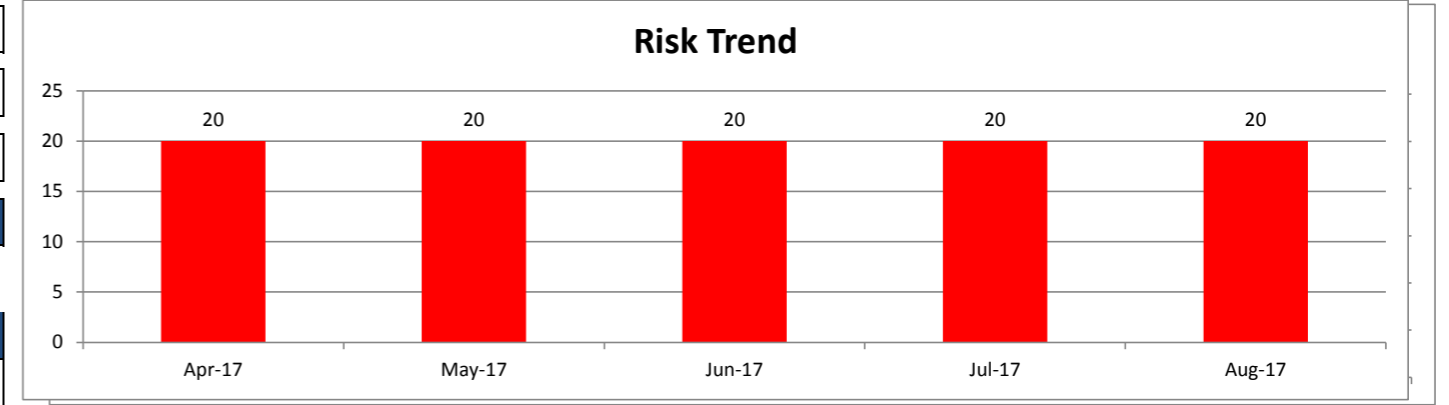




**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk Rating	Risk score		Target Risk Rating	Risk score	
				L	I		L	I		L	I
1	Jonathan Bemrose	The CCG is unable to deliver against plan due to continually increasing activity, unexpected costs and an inability to maintain QIPP savings	20	4	5	10	2	5	15	3	5

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Sustainability
Strategic Objective	The CCG has effective and appropriate financial management including stretching itself financially, efficient financial controls and processes and good governance.
Group/ committee managing risk	Financial Information Group



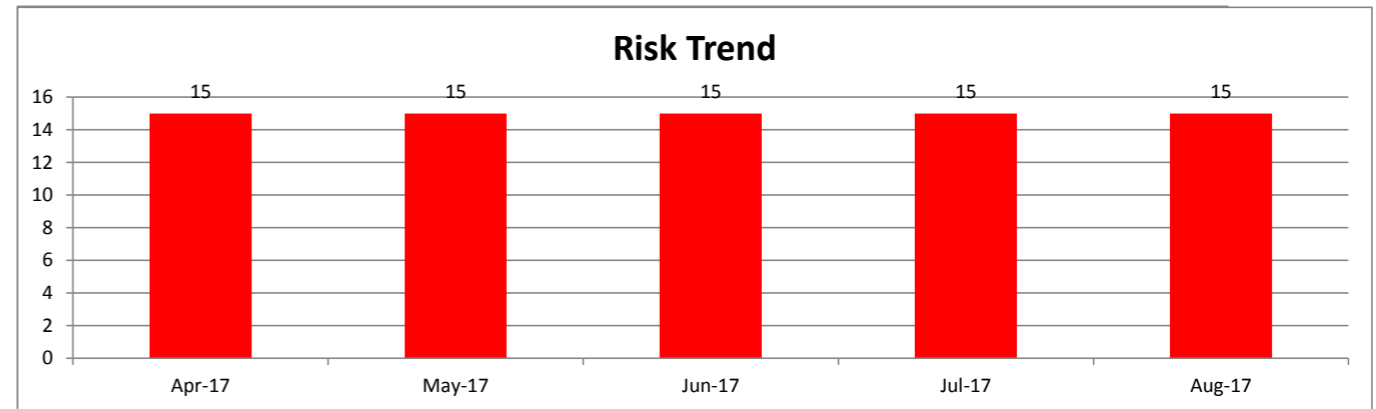
Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
1	<p>Financial reporting arrangements established and embedded, including the FIG as a Committee of the Governing Body.</p> <p>Finance and Information Group - the FIG is attended by Governing Body (clinical and Lay representation) and senior executives. Full financial and activity reports are presented. The Fig eviws the QIPP highlights in detail and a "deep dive" is carried out within each meeting to discuss risks and alternatives.</p> <p>Activity Reports - Comprehensive activity reports highlight key trends and areas of risk.</p> <p>Practice based packs are produced on a monthly basis and include referral and prescribing activity. The FIG review spend against budget and support the prioritisation of practice visits for top overspending practices</p>	<p>Accounts/ financial performance reported to NHS England on a monthly basis - CCG subject to formal Quarterly meetings with local and regional directors at NHS England - outputs reported to the Governing Body</p> <p>CCG is required to attend NHS England escalation meetings if performance worsens.</p>		<p>Governing Body GP Practice visits to review activity and spend and agree action plan</p> <p>GP Practice prescribing activity review and action plans</p> <p>CCG Capacity Review and Implementation of Recommendations. Recommendations include financial reporting.</p> <p>SROs leading on financial recovery, with bi-weekly and monthly reporting and confirm and challenge session in place.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Dec-17</p> <p>Ongoing</p>	<p>Are revisting how co-ordinate and target practices</p> <p>These will be aligned with above.</p> <p>Action plan has been developed. Actions have been classed as low, medium, high in relation to immediacy of implementation.</p> <p>Next confirm and challenge sessions are in September.</p>	<p>Sep-17</p> <p>Sep-17</p> <p>Sep-17</p> <p>Sep-17</p>

2	Contract monitoring meetings in place with providers. There are designated senior managers for all contracts to ensure grip and manage relationships	Monthly performance and financial reporting to the Governing Body			Implementation of a single management structure and joint committee allowing for overall focus at Greater Nottingham level.	Jan-18	Single AO recruited.	Sep-17
3	Greater Nottingham Financial Recovery Plan. The plan has been developed in line with good practice (i.e. identified schemes in excess of target) The delivery of this is supported by the PMO structure. PMO office established and resourced. Reporting structure in place which includes FRG and FRDG	Monthly financial recovery updates received by Governing Body. This includes detail on risks against delivery.	Financial Recovery plan scrutinised by NHSE	Governance arrangements to be reviewed	Progression of ACS objectives including referral management and discharge planning.	TBD	Centene have been commissioned to support progression	Apr-18
4	Turnaround Director	Turnaround Director to ensure delivery of financial recovery plan. Turnar		To consider whether have a full-time Turnaround Director.				

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
2	Jonathan Bemrose	The fragility of the system impacts on the capability of the CCG to deliver against its financial duties	15	3	5	5	1	5	10	2	5

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Sustainability
Strategic Objective	The CCG has effective and appropriate financial management including stretching itself financially, efficient financial controls and processes and good governance.
Group/ committee managing risk	Financial Information Group

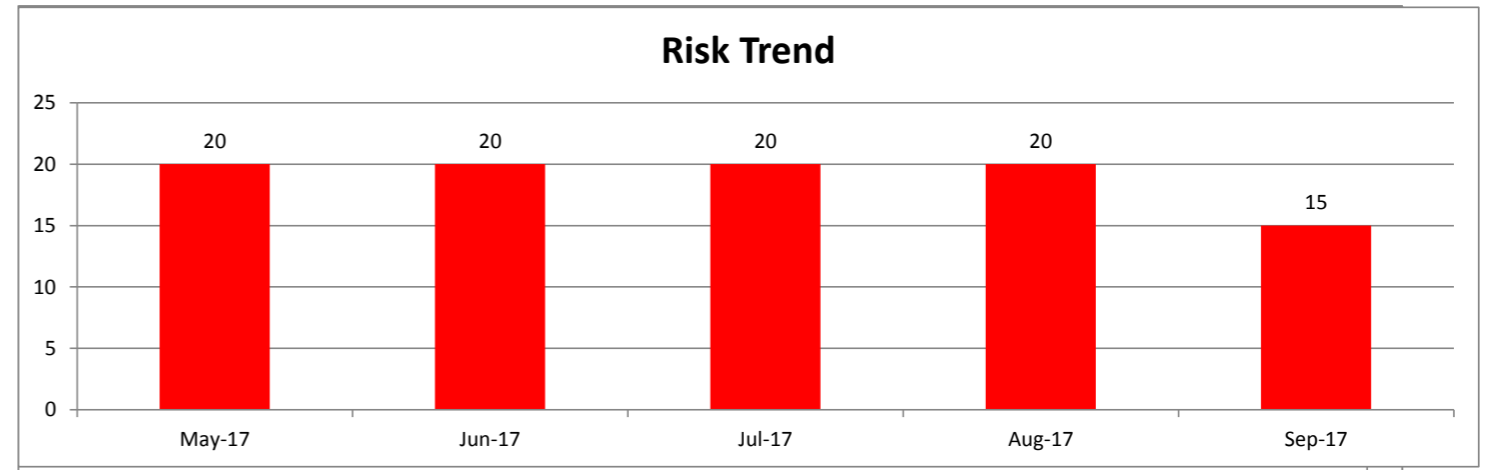


Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
Financial governance arrangements established and embedded. This includes robust financial reporting systems and processes as well as identified budget managers/contract managers aligned to budget lines to manage income/expenditure. Financial reports are produced and distributed to all CCG budget holders on a monthly basis which relate to CCGs operating costs.	Financial reporting - the Chief Finance Officer presents a financial report to the Governing Body and financial information to the Clinical Cabinet. Reports are tailored to reflect areas of influence. The CCG has agreed detailed financial risk management arrangements with other CCGs in the south of Nottinghamshire. The risk pooling arrangements protects against unplanned variance in commissioning spend associated with volume changes, as well as the impact of small numbers of high cost patients. The risk management arrangements also extend to the pooling of risk around continuing care. The performance of the risk pool is reported to the FIG.	Internal audit on budgetary control and financial systems - issued February 2017 provided full assurance on the systems and processes in place. External Audit including value for money statement.		Capacity Review - Recommendations to be implemented	Dec-17	Action Plan for recommendations has been developed. Reporting to Governing Body has changed as a result of the report.	Sep-17
2 CCG Financial Performance Reporting	Governing Bodies have been moved to monthly from April 2017. Performance against duties is reported in each Governing Body.	NHS England Meetings & Reporting					
3 PMO Arrangements	Financial Recovery Group, Financial Recovery Delivery Group, SROs	NHS England IAF					

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
3	Sharon Pickett/ Rebecca Larder	Demands for transformation, including the STP, GNHCP, and new models of care impact on the capability to focus on short term performance. Due to competing demands and the complexity of the system the CCG is unable to provide leadership in co-ordinating the delivery of core standards and recovery actions.	15	3	5	8	2	4	10	2	5

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Better Health; Leadership; Sustainability
Strategic Objective	
The CCG has comprehensive and achievable plans as both a CCG and as part of a wider system.	
Group/ committee managing risk	
Governing Body	



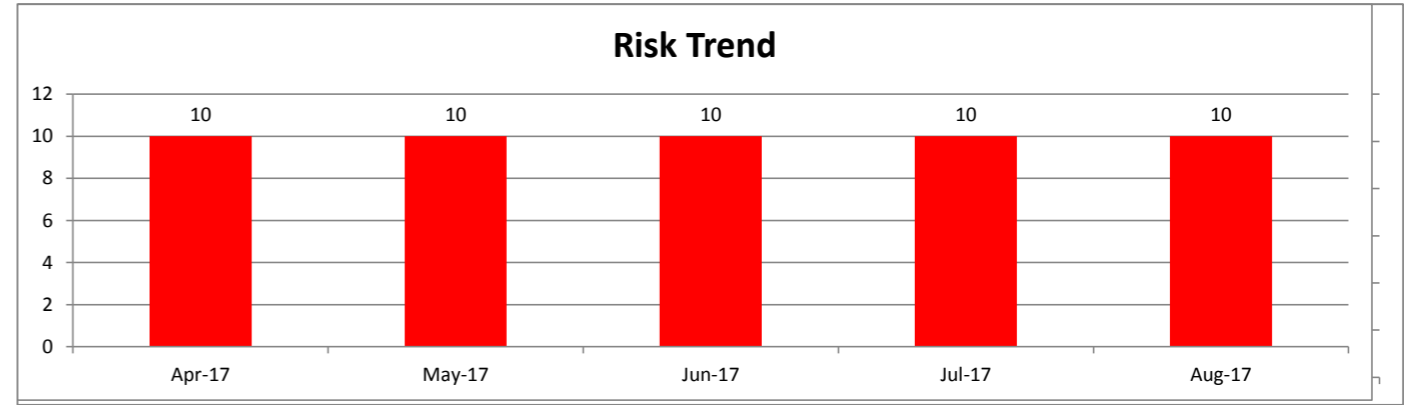
	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
					Action	Deadline Date	Progress Update	Date of update
1	CCG Committees will continue to monitor performance against short term and CCG specific long term objectives.	Committee updates and Governing Body reporting will provide assurance. The Greater Nottingham Health and Care Partners governance structure and Board will provide assurance on wider and longer term objectives.	Cancer performance forms part of regular discussions with NHS England locally as part of quarterly CCG assurance meetings		Implementation of Joint Committee and Single Management Structure.	Jan-18	Single AO has been recruited. Workshop held with Governing Bodies on the Joint Committee.	Sep-17
2	A&E Delivery Board		The Board provides a system wide strategic focus on urgent care. Directors sit on A&E Board, FRDG as well as some crossovers with GNHCP Board.					
	The Greater Nottingham Health and Care Partners Transformation Board allows for focus on strategic objectives for STP and ACS.	Reporting to the Governing Body. Membership on the Board.						

3	The Greater Nottingham Health and Care Partners has a supporting infrastructure therefore allowing the CCG to manage short term performance.	Internal Audit "Managing Transformation: STP Governance Reveiw"	MOU with NHSE for GNHCP includes requirements that are part of short term performance.	Ongoing alignment with statutory governance arrangements.					
4	PMO arrangements for financial recovery.	SROs for workstreams Financial Recovery Group Financial Recovery Delivery Group	NHS England Reviews and Escalation Procedures.	Ongoing alignment with statutory governance arrangements.					

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
4	Nichola Bramhall	The CCG is unable to provide confidence to its local population that it is commissioning clinically safe, high quality, compassionate services. Lack of adequate focus and challenge may lead to compromised quality, outcomes or inappropriate prioritisation.	10	5	2	4	2	2	6	3	2

Date the risk was identified	01/01/2016
Date the risk was last updated	11/09/2017
Assurance Domain	Better Health
Strategic Objective	The CCG demonstrates that it is planning effectively providing a basis for transforming services, improving outcomes while ensuring that patients receive the high quality, timely care that they have a right to expect today.
Group/ committee managing risk	Quality and Risk Committee, EQIA Panel



Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
1 Quality Report - a quality report is presented to the Governing Body and discussed in detail in the QRC. This includes HCAI, serious incidents, patient safety, safeguarding, transforming care, care homes, continuing health care retrospective claims, quality visits, patient experience, complaints, patient stories, primary care quality, CQC inspections, quality monitoring and nursing and midwifery council revalidation.	Detail is discuss in the QRC and from this relevant items are escalated to Governing Body		There is not a systematic approach to quality monitor smaller providers	Implementation of a Communication and Engagement plan for Financial Turnaround, across Greater Nottingham	Ongoing at scheme level	Schemes have been through a screening process in relation to EQIA and engagement. The EQIA panel has considered some engagement plans and completed EQIAs.	Sep-17
2 Safeguarding Committees - the committee aims to ensure that systems and process are in place to safeguard vulnerable adults and children as a core component of the services provided and commissioned by the following Nottinghamshire Clinical Commissioning Groups (CCGs):	Minutes and Highlight Reports are presented to Governing Body	Nottinghamshire Safeguarding Board		Implementation of Greater Nottingham Medicines Management Committee	Dec-17	Draft terms of reference have been considered. To be amended further.	Sep-17

3	Quality and Risk Committee - through the committee details on all providers are discussed and escalated where relevant to the Governing Body. The Committee includes clinical, lay and executive membership. The governance structure supporting the QRC includes scrutiny panels and lay representation. Visits are made to the providers.	Minutes and Highlight Reports are presented to Governing Body			Implementation of Comms and Engagement Plan for the ACS	Oct-17	Plan has been written and will be presented to the PPI Committee.	Sep-17
4	Equality/Quality Impact Assessments are completed for all changes and are reviewed by the South Nottinghamshire EQIA Panel. Any issues are escalated to the QRC. EQIA Panel also reviews engagement plans	A Summary of EQIAs is included in the QRC highlight report. Outcomes of discussions at the EQIA panel are reported back to Financial Recovery Plan.						
5	Clinical Cabinet - the Clinical Cabinet is attended by GPs from each of the member practices as well as the secondary care consultant. Through this committee members discuss what is clinically safe and use this forum to highlight any concerns they may have with providers.	Clinical Cabinet minutes and highlight report area presented to the Governing Body						
6	Care Homes - the quality team work directly with the Local Authority and visit care homes on a regular basis. Reporting on care homes is provided to the Quality and Risk Committee and Governing Body.	Detail is discuss in the QRC and from this relevant items are escalated to Governing Body						
7	Medicines Optimisation - a Care Home Pharmacist focuses on medication reviews and medicines management, including storing medicines safely. The Pharmacist works closely with the Care Homes team in order to discuss any areas of concern. A member of the pharmacy team has a specific focus and responsibility for patient safety and a south forum has been established to specifically discuss issues in meds management.	Medicines Management Committee						

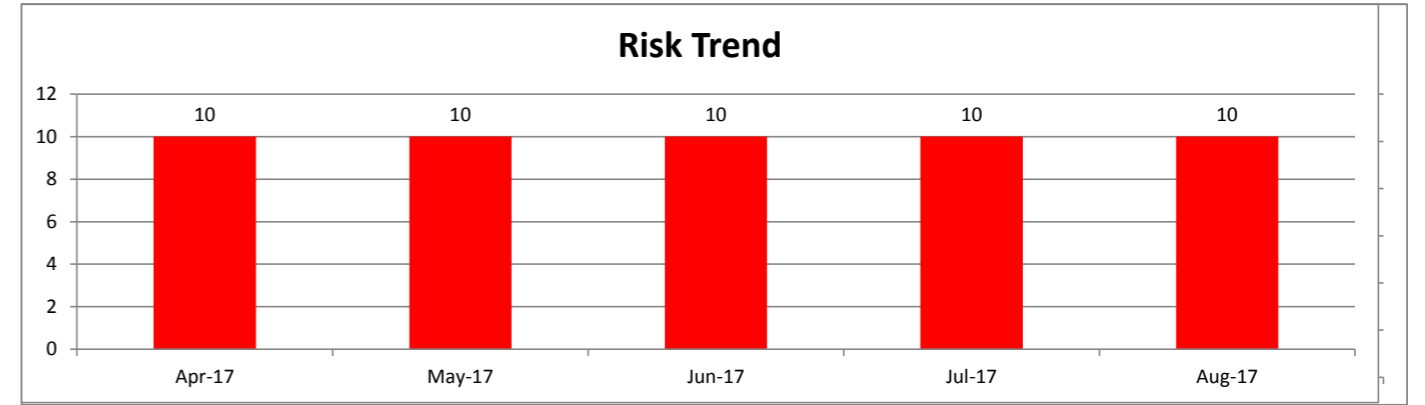


8	Medicines Optimisation - Reviews and audits taking place with additional focus on SIP feeds and medication prescribed for patients with a learning disability	The pharmacist are supported by the Quality Team and the Mental Health Liaison Nurse						
9	A primary care quality assurance framework has been developed to incorporate a quality dashboard, risk matrix and escalation process.	Homecare - monthly quality meetings with CCG/Citycare established, audit tool drafted, Health and Social Home Care programme board and operational groups established to progress new contracts and establish joint quality and contract monitoring arrangements.						
10	Care home sub group in place to monitorings care homes, reporting to the QRC	Annual audit committee deep dives into the work of the QRC and the management of quality risk						
11	There is representation on the cross CCG QIPP group to ensure that quality impacts are considered systematically							
12	A PPI QIPP Group has been implemented to ensure that PPI is considered in the proposed QIPP schemes.	The PPI Committee receives highlight report from the PPI QIPP Group						

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
5	Hazel Buchanan	Due to a lack of understanding and/or effort to recognise the different population segments, the CCG is unable to plan effectively and reduce health inequalities and/or demonstrate continuous improvements for the protected characteristics.	10	5	2	4	3	2	6	3	2

Date the risk was identified	01/01/2016
Date the risk was last updated	11/09/2017
Assurance Domain	Better Health
Strategic Objective	The CCG demonstrates that it is planning effectively providing a basis for transforming services, improving outcomes while ensuring that patients receive the high quality, timely care that they have a right to expect today.
Group/ committee managing risk	Patient and Public Involvement Committee, EQIA Panel



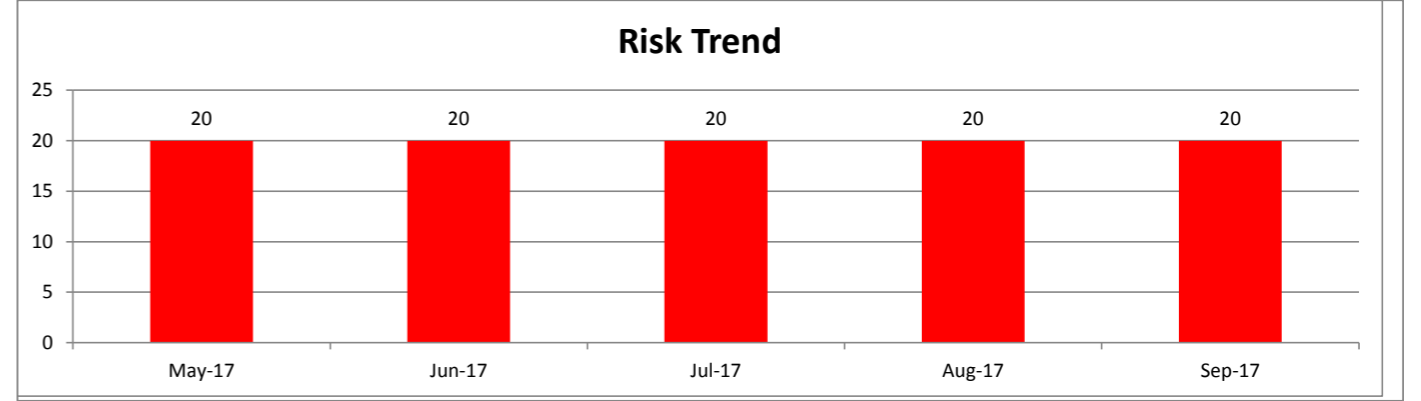
Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
1	Joint Strategic Needs Assessment (JSNA) - the JSNA is used as a source of intelligence in understanding health inequalities. This is applied to service specifications and patient and public involvement. The CCG contributes directly to the writing of the JSNA.	Chapters of the JSNA are approved by the Health and Wellbeing Board. The JSNA is used by the Local Authority and Public Health.		Implementation of a Communication and Engagement plan for Financial Turnaround, across Greater Nottingham	Ongoing at scheme level	Schemes have been through a screening process in relation to EQIA and engagement. The EQIA panel has considered some engagement plans and completed EQIAs.	Sep-17
2	Equality/Quality Impact Assessments are completed for all changes and are reviewed by the South Nottinghamshire EQIA Panel. Any issues are escalated to the QRC. EQIAs support all members of staff to understand and focus on elements related to quality.	Outcome is reported to FRG.	Governance arrangements back to PPI Committee to be strengthened	Ongoing review through EQIA Panel which will inform engagement plans. Help to establish cyclical process.	Ongoing at scheme level	EQIA panel started meeting in August and has considered EQIAs and engagement plans.	Sep-17
3	Lay member patient and public involvement will also hold responsibility for championing e&d and reducing health inequalities.	The Lay Member PPI sits on the Governing Body and through responsibilities, facilitates inclusive leadership.		Implementation of Comms and Engagement Plan for Transformation.	Oct-17	Comms & Engagement Plan has been developed and will be presented to PPI Committee. Implementation to align with other plans ie Financial Recovery	Sep-17

4	The CCG is a member of the Community Safety Partnership which provides detail on health inequalities. Through this the CCG sits on the Hate Crime steering and implementation group.	The community safety partnership reports to the Safer Nottinghamshire Board.			Progression of aims of ACS including Population Health Management.	TBD	Centene have been commissioned to support the progression of ACS	
5	Business cases and service specifications are completed for all changes. These detail the needs of the population and reflect the outcome of the EQIAs.	Business cases and service specifications are presented to either the Service Improvement Group or the Clinical Cabinet. These forums will ensure that health inequalities have been taken into consideration.	Nottingham City OSC Nottinghamshire County OSC					
6	The CCG is a member of the Learning Disabilities Strategy Group which is a joint group across Nottinghamshire	An update is received by the E&D Forum on the LD Strategy Group Action Plan		Engagement with LD patient groups				
7	The STP provides a system wide approach across health and social care. Workstreams will provide the resource for implementation.							
8	Through the E&D Forum, the capturing of patient demographic data will be improved and analysed to highlight areas of inequality	A highlight report is presented to QRC						

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
6	Sam Walters	There is a risk that pressures and fragility within the system, i.e. Cancer, EMAS, A&E impact on the CCG capability to deliver against targets	20	4	5	6	2	3	12	3	4

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Better Care
Strategic Objective	The CCG demonstrates that it is planning effectively providing a basis for transforming services, improving outcomes while ensuring that patients receive the high quality, timely care that they have a right to expect today.
Group/ committee managing risk	Quality and Risk Committee



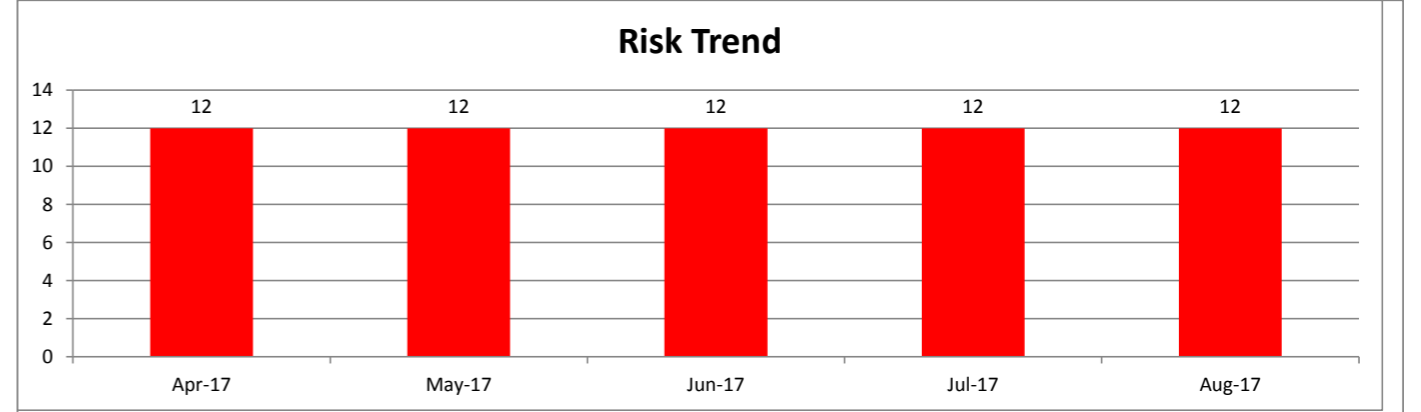
Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
4 Remedial Action Plan has been agreed and implemented including financial consequences of non-delivery  As part of RAP NUH focussing additional capacity on the treatment of backlog patients - recent reduction from 96 to 53	The Contract Executive Board and the Quality and Performance Committee monitor performance against the Remedial Action Plan. The CCG will have oversight.  Monthly performance meetings led by Nottingham City CCG with NUH to specifically monitor progress of Remedial Action Plan	Director, Head and Officer of Outcomes and Information team meet with NHS representative monthly to discuss all performance issues	Consistently underperforming against the target	Remedial Action Plan developed for 62 day wait, A&E and EMAS. Full action plan included within performance report monthly			
5 Nottingham City CCG lead commissioner attends the Patient Target List (PTL) meeting, this group review individuals patient referrals that have not met the target and trends	Performance report presented to Governing Body bi-monthly and Clinical Cabinet monthly	Weekly submission to Unify for number of long waits performance, including 104 day wait performance		Right Care approach being implemented in the CCG which will help to strengthen the CCG and mitigate risk.	Ongoing	Stewart Newman is taking a lead on Right Care. Strategic leads have been identified for priority areas across Greater Nottingham ie cancer and mental health.	Sep-17
6 CCG performance management function to scrutinise activity against targets	Performance report presented to Governing Body bi-monthly and Clinical Cabinet monthly	Cancer performance forms part of regular discussions with NHS England locally as part of quarterly CCG assurance meetings		Greater Nottingham CCGs are aligning comms and engagement. This will allow for improved targeting of population groups.	Oct-17	Initial proposals have been considered by the Chief Officers	Sep-17
7 Harm reviews conducted by the CCG Quality team on any patient breaching 62 days. This will be continued until performance is sustained above the standard	Harm reviews reported to Quality and Risk Committee quarterly. Reviews identified a low level of clinical risk associated with the delays						

8	Commissioning manager for Cancer Services at Nottingham City CCG attends Cancer network meeting to discuss and review pathways	Nottingham City CCG lead commissioner hold fortnightly discussion with NUH cancer leads						
9	Financial penalties as outlined in contract are routinely imposed	Performance report presented to Governing Body bi-monthly and Clinical Cabinet monthly						
10	New national policy for tertiary referrals breaching the standard issued in July 2016	Performance report presented to Governing Body bi-monthly and Clinical Cabinet monthly						
11	Cancer has been included in the STP under the Clear and Consistent Pathway . Cancer is a key clinical priority within the STP with targets of achieving 75% one-year (all cancers) survival rates and diagnosis of 95% of cancers within four weeks. We are working to the national cancer strategy and will review the recently published implementation plan to ensure that we are following best practice to transform our approach to supporting people living with and beyond cancer	STP was reported to Governing Bodies  Included within the IAF section of the performance report presented to Governing Body bi-monthly and Clinical Cabinet monthly	STP plan submitted to NHSE					
	Targets are included in the contracts with providers. Performance is monitored by the Contract Executive Board and Quality Scrutiny Group on a monthly basis along with all other performance measures. The group agrees actions to resolve performance issues and ensures that these are reflected in the contractual agreement between provider and commissioner.	The performance report indicates changes in performance as impacted by discussions and action plans.						

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
7	Chair	Limited engagement between member practices and with the CCG impacts on the capability to work together on delivery of transformational change, including gaining benefits through commissioning, federation and to improve the quality of primary medical services.	12	3	4	4	2	2	6	2	3

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Sustainability; Leadership
Strategic Objective	
To ensure effective and efficient management of delegated functions and high quality primary care	
Group/ committee managing risk	
Primary Care Commissioning Committee and Governing Body	



Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1 Primary Care Team - the primary care team work directly with member practices and produce a weekly newsletter to provide regular updates. The primary care team organise Practice Learning Time events which cover both clinical and non-clinical topics.	The work of the primary care team has demonstrated improvements in engagement and supporting member practices. The team directly support		
2 Clinical Cabinet - a GP representative from each of the practices is a member of the Clinical Cabinet. The agendas of the Clinical Cabinet support engagement with member practices.	Highlight report and minutes of the Clinical Cabinet are received by the Governing Body		
3 Governing Body - There are 5 GP representatives on the Governing Body which will therefore support engagement across the different localities.			
4 Primary Care Commissioning Committee considers the outcomes from the quality dashboard and is supported by a Primary Care quality working group. Primary Care Commissioning Committee will review all areas of performance.	Performance and trends are identified through the quality dashboard	Reports from NHSE	

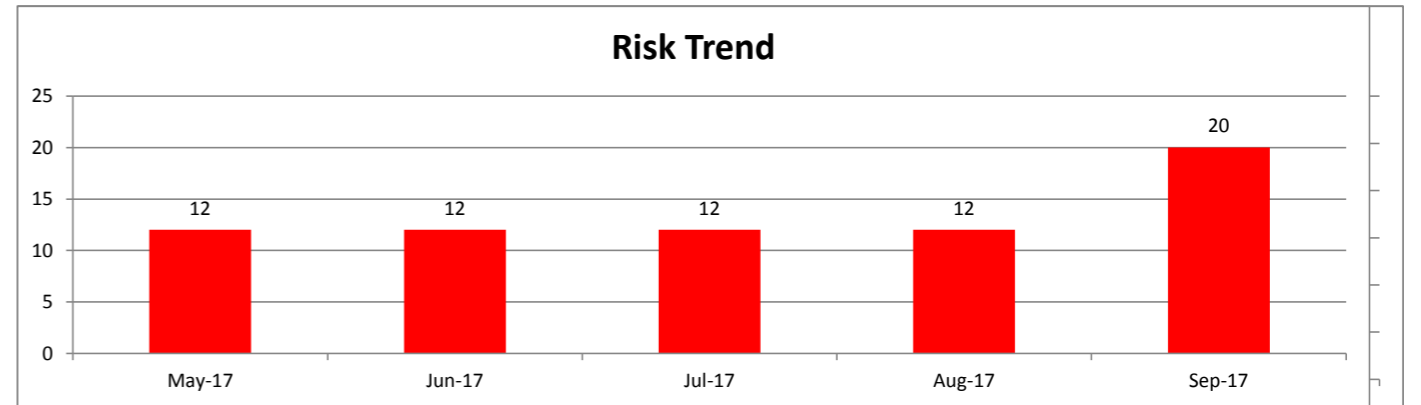
Action Plan			
Action	Deadline Date	Progress Update	Date of update
The CCG is supporting GP practices with federation.	ongoing	CCG is supporting a lead GP. GP practices have held discussions on how to progress.	Sep-17
GP five year forward view	ongoing	Progress against action plan is being achieved including extensive patient survey on GP access. 6 Month review in October. All on track outside of areas outside of our control.	Sep-17
Financial Recovery primary care workstream plus move to a single management structure may support engagement by working more closely across Greater Nottingham.	Ongoing	Regular reporting to FRDG.	Sep-17

5	GP Five Year Forward View - includes action plan.	Reporting to Primary Care Commissioning Committee.	Reporting progress to NHSSE on GPFYFV					
6	Practice visits – A GB GP Representative is visiting practices to discuss activity and agree action plans	Reporting to FIG						

**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
8	Sam Walters	Due to the CCG alignment, turnaround and other major priorities, maintaining grip at an NNE level may be compromised impacting on the short priorities and delivering as a CCG.	20	4	5	6	2	3	8	2	4

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Leadership
Strategic Objective	To ensure a well-led organisation including strong leadership and good governance resulting in delivery of all statutory functions and duties, partnership working and a strong workforce.
Group/ committee managing risk	
Governing Body	



Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1 The exec team have regular meetings and review all priorities and areas of pressure. Responsibilities are clearly defined between the exec team.	Progress of priorities by the CCG		
2 Chair and GPs on the Governing Body have prioritised responsibilities for meetings along with engagement with GP practices.	Feedback and input to Committees, Governing Body, Clinical Cabinet	Attendance and feedback into external meetings.	
3 A bi-weekly Communications Cell is held with all staff to update on initiatives.	Staff survey		
4 Shared teams will continue to provide contracting support.	Reporting to Governing Body		
5 Members of the Governing Body will continue to attend committees of the Governing Body.	Staff survey will provide insight on visibility of the senior leaders		

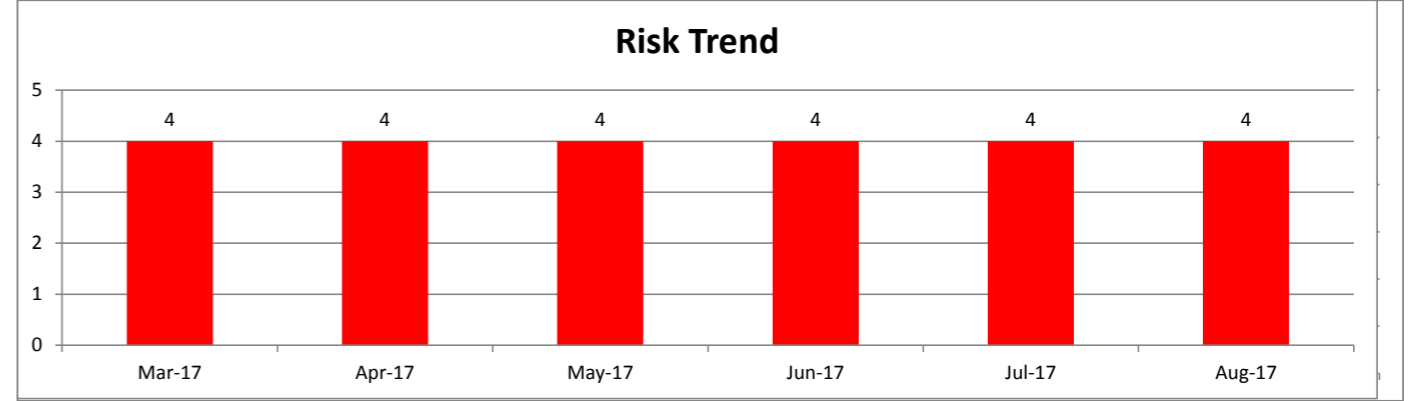
Action Plan			
Action	Deadline Date	Progress Update	Date of update
Turnaround Plan has been implemented which will focus the team on priorities.	Ongoing	Financial Recovery Plan and PMO infrastructure have been implemented. Financial turnaround responsibilities have been prioritised with other areas of work for all staff.	Sep-17
Capacity Review and recommendations to be presented to the Governing Body.	Sep-17	Action plan will be presented in September Governing Body. Action plan has been presented and actions are being progressed with external support maintaining oversight.	Sep-17
Move to a single management structure and Joint Committee.	Jan-18	Single AO for Greater Nottingham has been recruited. Single management structure at Director and Exec Director Level will be communicated by mid October.	
Deputy Chief Officer to take a lead in managing the CCG.	Oct-18		



**RISK DETAIL**

Risk No.	Lead	Risk narrative	Current Risk Rating	Risk score		Residual Risk rating	Risk score		Target Risk rating	Risk score	
				L	I		L	I		L	I
9	Sam Walters	Lack of succession planning in the leadership team and the Governing Body impacts on the capability to evidence robust leadership.	4	2	2	2	1	2	2	1	2

Date the risk was identified	01/01/2016
Date the risk was last updated	10/09/2017
Assurance Domain	Leadership
Strategic Objective	To ensure a well-led organisation including strong leadership and good governance resulting in delivery of all statutory functions and duties, partnership working and a strong workforce.
Group/ committee managing risk	Governing Body



Controls	Internal Assurance	External Assurance	Gaps in controls and assurance	Action Plan			
				Action	Deadline Date	Progress Update	Date of update
1 The Governing Body structure includes an Assistant Clinical Chair position which supports succession planning for the Chair. The CCG organisational structure includes a Deputy Chief Officer. The overall structure supports succession planning.	Outputs from Governing Body meetings.			Alignment of CCGs across Greater Nottingham including a single management structure and Joint Committee	Jan-18	Single AO has been appointed	Sep-17
2 Workforce reporting is carried out on a monthly basis and provides information on turnover rates.	Workforce performance against benchmarks. Presented in Exec Meeting						
3 The leadership team and Governing Body are supported with group and individual development sessions. Individuals have access to coaching and part of this is to support succession planning.	Outputs from Governing Body meetings. Self-Assessments of Governing Body. (GB did peer review with Hardwick)						

4	Development plans for the leadership team and the Governing Body	Confidence of the Governing Body. Exec team performance.						
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