuals may not be protected to engage in discussions/decision-making
- CCGs may be open to challenge on decisions
- Potential impact on the delivery of statutory requirements
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- All Governing Body, Joint Commissioning Committee and Committee Member roles in relation to ensuring that standards of business conduct are upheld and Governing Bodies and Joint Commissioning Committee meetings held in public
- CCG Clinical Chairs and Accountable Officer specific responsibilities in ensuring that proper governance arrangements are in place
- Executive Lead for Corporate Governance at Governing Bodies and Joint Commissioning Committee
- Lay Members with oversight responsibility of conflicts of interest (Conflict of Interest Guardian) at Governing Bodies and the Audit and Governance Committees
- Audit and Governance Committee Chairs are Freedom to Speak Up Guardians
- Audit and Governance Committees exist to scrutinise every instance of non-compliance with the CCG's Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies and monitoring compliance with the CCG's Conflicts of Interest Policy and Gifts, Hospitality and Sponsorship Policy
- CCG Primary Care Co-commissioning Committees duty to approve all direct awards to GP practices and meetings held in public

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	Greater Nottingham CCGs established joint governance arrangements	<ul style="list-style-type: none"> • Arrangements approved by the Governing Bodies in March 2018. • Routine assurance reports on the development/effectiveness of the joint governance arrangements received at every Governing Body meeting 	<ul style="list-style-type: none"> • PENDING: 2018/19 Internal Audit Report: Governance (due March 2019) 	Assurance required that internal reporting mechanisms are established in the shared governance structure are effective
2	<ul style="list-style-type: none"> • Conflicts of Interest Policy sets out the CCGs' requirements in relation to ensuring openness and transparency in business transactions, including: <ul style="list-style-type: none"> - Maintenance and publication of a Register of Declared Interests - Arrangements for managing standing declared interests and those declared in meetings - Specific requirements for managing GP interests in procurements - Maintenance and publication of a Procurement Decisions Log 	<ul style="list-style-type: none"> • Biannual Probity Assurance Reports to the Audit and Governance Committees (last received in September 2018) 	<ul style="list-style-type: none"> • CCG Annual Governance Statements submitted to NHS England – May 2018 • NHS England Assurance Process, including Quarterly and Annual Self-Certifications • 2017/18 Internal Audit Report: Conflicts of Interest for individual CCGs - all received significant assurance (and all advisory recommendations implemented) • PENDING: 2018/19 Internal Audit Report: Conflicts of Interest (due March 2019) 	None identified
3	<ul style="list-style-type: none"> • Gifts, Hospitality and Sponsorship Policy, which sets out the CCGs' requirements regarding gifts, hospitality and sponsorship, including: <ul style="list-style-type: none"> - Maintenance and publication of a Gifts, Hospitality and Sponsorship Register 	<ul style="list-style-type: none"> • Biannual Probity Assurance Reports to the Audit and Governance Committees (last received in September 2018) 	<ul style="list-style-type: none"> • 2017/18 Internal Audit Report: Conflicts of Interest for individual CCGs - all received significant assurance • PENDING: 2018/19 Internal Audit Report: Governance (due March 2019) • PENDING: 2018/19 Internal Audit Report: Conflicts of Interest (due March 2019) 	None identified

4	<ul style="list-style-type: none"> Raising Concerns (Whistleblowing) Policy, which sets out arrangements for employees of the CCGs to voice any concerns they have in relation to the conduct of the organisation 	<ul style="list-style-type: none"> Biannual Probity Assurance Reports to the Audit and Governance Committees (last received in September 2018) 	None identified	None identified
5	<ul style="list-style-type: none"> Greater Nottingham CCGs' Fraud, Corruption and Bribery Policy, which sets out the anti-fraud, corruption and bribery arrangements in place within the CCGs 	<ul style="list-style-type: none"> Annual Self Review Tool (SRT) submission to NHS CFA, presented to Audit and Governance Committee in March and May 2018 360 Assurance 2017/18 Counter Fraud, Bribery and Corruption Annual Report, received May 2018 	None identified	None identified
5	<ul style="list-style-type: none"> Counter Fraud Service provided by 360 Assurance. This includes promotion of fraud, corruption and bribery awareness, advice and guidance, investigation of suspected fraud, development of policy, delivery of face to face presentations, provision of eLearning modules and/or the distribution of newsletters and other materials. 	<ul style="list-style-type: none"> Annual Self Review Tool (SRT) submission to NHS CFA, presented to Audit and Governance Committee in March and May 2018 360 Assurance 2017/18 Counter Fraud, Bribery and Corruption Annual Report, received May 2018 Counter Fraud Annual Work plan and risk assessment 	None identified	None identified
6	<ul style="list-style-type: none"> Mandatory training for all staff in relation to: <ul style="list-style-type: none"> Conflicts of Interest and Gifts and Hospitality Fraud, Corruption and Bribery 	<ul style="list-style-type: none"> Mandatory Training report to be received by the Governing Body in October 2018 	None identified	Due to the absence of central systems, there is a current lack of assurance that mandatory training is being undertaken. (Risk ref GN040)

	Action Plan	Responsible Officer	Update	Date of update
1	Central mechanisms to be established to enable effective monitoring of training	Corporate Director	Mandatory Training Matrix will be reviewed during Q4	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
4	Chief Operating Officer (Director of Strategic Planning)	The organisation may not be successful in recruiting, developing and retaining an effective workforce and leadership model	12	3	4	8	2	4

Potential consequences of risk materialising:

- Workforce capacity and capability may be insufficient to deliver required CCG functions
- Organisational memory may be lost with increased staff turnover
- Staff rights and pledges, as set out in the NHS Constitution, may not be met
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- CCG Chairs and Accountable Officer responsibilities in relation to the CCGs' leadership model

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	Suite of human resources policies to ensure best practice in arrangements for recruitment, development and retention.	• Workforce reports to Governing Bodies October 2018	• CCGs are Mindful Employer Charter signatories	• Human Resources policies require updating in line with the shared staffing structure and organisational changes
2	CCG Constitution (Standing Orders), which set out the required appointment process for Governing Body members.	None identified	• NHS England Improvement and Assessment Framework process	• Succession planning arrangements for key roles need to be considered within organisational development work (Risk Ref GN078)
3	Establishment and monitoring of workforce KPIs, including: <ul style="list-style-type: none"> • Vacancies in funded establishment • Turnover and Retention Rates • Sickness Absence Rates • Uptake of Staff Appraisals (including appointed Governing Body members) 	• Workforce reports to Governing Bodies October 2018	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	• The breakdown of central monitoring mechanisms have resulted in a lack of assurance of staff sickness being recorded consistency. (Risk ref GN088)
4	Arrangements for staff engagement and communication, including: <ul style="list-style-type: none"> • Greater Nottingham Staff News 	None identified	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	None identified
5	Annual Staff Survey	• Workforce reports to Governing Bodies October 2018 • PENDING : Annual Staff Survey results to be reported to Governing Bodies in January 2019	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	• As a result of restructuring process and period of ongoing change and uncertainty, staff may become disengaged which could result in low morale and reduced productivity (Risk Ref GN087)
6	Annual Programme of Greater Nottingham Joint Commissioning Committee and Governing Body Development Sessions	None identified	• Annual Governance Statement	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Human Resources policies to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Strategic Planning	This work has not yet commenced; however, existing CCG policies are still in place	Oct-18
2	Succession planning arrangements for key roles to be formalised	Director of Strategic Planning	Organisational Development plan to be developed once OD Manager takes up post in October 2018	Oct-18
3	Internal monitoring and reporting system for appraisals to be established and improve existing compliance across CCGs	Corporate Director	Possible central systems to be considered during Q3/Q4	Oct-18
4	Recruitment training to be formalised within the CCGs' mandatory training requirements	Corporate Director	Mandatory Training Matrix will be reviewed during Q4	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
5	Chief Nurse/ Director of Quality	Children and vulnerable adults may not be appropriately safeguarded in accordance with legislative and statutory frameworks and guidance	10	2	5	10	2	5

Potential consequences of risk materialising:

- Children and vulnerable adults may be unable to access appropriate services
- Safeguarding concerns may not be identified, reported and managed and information may not be shared with other appropriate bodies
- Potential impact on the delivery of statutory requirements

Key roles and responsibilities

- Executive Lead for Safeguarding at Governing Bodies and Joint Commissioning Committee
- Chief Nurse/ Director of Quality member of Safeguarding Boards
- Designated Nurse and Dr and Lead Practitioners for Adult Safeguarding
- Potential impact on achievement of NHS England IAF domain - Leadership

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Safeguarding Children, Young People and Vulnerable Adults Framework and supporting safeguarding policies (which link in with the relevant local authority safeguarding policies and procedures), including: <ul style="list-style-type: none"> - Steering Group for Safeguarding Children and Safeguarding Vulnerable Adults - Safeguarding Assessment and Analysis Framework (SAAF) - Section 11 Audits - Robust systems for monitoring/managing/reporting Serious Incidents, Serious Case Reviews and complaints/allegations and Domestic Homicide Reviews 	<ul style="list-style-type: none"> • Safeguarding Children and Safeguarding Adults Annual Assurance Reports received by Governing Bodies. 	<ul style="list-style-type: none"> • Internal Audit Review – Nottingham City CCG Quality Governance – Nov 2017 (Significant Assurance Received) • PENDING: Mock Joint Targeted Area Inspection (JTAI) chaired by Independent chair of Children's Board (November 2018) 	<ul style="list-style-type: none"> • Joint Safeguarding policies for the Greater Nottingham CCGs needs to be developed (separate CCG policies still in place)
2	<ul style="list-style-type: none"> • CCG membership at Local Safeguarding Children Board and Safeguarding Adults Board and sub-groups 	<ul style="list-style-type: none"> • Safeguarding Children and Safeguarding Adults meeting minutes received by Governing Bodies. 	None identified	None identified
3	<ul style="list-style-type: none"> • Mandatory training for all staff in relation to Safeguarding Children and Adults. 	None identified	None identified	Due to the absence of central systems, there is a current lack of assurance that mandatory training is being undertaken. (Risk ref GN040)

	Action Plan	Responsible Officer	Update	Date of update
1	Internal monitoring and reporting system for training compliance to be established and improve existing training compliance across CCGs	Corporate Director	Possible central systems to be considered during Q3/Q4	Oct-18
2	Safeguarding policies to be developed across Greater Nottingham Clinical Commissioning Partnership	Chief Nurse/ Director of Quality	Policies to be aligned during 2018/19; existing CCG policies remain in effect	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
6	Accountable Officer (Corporate Director)	Arrangements for collaborative commissioning with other CCGs in Nottinghamshire and joint commissioning with the Local Authorities may not be suitably robust	8	2	4	8	2	4

Potential consequences of risk materialising:

- Patient services commissioned may not reflect requirements of patient populations or complement existing local services
- The CCGs may not be assured that services are commissioned and delivered as required
- The CCGs may lack assurance that appropriate legal arrangements are in place (e.g. Section 75 agreements with the local authorities)
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- Executive lead for collaborative and joint commissioning at the Joint Commissioning Committee
- Joint Commissioning Committee has duty for overseeing and managing the existing Section 75 agreements on behalf of the Greater Nottingham CCGs.

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Clinical Commissioning Partnership established across four Greater Nottingham CCGs, which includes all commissioning decisions being delegated into a Joint Commissioning Committee (JCC). The JCC membership includes the local authorities. 		<ul style="list-style-type: none"> • PENDING - Internal Audit Review of Governance Arrangements (November 2018) 	None identified
2	<ul style="list-style-type: none"> • Collaborative Commissioning Arrangements MOU, which sets out the collaborative commissioning process, reporting and assurance arrangements, roles and responsibilities and management of the MOU • Collaborative Commissioning agreements in place for non-Notts led contracts 	None identified	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework process. • 2017/18 CCG Internal Audit Reports: Nottingham City CCG Collaborative Commissioning: Associate Role – received Significant Assurance. South Nottinghamshire Collaborative Commissioning Follow up reports - Management had responded appropriately to recommendations made in reports 	None identified
3	<ul style="list-style-type: none"> • Section 75 Framework Partnership Agreements between the CCGs and Local Authorities. 	<ul style="list-style-type: none"> • Better Care Fund Plan endorsed by Governing Bodies 	None identified	None identified

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
7	Chief Operating Officer and Chief Commissioning Officer (Planned Care and Urgent Care Programme Leads)	Commissioning priorities to reduce health inequalities and improve health outcomes (as defined within the CCGs' strategic objectives and Operational Plan) may not be delivered	12	3	4	12	3	4

Potential consequences of risk materialising:

- Patient services commissioned may not reflect requirements of patient population
- Patients may be unable to access the right services or receive different levels of care
- Potential for financial impact caused by avoidable hospital admissions
- Potential impact on the delivery of statutory requirements
- Potential impact on achievement of NHS England IAF domain - Better Health

Key roles and responsibilities

- Lay Member with lead oversight responsibilities for planning and performance at Joint Commissioning Committee
- Clinical Commissioning Executive Group duty to develop the Commissioning Strategies and Operational Plans (and other associated enabling strategies and plans) of the Greater Nottingham CCGs
- Clinical Commissioning Executive Group role to consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	• CCG Commissioning Strategies	• Joint strategic objectives approved by Joint Commissioning Committee (June and September 2018) and Governing Bodies (October 2018)	• NHS England Improvement and Assessment Framework assurance process	None identified
2	• CCG Operational Plans	• Operational Plans endorsed by Greater Nottingham Joint Commissioning Committee in April 2018 and approved by Governing Bodies in May 2018 • 2018/19 Programme of Thematic Reviews (linked to areas of the Operational Plan) in place for the Joint Commissioning Committee	• NHS England Improvement and Assessment Framework assurance process • Submitted to STP	None identified
3	• The CCGs' Business Case process (which requires demonstration of reductions in health inequalities and improvements in health outcomes)	• Clinical Commissioning Executive Group role in reviewing Business Cases for investment/disinvestment requests – demonstrated through routine presentation of minutes to Greater Nottingham Joint Commissioning Committee	None identified	The Greater Nottingham CCGs' Commissioning Policy to be developed
4	• CCG membership of Local Authority Joint Strategic Needs Assessment (JSNA) Steering Group	• PENDING: Annual Assurance Report - Joint Strategic Needs Assessment to Greater Nottingham Joint Commissioning Committee in February 2019	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Commissioning Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Strategic Planning	Policy to be aligned during 2018/19; existing CCG policies remain in effect	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
8	Chief Operating Officer (Director of Communication and Engagement)	Patient and public consultation and engagement may not be fully embedded within all stages of the commissioning cycle	10	2	5	10	2	5

Potential consequences of risk materialising:

- Patient services commissioned may not reflect requirements of local patient populations
- Potential for missed opportunities to improve the design and delivery of local services
- Potential for challenge on the CCGs' decisions
- Potential impact on the delivery of statutory requirements
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- Lay Member with lead oversight responsibility for PPI at each Governing Body
- Quality and Performance Committee duty to oversee arrangements for ensuring that patient feedback and patient and public engagement and consultation are integral in commissioning decisions
- Clinical Commissioning Executive Group duty to consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities.

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • CCGs' PPI forum roles in ensuring that the views of patients, carers, the wider public and local communities are fully involved in all elements of the commissioning cycle. 	<ul style="list-style-type: none"> • Updates provided to Governing Bodies via minutes. 	<ul style="list-style-type: none"> • Annual CCG 360o Stakeholder Survey – 2017/18 results • PENDING: 360 Internal Audit scheduled for 2018/19 Q3 - Communication and Engagement Review • PENDING: Independent review of Engagement Arrangements 	Work is needed to align the PPI forums in line with the Greater Nottingham arrangements.
2	The CCG's Business Case process (which requires demonstration of patient and public engagement)	<ul style="list-style-type: none"> • Clinical Commissioning Executive Group role in reviewing Business Cases for investment/disinvestment requests – demonstrated through routine presentation of minutes to Joint Commissioning Committee • PENDING: Patient and Public Involvement Framework/ Strategy to be approved by Greater Nottingham Joint Commissioning Committee in September 2018 • PENDING: Annual Assurance Report - Patient and Public Involvement - to Greater Nottingham Joint Commissioning Committee in November 2018 	None identified	The Greater Nottingham CCGs' Commissioning Policy is yet to be developed
3	<ul style="list-style-type: none"> • Joint patient and public engagement process established to support delivery of the Greater Nottingham Financial Recovery Plan – initial screening, detailed planning, monitoring and oversight by EQIA/Engagement Panel (which reports to the Financial Recovery Group) 	<ul style="list-style-type: none"> • Financial Recovery Group provides updates to Finance Committee. • Finance Committee provides updates to Greater Nottingham Joint Commissioning Committee via minutes. 	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Commissioning Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Strategic Planning	Policies to be aligned during 2018/19; existing CCG policies remain in effect	Oct-18
2	Review of PPI forums with the Greater Nottingham governance arrangements.	Director of Strategic Planning	Patient Public and Involvement leads have now met and are reviewing existing arrangements	Oct-18

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				L	I		L	I
9	Chief Operating Officer (Director of Strategic Planning)	General and specific public sector equality duties may not be met	10	2	5	10	2	5
Potential consequences of risk materialising:								
<ul style="list-style-type: none"> • Patient groups may be unable to access the right services and the equality of health outcomes may not be achieved • Workforce and services may not reflect local population • Potential impact on the delivery of statutory requirements • Potential impact on achievement of NHS England IAF domain - Leadership 								

Key roles and responsibilities
<ul style="list-style-type: none"> • Lay Member with lead oversight responsibility for PPI on the Governing Bodies and Joint Commissioning Committee • Quality and Performance Committee duties to monitor performance in relation to Goals 1 and 2 of the NHS Equality Delivery System (better health outcomes for all / improved patient access and experience), including progress against equality objectives and associated action plans • Clinical Commissioning Executive Group duty to consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities.

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Equality, Diversity and Inclusion (EDI) work programme, includes: <ul style="list-style-type: none"> - Assessment of population health needs to inform commissioning decisions (JSNA) - Completion of Equality Impact Assessments as part of service planning and policy development - Public engagement arrangements - Contract monitoring arrangements to ensure compliance with NHS Standard Contract requirement regarding EDS2. - Workforce monitoring arrangements 	<ul style="list-style-type: none"> • Annual reporting of Workforce Race Equality Standards to Governing Bodies • PENDING: Equality and Diversity Framework/ Strategy (including equality objectives) to Joint Commissioning Committee in October 2018. • PENDING: Annual assurance report - Equality Duty to Joint Commissioning Committee in November 2018. 	None identified	None identified
2	<ul style="list-style-type: none"> • Adoption of the NHS Equality Delivery System for assessing the organisation's equality performance. Subsequent development and implementation of a prioritised Equality Action Plan to strengthen the CCGs' equality performance in line with their equality vision, pledges and objectives 	<ul style="list-style-type: none"> • Reports six monthly to the Quality and Performance Committee regarding progress against the CCGs' Equality Action Plan (EDS Goals 1 and 2) • PENDING: Workforce reports to Governing Bodies to support monitoring of EDS Goals 3 and 4. 	None identified	None identified
3	<ul style="list-style-type: none"> • Mandatory training for all staff in relation to Equality and Diversity 	None identified	None identified	<ul style="list-style-type: none"> • Mandatory training compliance in Nottingham City is currently below the CCG's tolerance level of 95% and there is currently no central training system or monitoring mechanism. (Risk Ref GN040)
4	<ul style="list-style-type: none"> • Joint Equality Impact Assessment process established to support delivery of the Greater Nottingham Financial Recovery Plan – initial screening, detailed planning and monitoring 	<ul style="list-style-type: none"> • Equality Impact Assessment log presented to Quality and Performance Committee monthly 	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Internal monitoring and reporting system for training compliance to be established and improve existing training compliance across CCGs	Corporate Director	Possible central systems to be considered during Q3/Q4	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
10	Chief Commissioning Officer (Director of Contracting and Procurement)	Procurement, patient choice and competition arrangements may not be compliant with current legislative requirements and national guidance	10	2	5	10	2	5

Potential consequences of risk materialising:

- CCGs may be open to legal challenge on procurement decisions
- Patients may be unable to make choices about their healthcare
- The CCGs' Social Value priorities and obligations may not be achieved
- Potential impact on the delivery of statutory requirements
- Potential impact on achievement of NHS England IAF domain - Leadership

Key roles and responsibilities

- Audit and Governance Committees duty to monitor compliance with Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies, including review of all waivers.

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • CCGs' Prime Financial Policies set out their arrangements for meeting procurement law, including: <ul style="list-style-type: none"> - Approved limits for competitive quotations and tenders (incl. OJEU requirements) - Clear categories and approval requirements for exemptions from a competitive process - Advance contract notice requirements - Publication of contract awards 	<ul style="list-style-type: none"> • Monthly Contract Activity Report to Finance Committee • PENDING: Assurance report for Greater Nottingham procurement arrangements to Audit and Governance Committee in December 2018 	<ul style="list-style-type: none"> • PENDING - 360 Internal Audit scheduled for 2018/19 Q3 - Financial Management Arrangements 	None identified
2	<ul style="list-style-type: none"> • Contracts Database, which enables timely reporting of contract expiry dates and proactive planning of procurement activity. 	None identified	None identified	None identified
3	<ul style="list-style-type: none"> • Procurement training is provided to relevant members of CCG staff (targeted session delivered in June 2018). 	None identified	None identified	<ul style="list-style-type: none"> • Procurement training needs to be formalised within the CCGs' mandatory training requirements. (13 x L1 = A/G)
4	<ul style="list-style-type: none"> • Procurement Policy which sets out how decisions to award contracts for both healthcare and non-healthcare should be approached, reflecting current regulatory obligations, national policy and statutory guidance. 	<ul style="list-style-type: none"> • PENDING: assurance report on GN procurement arrangements to A&G in December 	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1	Procurement training to be formalised within the CCGs' mandatory training requirements.	Corporate Director	Mandatory Training Matrix will be reviewed during Q4	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
11	Chief Nurse/ Director of Quality	Improvements in the quality (patient safety, patient experience and clinical effectiveness) of commissioned services may not be achieved	15	3	5	15	3	5

Potential consequences of risk materialising:

- Patients may not receive high quality care
- Care delivered by commissioned services may not be in line with national guidance and current best practice
- CCGs may receive complaints or criticism regarding commissioned services
- Potential impact on the delivery of statutory duties
- Potential impact on achievement of NHS England IAF domain - Better Care

Key roles and responsibilities

- Executive Lead for Quality Improvement at Governing Bodies and Joint Commissioning Committee
- Quality and Performance Committee duty to seek assurance that local healthcare services are being delivered by staff with the appropriate level of skills and training in order to continuously improve and promote high standards of quality and care

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Quality Team support improving the quality of care and outcomes for our population. Routine processes, include: <ul style="list-style-type: none"> - An Early Warning System - Completion of EQuality Impact Assessments as part of service reviews and pathway redesigns - Quality Visits Programme - Arrangements for sharing good practice and learning lessons (including serious incident management, complaint investigations and adult and children's safeguarding arrangements) - Monitoring of provider compliance with CQC Essential Standards of Quality and Safety 	<ul style="list-style-type: none"> • Quarterly Quality Report to Greater Nottingham Joint Commissioning Committee • Monthly Performance Reports to Greater Nottingham Joint Commissioning Committee • Quarterly Quality Report to Quality and Performance Committee • Regular Provider Quality Dashboard to Quality and Performance Committee 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework process • Quality Surveillance Group (with CCG membership) reviews quality issues across all commissioners 	None identified
2	<ul style="list-style-type: none"> • Established contract negotiation and monitoring arrangements for quality indicators and metrics, including: <ul style="list-style-type: none"> - Quality schedule requirement - Commissioning for Quality and Innovation (CQUIN) Framework indicators - Quality review meetings with providers 	<ul style="list-style-type: none"> • Contract Management Reports (including CQUIN and Quality Schedules) to the Quality and Performance Committee • Routine Quality Dashboard Reports to the Quality and Performance Committee • Quality Exception Reports to the Greater Nottingham Joint Commissioning Committee 	None identified	<ul style="list-style-type: none"> • Ability of providers to provide safe high quality care is compromised due to the difficulties in being able to recruit, develop and retain an effective workforce with the potential to lead to impact on patient care and outcomes. (Risk ref GN011)
3	<ul style="list-style-type: none"> Arrangements for ensuring greater patient choice and shared-decision making, including: <ul style="list-style-type: none"> • An established offer of Personal Health Budgets to specific groups and individuals (in line with national guidance) 	None identified	None identified	None identified

4	• CCG Complaints Policies in place, which set out the organisations' approach to handling complaints and concerns about commissioned services	• Annual Report for Complaints and Patient Experience to Quality and Performance Committee	None identified	• CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical Commissioning Partnership
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	Action Plan	Responsible Officer	Update	Date of update
1	Complaints Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Chief Nurse/ Director of Quality	Policies to be aligned during 2018/19; existing CCG policies remain in effect	Oct-18
2	Monitor provider workforce and respond as needed	Chief Nurse/ Director of Quality	Joint Commissioning Committee and Quality and Performance Committee receive provider workforce indicators	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
12	Chief Commissioning Officer (Director of Performance and Information)	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	8	2	4	8	2	4

Potential consequences of risk materialising:

- Potential inability to detect unwarranted clinical variations or to benchmark performance against comparable areas
- The CCGs may not be able to hold providers to account for under-performance or be assured that corrective actions are in place
- Financial and managerial decisions may not be supported by timely and accurate information
- Potential impact on the delivery of statutory duties
- Potential impact on achievement of NHS England IAF domain - Better Care

Key roles and responsibilities

- Executive Lead for Performance Management at the Joint Commissioning Committee
- Information, Governance, Management and Technology Committee duty to provide assurance to the Governing Bodies that sufficient attention is being placed on data quality of both mandated and local datasets generated by the CCGs and their providers.
- Quality and Performance Committee duty to oversee the development, implementation and monitoring of performance management arrangements, including scrutiny of identified action plans to address shortfalls in performance.

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Operational Plans which detail the CCGs' approach to delivery against their key requirements • Contract management arrangements, including routine performance monitoring, regular contract meetings and escalation requirements when recovery actions are required 	<ul style="list-style-type: none"> • Operational Plans endorsed by Greater Nottingham Joint Commissioning Committee in April 2018 and approved by Governing Bodies in May 2018 • Monthly Performance Report to Greater Nottingham Joint Commissioning Committee 	None identified	None identified
2	<ul style="list-style-type: none"> • CCG Data Quality Policies which sets out the CCGs' arrangements for maintaining and increasing high levels of data quality, including: <ul style="list-style-type: none"> - Data quality approach - Data validation routines - Data standards 	<ul style="list-style-type: none"> • Quarterly Data Quality Report to Information Governance, Management and Technology Committee 	None identified	<ul style="list-style-type: none"> • CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical Commissioning Partnership

	Action Plan	Responsible Officer	Update	Date of update
1	Data Quality Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Performance and Information	Policy drafted for review. Will be presented for approval at the December 2018 Information Governance, Management and Technology Committee	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
13	Chief Finance Officer (Director of Financial Recovery)	The organisations may fail to identify and achieve recurrent financial savings	12	3	4	12	3	4

Potential consequences of risk materialising:

- CCGs may not meet required financial savings preventing delivery of control totals
- Potential impact on the delivery of statutory duties

Key roles and responsibilities

- Chief Finance Officer responsibility to ensure effective financial management
- Lay Member with lead oversight responsibility for financial management and audit at the Joint Commissioning Committee
- Finance Committee role to oversee the development, implementation and monitoring of the CCGs' Financial Recovery Plan. This will include consideration of the differing financial positions of the CCGs
- Potential impact on achievement of NHS England IAF domain - Leadership

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Greater Nottingham PMO and gateway approval process, this includes the EQIA process. 	<ul style="list-style-type: none"> • Monthly Greater Nottingham CCGs Financial Recovery Plan update to Finance Committee • Equality Impact Assessment log presented to Quality and Performance Committee monthly 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework Assurance process • 2017/18 Internal Audit Report – QIPP PMO Arrangements. Limited assurance • PENDING: 360 Internal Audit 2018/19 Q3 - Financial Management Arrangements 	
2	<ul style="list-style-type: none"> • CCGs' Detailed Financial Policies set out the their arrangements for meeting procurement law, including: <ul style="list-style-type: none"> - Approved limits for competitive quotations and tenders (incl. OJEU requirements) - Clear categories and approval requirements for exemptions from a competitive process - Advance contract notice requirements - Publication of contract awards 	<ul style="list-style-type: none"> • Regular reports to Audit and Governance Committee • Monthly Contract Activity Report to Finance Committee 	<ul style="list-style-type: none"> • PENDING: 360 Internal Audit 2018/19 Q3 - Financial Management Arrangements 	None

	Action Plan	Responsible Officer	Update	Date of update
1	Action plan following limited assurance from 360 Assurance Internal Audit Report for PMO	Director of PMO	Assurance provided to the Audit and Governance Committees that required actions are being implemented.	Oct-18
2	Reduction of unwarranted clinical variation	Director of PMO	Unwarranted Clinical Variation is part of Primary Care PMO work stream	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
14	Chief Finance Officer	Appropriate and effective financial management and reporting arrangements may not be in place.	10	2	5	10	2	5

Potential consequences of risk materialising:

- Insufficient oversight and scrutiny of the CCGs finances at the Governing Bodies and Joint Commissioning Committee
- Finance risks may not be highlighted to the right forum in a timely manner
- Potential impact on the delivery of statutory duties
- Potential impact on achievement of NHS England IAF domain - Sustainability

Key roles and responsibilities

- Executive Lead for financial management at the Governing Bodies and Joint Commissioning Committee
- Audit and Governance Chairs at Governing Bodies
- Audit and Governance Committees duty to monitor the integrity of the financial statements of the CCG and any formal announcements relating to the organisation's financial performance
- Finance Committee exists to scrutinise arrangements for ensuring the delivery of the Greater Nottingham CCGs' statutory financial duties, including the achievement of the Greater Nottingham Financial Recovery Programme (FRP)
- Financial Recovery Delivery Board established to oversee the delivery of the Greater Nottingham CCG's Financial Recovery Delivery Programme, including the development of a robust and re-prioritised financial recovery plan (FRP) and to ensure that actions contained are delivered to support achievement of the annual Control Total

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Established arrangements for financial management and reporting, as set out within: <ul style="list-style-type: none"> - CCG Constitutions, Standing Orders, Scheme of Reservation and Delegations and Prime Financial Policies - Detailed Financial Policies and Schedule of Delegated Matters 	<ul style="list-style-type: none"> • Detailed Financial Policies approved at July 2018 Greater Nottingham Joint Commissioning Committee • Standing Orders, Scheme of Reservation and Delegations and Prime Financial Policies - updated to reflect joint Greater Nottingham structure and approved by Governing Bodies in March 2018 • Financial Control and Governance Self-Assessment, reviewed at Audit and Governance October 2018 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework assurance process. • Monthly assurance finance meetings with NHSE • 2017/18 Internal Audit Report: All CCGs Budgetary Control and Key Financial Systems – December 2017 (significant assurance received for all) • Annual Accounts 2017/18 (including ISA 260 reports) submitted May 2018 • PENDING - Internal Audit Review - Financial Management Arrangements, incorporating integrity of the general ledger, financial reporting and key financial systems 360 audit scheduled for 2018/19 Q3 • Financial Control and Governance Self-Assessment 	None identified
2	<ul style="list-style-type: none"> • Contract negotiation and management arrangements, including: <ul style="list-style-type: none"> - Contract negotiation process and monthly contract monitoring meetings with providers - Associate contract meeting arrangements - System for scrutiny of clinical coding - QIPP targets incorporated into contracts and monitored through the contract monitoring meetings 	<ul style="list-style-type: none"> • Routine Finance Reports to the Governing Body – Received at every meeting • Annual Accounts 2016/17 presented to the Audit Committee and Governing Body (all statutory financial duties had been delivered) 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework assurance process. • Monthly assurance finance meetings with NHSE • 2017/18 Internal Audit Report: All CCGs Budgetary Control and Key Financial Systems – December 2017 (significant assurance received for all) • PENDING - Internal Audit Review - Financial Management Arrangements, incorporating integrity of the general ledger, financial reporting and key financial systems 360 audit scheduled for 2018/19 Q3 	There is the potential that the CCGs' contract monitoring arrangements may not be suitably robust in order to predict when potential financial pressures become unmanageable for a provider. There is a risk that this could impact on the CCG in terms of additional financial costs and resources and affect the delivery of objectives/duties (Risk Ref GN047)
3	Communication and engagement with member practices regarding the CCGs' financial position.		<ul style="list-style-type: none"> • Annual CCG 360o Stakeholder Survey – 2017/18 results 	Actions are required to address specific issues that arose in the 2017/18 survey.
4	Financial management training is provided to relevant members of CCG staff.		None identified	Financial management training needs to be formalised within the CCG's mandatory training

	Action Plan	Responsible Officer	Update	Date of update
1	To formalise financial management training within the CCGs' mandatory training requirements.	Chief Finance Officer	Financial Management training will be mandated on a role-specific basis. This will be determined by line managers as part of the new starter induction process. Training will be delivered by the Finance Team and a training needs assessment will be completed during early 2017/18 to determine the training requirements for current staff.	Oct-18
2	Action Plan for CCG 360 Stakeholder survey presented to Joint Commissioning Committee in July 2018	Chief Operating Officer	The action plan sits alongside business as usual activities that support relationship management and the Executive Team will review progress during November/December 2018	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
15	Chief Operating Officer (Director of Strategic Planning)	Investment and disinvestment decisions may not be robust and consistent when considering the prioritisation of existing or planned healthcare	10	2	5	10	2	5

Potential consequences of risk materialising:

- Patient services commissioned may not reflect the needs of local patient populations or reflects the CCGs agreed commissioning priorities
- 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.
- Potential impact on the delivery of statutory duties
- Potential impact on achievement of NHS England IAF domain - Sustainability

Key roles and responsibilities

- Executive Lead for financial management and audit at the Joint Commissioning Committee
- Lay Member with lead oversight responsibility for financial management and audit at the Greater Nottingham Joint Commissioning Committee
- Clinical Commissioning Executive Group duty to consider business cases for new investments, recurrent funding allocations and all decommissioning and disinvestment proposals, ensuring their clinical and cost effectiveness, whilst assessing any associated equality and quality impacts and feedback from patient and public engagement and consultation activities

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • CCGs' Business Case process set out the requirements for investment and disinvestment considerations, including: • Integrated Impact Assessment Process • Options Appraisals • Criteria for prioritisation and approval • Systematic evaluation of approved investments 	<ul style="list-style-type: none"> • Clinical Commissioning Executive Group role in reviewing Business Cases for investment/disinvestment requests – demonstrated through routine presentation of minutes to Greater Nottingham Joint Commissioning Committee 	None identified	<ul style="list-style-type: none"> • CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical Commissioning Partnership

	Action Plan	Responsible Officer	Update	Date of update
1	Commissioning Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Strategic Planning	Policies to be aligned during 2018/19; existing CCG policies remain in effect	Oct-18

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
16	Chief Operating Officer (Urgent Care Programme Director and Rushcliffe Locality Director)	Health community resilience to known and potential increases in demand may significantly exceed capacity within our major providers	15	3	5	15	3	5

Potential consequences of risk materialising:

- Patient services and quality of care may not be maintained during periods of increased activity (e.g. seasonal, in response to a major incident etc.)
- Potential impact on delivery of statutory duties

Key roles and responsibilities

- Accountable Officer Responsibility for system resilience
- Programme Director for the Urgent Care Pathway
- Quality and Performance Committee duty to consider specific areas of performance, focussing in detail on specific issues where provider performance is showing deterioration, or where there are quality concerns.
- Potential impact on achievement of NHS England IAF domain - Better Care

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Greater Nottingham Programme Management Office established with Programme Area for Urgent and Emergency Care • CCG membership at the A&E Delivery Board 	<ul style="list-style-type: none"> • Monthly Greater Nottingham CCGs Financial Recovery Plan Updates to Finance Committee • Monthly Performance Report to Greater Nottingham Joint Commissioning Committee 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework assurance process 	There is a risk that the impact of the large scale reduction in funding at the Local Authority, may lead to an increased demand for health services. (Risk Ref GN057)
2	<ul style="list-style-type: none"> • Emergency Preparedness, Resilience and Response (EPRR) Planning Arrangements 	<ul style="list-style-type: none"> • Emergency Preparedness, Resilience and Response Assurance Report to Governing Bodies (October 2018) 	<ul style="list-style-type: none"> • NHS England assessment of compliance with core EPRR Standards 	None identified

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
17	Accountable Officer	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	15	3	5	10	2	5

Potential consequences of risk materialising:

- System-wide efficiencies may not be fully realised
- Potential impact on achievement of NHS England IAF domain - Sustainability

Key roles and responsibilities

- Chair and Accountable Officer responsibilities for system transformation

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Nottingham and Nottinghamshire Sustainability and Transformation Plan (incorporating the previous Greater Nottingham Transformation Programme) • Nottingham and Nottinghamshire Sustainability and Transformation Leadership Board (and supporting infrastructure) • CCG membership of Greater Nottingham Transformation Partnership Board (and supporting infrastructure) 	<ul style="list-style-type: none"> • Regular reporting to Greater Nottingham Joint Commissioning Committee 	<ul style="list-style-type: none"> • NHS England Improvement and Assessment Framework Assurance process • 2016/17 Internal Audit Report: STP Governance review – September 2017 (Limited assurance received) • PENDING: 2016/17 Internal Audit Report: STP Governance review Follow up – October 2018 	<ul style="list-style-type: none"> • Due to the absence of formal reporting mechanisms, there is a risk that the Governing Bodies may not be adequately assured that the Sustainability and Transformation Plan (STP) and Greater Nottingham Transformation Programme (GNTP) governance arrangements are functioning effectively (Risk Ref GN028)

	Action Plan	Responsible Officer	Update	Date of update
1	Regular reporting of STP and GNTP governance arrangements within the CCGs	Corporate Director	Regular reporting from the GNTP included in the Joint Commissioning Committee's annual work programme. Action to be reviewed once the IA follow-up report is received.	Oct-18

Independent Assurances 2018/19

Date (received or expected)	Assurance	Submitted to:	Reviewed internally by:	Positive or Negative Assurance	Mapped to Risk Ref(s)
Apr-18	Conflicts of Interest Self-Assessment (quarterly and annual submission)	NHS England	Audit and Governance Committees	Positive	RISK3,
Apr-18	CCG 360o Stakeholder Survey 2018	NHS England	Governing Bodies	Overall Positive, however areas for improvement across individual CCGs and some areas reviewed.	RISK1, RISK8, RISK14
May-18	Annual Governance Statements 2017/18 (including Head of Internal Audit Opinions 2017/18)	NHS England/DH	Audit and Governance Committees	Positive	RISK3,
May-18	Annual Accounts 2017/18 (including ISA 260 reports)	NHS England/DH	Audit and Governance Committees	Positive	RISK14
May-18	Internal Audit Report – Conflicts of Interest	–	Audit and Governance Committees	Positive - Significant for all four CCGs	RISK3,
Jul-18	Conflicts of Interest self-assessment (quarterly submission)	NHS England	Audit and Governance Committees	Positive	RISK3,
Jul-18	NHS England Improvement and Assessment Framework 2017/18 (quarterly and annual assessment)	NHS England	Governing Bodies	Positive (Rating of 'requires improvement' for Nottingham City and 'good' for Nottingham North and East, Nottingham West and Rushcliffe)	RISK2, RISK6, RISK7, RISK11, RISK14, RISK16,
Aug-18					
Sep-18	Financial Control and Governance Self-Assessment	NHS England	Audit and Governance Committees	Positive	RISK14
Sep-18	Internal Audit Report – QIPP PMO Arrangements	–	Audit and Governance Committees	Negative - Limited assurance provided. Assurance provided to the Audit and Governance Committees that required actions are being implemented.	RISK14
Oct-18	Conflicts of Interest self-assessment (quarterly submission)	NHS England	Audit and Governance Committees	Pending	RISK3,
Nov-18					
Dec-18	Internal Audit Report - STP Governance Review Follow-up	–	Audit and Governance Committees	Pending	RISK17
Jan-19	Conflicts of Interest self-assessment (quarterly submission)	NHS England	Audit and Governance Committees		RISK3,
Mar-19	Internal Audit Report - Governance 2018/19	–	Audit and Governance Committees	Pending	RISK3,
Mar-19	Internal Audit Report - Risk Management 2018/19	–	Audit and Governance Committees	Pending	
Mar-19	Internal Audit Report - Primary Medical Care Delegated Commissioning 2018/19	–	Audit and Governance Committees	Pending	RISK2
Mar-19	Internal Audit Report - Conflicts of Interest 2018/19	–	Audit and Governance Committees	Pending	RISK3,
Mar-19	Internal Audit Report - Workforce Review 2018/19	–	Audit and Governance Committees	Pending	RISK4,
Mar-19	Internal Audit Report - Communication and Engagement 2018/19	–	Audit and Governance Committees	Pending	RISK8,
Mar-19	Internal Audit Report - Financial Management Arrangements 2018/19	–	Audit and Governance Committees	Pending	RISK10, RISK13, RISK14