

Greater Nottingham Clinical Commissioning Partnership Assurance Framework 2018/19: Opening Position

Risk Ref.	Strategic Risk Description	A1	O1	O2	O3	O4	E1	E2	Executive Lead (Responsible Officer)	Risk Rating Qtr1 (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	Higher Quality for patients	Improve health outcomes and healthy life expectancy	Reduce health inequalities	Bring care close to home, through sustainable, local services	Structure 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	Expert professional advice may not be adequately secured from persons who have expertise in the prevention, diagnosis or treatment of illness in addition to the protection or improvement of public health	✓		✓					Chief Operating Officer (Director of Strategic Planning)	4 x 3	4 x 2
3	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
4	General and specific public sector equality duties may not be met	✓	✓	✓	✓	✓			Chief Operating Officer (Director of Strategic Planning)	5 x 2	5 x 2
5	Research, and the use of research, may not be adequately promoted	✓	✓	✓	✓	✓	✓		Chief Operating Officer (Corporate Director)	4 x 2	4 x 2
6	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
7	Procurement, patient choice and competition arrangements may not be compliant with current legislative requirements	✓	✓				✓		Chief Commissioning Officer (Director of Contracting and Procurement)	5 x 2	5 x 2
8	Arrangements for promoting environmental and social sustainability may not be suitably robust.	✓			✓				Chief Operating Officer (Director of Strategic Planning)	4 x 2	4 x 2
9	Arrangements for collaborative commissioning with other CCGs in Nottinghamshire and joint commissioning with the local authority may not be suitably robust	✓			✓		✓		Accountable Officer	4 x 2	4 x 2

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10	The organisation may not be successful in recruiting, developing and retaining an effective workforce and leadership model, including meeting the staff rights and pledges as set out in the NHS Constitution	✓	✓	✓	✓	✓	✓		Chief Operating Officer (Director of Strategic Planning)	4 x 2	4 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 organisation may fail to secure and sustain required productivity and efficiency gains, whilst maintaining high quality in commissioned services	✓			✓		✓		Chief Finance Officer (Director of Financial Recovery)	4 x 3	4 x 3
14	Commissioning priorities to reduce health inequalities and improve health outcomes (as defined within the Commissioning Strategy and Operational Plan) may not be delivered	✓	✓	✓	✓	✓	✓		Chief Operating Officer (Director of Strategic Planning)	4 x 3	4 x 3
15	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
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 and Rushcliffe Locality Director)	5 x 3	5 x 3
17	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

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		To deliver health and care system sustainability via a new model of care for Greater Nottingham	Higher Quality for patients	Improve health outcomes and healthy life expectancy	Reduce health inequalities	Bring care close to home, through sustainable, local services	Structure ourselves appropriately for the future	Embed a strong organisational culture and competency			
18	Appropriate and effective financial management and reporting arrangements may not be in place	✓					✓		Chief Finance Officer	5 x 2	5 x 2
19	System transformation in Nottinghamshire may not deliver the required system reconfiguration or financial sustainability across the health and social care system	✓			✓		✓	✓	Accountable Officer	5 x 3	5 x 2
20	The Clinical Commissioning Group's delegated functions relating to primary medical services may not be delivered	✓			✓		✓	✓	Chief Operating Officer (Locality Directors)	4 x 3	4 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

Key roles and responsibilities

- Clinical Leaders at the Greater Nottingham Greater Nottingham 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

	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 		Annual CCG 360o Stakeholder Survey – 2017/18 results: <ul style="list-style-type: none"> - City - XX% of member practices felt engaged - NNE - XX% of member practices felt engaged - NW - XX% of member practices felt engaged - Rushcliffe - XX% of member practices felt engaged 	To be confirmed
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 	<ul style="list-style-type: none"> • Primary Care Reports received by Primary Care Commissioning Committee 	As above	None
3	<ul style="list-style-type: none"> • Mechanisms for member practice communications through Locality GP Bulletins 		As above	None

	Action Plan	Responsible Officer	Update	Date of update
1				

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 (Director of Strategic Planning)	Expert professional advice may not be adequately secured from persons who have expertise in the prevention, diagnosis or treatment of illness in addition to the protection or improvement of public health.	12	3	4	8	2	4

Key roles and responsibilities

- Chief Nurse at the Greater Nottingham Joint Commissioning Committee and Governing Bodies with lead oversight role in ensuring that appropriate mechanisms are in place to secure the involvement and engagement of nursing, midwifery and allied health professionals in all aspects of the CCGs' business
- Secondary Care Doctors at the Governing Bodies with lead oversight role in ensuring that appropriate mechanisms are in place to secure the involvement and engagement of secondary care clinicians in all aspects of the CCGs' business
- Secondary Care Doctor is a member of the Greater Nottingham Greater Nottingham Joint Commissioning Committee
- GP Clinical Leaders Chair the Governing Bodies and are members of the Greater Nottingham Greater Nottingham Joint Commissioning Committee
- GP Leads are members of the Governing Bodies
- Director of Public Health at the Greater Nottingham Joint Commissioning Committee and Governing Bodies
- Public Health Memorandum of Understanding in place which is reviewed annually and details the provision of public health support to the CCG

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Multi-professional input into the development of the CCGs' Commissioning Strategies, Operational Plans, and when relevant, making decisions in relation to planning or changing the provision of services. • The CCGs' Business Case process (which requires demonstration of public health input and clinical engagement) 		None	<ul style="list-style-type: none"> • An external review of Nottingham City CCG's systems and processes in relation to clinical engagement activity highlighted the lack of formal structures in place to demonstrate the work taking place. There is a risk that the absence of specific baseline requirements in relation to clinical engagement may result in inconsistent levels of engagement activity occurring. (Risk Ref GN038)
2	<ul style="list-style-type: none"> • Individual Funding Request (IFR) Policy, which sets out the requirement for public health and wider clinical input at specific stages of the IFR process. 	<ul style="list-style-type: none"> • IFR Panel role in reviewing IFR applications – demonstrated through reports to Governing Bodies (via the AO Reports) 	None	None

	Action Plan	Responsible Officer	Update	Date of update
1				

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 (Director of Strategic Planning)	Patient and public consultation and engagement may not be fully embedded within all stages of the commissioning cycle	10	2	5	10	2	5

Key roles and responsibilities

- Lay Member with lead oversight responsibility for PPI at the Governing Bodies
- Quality and Performance Committee duty to g) 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"> • CCG Locality Patient/ People's Council/ Cabinets support approach to engagement designed to ensure that patients, carers, the wider public and local communities are fully involved in all elements of the commissioning cycle. 		<ul style="list-style-type: none"> • Annual CCG 360o Stakeholder Survey – 2017/18 results: <ul style="list-style-type: none"> - City - XX% of patient groups felt engaged - NNE - XX% of patient groups felt engaged - NW - XX% of patient groups felt engaged - Rushcliffe - XX% of patient groups felt engaged • PENDING - 360 Internal Audit scheduled for 2018/19 Q3 - Communication and Engagement Review 	
2	<ul style="list-style-type: none"> • NHS Nottingham City CCG Policy for Prioritisation and Resource Allocation sets out how patient and public engagement should be demonstrated in commissioning decisions • South Nottinghamshire CCGs Policy for Service Review and De-Commissioning Decisions sets out how patient and public engagement should be demonstrated in commissioning decisions • 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 		CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical Commissioning Partnership
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"> • PENDING - 360 Internal Audit scheduled for 2018/19 Q1 - QIPP Programme Management Office 	

	Action Plan	Responsible Officer	Update	Date of update
1	Commissioning Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Contracting and Procurement		

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)	General and specific public sector equality duties may not be met	10	2	5	10	2	5

Key roles and responsibilities

- Lay Member with lead oversight responsibility for PPI on the Greater Nottingham Joint Commissioning Committee and Governing Bodies
- 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 		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 to the Quality and Performance Committee regarding progress against the CCGs' Equality Action Plan (EDS Goals 1 and 2) • 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	Mandatory training compliance in Nottingham City is currently below the CCG's tolerance level of 95%. (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, monitoring and oversight by EQIA/Engagement Panel (which reports to the Financial Recovery Group) 		<ul style="list-style-type: none"> • PENDING - 360 Internal Audit scheduled for 2018/19 Q1 - QIPP Programme Management Office 	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
5	Chief Operating Officer (Corporate Director)	Research, and the use of research evidence, may not be adequately promoted	8	2	4	8	2	4

Key roles and responsibilities

• Clinical Commissioning Executive Group duty to consider business cases for new investments, recurrent funding allocations and all decommissioning and divestment 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	<p>Research Strategy Group established to oversee the CCGs' duty to promote research and the duty to use research evidence.</p> <p>The Group:</p> <ul style="list-style-type: none"> • Allocates and monitors the CCG's NIHR Research Capability Funding and the CCGs' research budget in line with the CCGs' strategic priorities • Oversees the CCGs' arrangements to promote and increase research activity and capacity within commissioned services and the CCGs' member practices • Monitors primary care recruitment of patients into NIHR portfolio studies • Advises on research indicators for inclusion in provider contracts, for example, quality schedules and CQUIN indicators 	None identified	None identified	None identified
2	<ul style="list-style-type: none"> • NHS Nottingham City CCG's Policy for Prioritisation and Resource Allocation, Business Case process and Integrated Impact Assessment – include explicit requirement to demonstrate the use of research evidence • Detailed Financial Policies – set out the CCGs' approach to managing applications for Excess Treatment Costs for research 	Clinical Commissioning Executive Group role in reviewing Business Cases for investment/divestment requests – demonstrated through routine presentation of minutes to Greater Nottingham Joint Commissioning Committee	None identified	None identified
3	<ul style="list-style-type: none"> • Membership of the NIHR CLAHRC East Midlands Governance Board • Participation in NIHR Clinical Research Network East Midlands • Participation in East Midlands Academic Health Science Network 	None identified	None identified	None identified
4	Research Governance Service Level Agreement with Nottinghamshire Healthcare NHS Foundation Trust (covers the CCGs and GP member practices)	None identified	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
6	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

Key roles and responsibilities

- All Joint Committee, Governing Body and Committee Member roles in relation to ensuring that standards of business conduct are upheld
- 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 Greater Nottingham Joint Commissioning Committee
- Lay Members with oversight responsibility of conflicts of interest (Conflict of Interest Guardian) at the 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 Commissioning Panels duty to approve all direct awards to GP practices

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<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 	None identified	<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 	None identified
2	<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 	• Biannual Gifts, Hospitality and Sponsorship Reports to the Audit and Governance Committees	• 2017/18 Internal Audit Report: Conflicts of Interest for individual CCGs - all received significant assurance	None identified
3	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	None identified	None identified	None identified
4	Fraud, Corruption and Bribery Policy	None identified	None identified	CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical
5	Mandatory training for all staff in relation to: <ul style="list-style-type: none"> • Conflicts of Interest • Fraud, Corruption and Bribery 	None identified	None identified	Mandatory training compliance in Nottingham City is currently below the CCG's tolerance level of 95%. (Risk Ref GN040)

	Action Plan	Responsible Officer	Update	Date of update
1	Fraud, Bribery and Corruption Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Corporate Director	Policy drafted with 360 Assurance Principal Anti Crime Specialist. Will be presented for approval to Audit and Governance Committees in September 2018	16/07/2018

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
7	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

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.
- CCG Primary Care Commissioning Panels duty to approve all direct awards to GP practices
- Contract with Arden GEM Commissioning Support Unit for the provision of expert procurement advice

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	CCGs' Prime 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 	None identified	None identified	CCG specific policies in place, a joint policy needs to be developed across Greater Nottingham Clinical Commissioning Partnership
2	Contracts Database, which enables timely reporting of contract expiry dates and proactive planning of procurement activity.	None identified	None identified	None identified
3	Procurement training is provided to relevant members of CCG staff.		None identified	Procurement training needs to be formalised within the CCGs' mandatory training requirements. (I3 x L1 = A/G)

	Action Plan	Responsible Officer	Update	Date of update
1	Procurement Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director of Contracting and Procurement	Policy drafted and will be presented to Governing Bodies for approval in July 2018	16/07/2018

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 Strategic Planning)	Arrangements for promoting environmental and social sustainability may not be suitably robust.	8	2	4	8	2	4

Key roles and responsibilities

- Executive Lead for Sustainability and Social Value at the Governing Bodies
- Expert support and advice regarding the sustainability agenda provided through Public Health MOU

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	CCG Environmental Policy and Sustainable Development Management Plans 2015/18 (SDMP) which set out the CCGs' visions for becoming a leading green and sustainable organisation, and the key drivers for implementing this vision		All CCGs achieved Investors in the Environment Green Award Accreditation – Last received July 2016 South Nottinghamshire CCGs achieved Excellence in Sustainability Reporting award from the Sustainable Development Unit for NHS England and Public Health England (March 2017 and February 2018)	Committee with duty to oversee the embedment of sustainable development and corporate social responsibility within the CCG

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
9	Accountable Officer	Arrangements for collaborative commissioning with other CCGs in Nottinghamshire and joint commissioning with the local authority may not be suitably robust	8	2	4	8	2	4

Key roles and responsibilities

- Executive lead for collaborative and joint commissioning at the Greater Nottingham Joint Commissioning Committee
- Greater Nottingham Joint Commissioning Committee has duty for overseeing and managing the existing Section 75 agreements on behalf of the Greater Nottingham CCGs. Overseeing any variations to existing Section 75 Agreements and the development of new Section 75 Agreements, should this be required, and recommending these for approval to the relevant Governing Bodies 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 	<ul style="list-style-type: none"> • Greater Nottingham Joint Commissioning Committee operates as a single integrated commissioning body with the purpose of commissioning health services for the populations defined within the Constitutions of the Greater Nottingham CCGs with assurance provided to Governing Bodies through meeting minutes 	None identified	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 Agreement between the CCGs and Local Authorities relating to the commissioning of health and social care services within the Better Care Fund • Integrated Care Programme and Better Care Fund Plan 	<ul style="list-style-type: none"> • Better Care Fund Plan endorsed by Governing Bodies 	<ul style="list-style-type: none"> • Better Care Fund Plan rated as 'high' by NHS England 	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
10	Chief Operating Officer (Director of Strategic Planning)	The organisation may not be successful in recruiting, developing and retaining an effective workforce and leadership model, including meeting the staff rights and pledges as set out in the NHS Constitution	8	2	4	8	2	4

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	• CCGs are Mindful Employer Charter signatories	• All HR Policies need to be developed into a suite of human resources policies and procedures for Greater Nottingham - currently adopted previous individual CCG policies (13 x L1 = A/G)
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 formalised (13 x L1 = A/G)
3	Establishment and monitoring of workforce KPIs, including: • Vacancies in funded establishment • Turnover and Retention Rates • Sickness Absence Rates • Uptake of Staff Appraisals (including appointed Governing Body members)	None identified	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	• Appraisals are currently below the CCGs' tolerance level (Risk Ref GN037)
4	Arrangements for staff engagement and communication, including: • Greater Nottingham Staff News	None identified	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	None identified
5	Annual Staff Survey	None identified	• PENDING - Internal Audit Review - Workforce Review scheduled for 2018/19 Q2	None identified
6	Annual Programme of Greater Nottingham Joint Commissioning Committee and Governing Body Development Sessions	Annual Programme of Greater Nottingham Joint Commissioning Committee and Governing Body Development Sessions	None identified	None identified
7	Recruitment training is provided to relevant members of CCG staff.	None identified	None identified	• Recruitment training needs to be formalised within the CCGs' mandatory training requirements. (13 x L1 = A/G)

	Action Plan	Responsible Officer	Update	Date of update
1	Commissioning Policy to be developed across Greater Nottingham Clinical Commissioning Partnership	Director for Strategy and Partnerships		

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

Key roles and responsibilities

- Executive Lead for Quality Improvement at Joint Commissioning Committee and Governing Bodies
- 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	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"> • NHS England Improvement and Assessment Framework process • Quality Surveillance Group (with CCG membership) reviews quality issues across all commissioners 	None identified
2	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	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)
3	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) 		<ul style="list-style-type: none"> • 2016/17 Internal Audit Report: Nottingham City Personal Health Budgets – December 2016 (limited assurance received), Personal Health Budgets Follow-up - September 2017 (all actions completed) • 2017/18 Internal Audit Report: South Nottinghamshire CCGs Personal Health Budgets Review - October 2017 (limited assurance received). • PENDING - South Nottinghamshire CCGs Personal Health Budget Follow up conducted in Q1 2018/19, Report awaited. 	None identified
4	<ul style="list-style-type: none"> • Early adopter site for Integrated personal commissioning 		<ul style="list-style-type: none"> • NHS England Quarterly progress review 	None identified

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
5	<ul style="list-style-type: none"> CCG Complaints Policies in place, which set out the organisations' approach to handling complaints and concerns about commissioned services 			

	Action Plan	Responsible Officer	Update	Date of update
1				

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

Key roles and responsibilities
<ul style="list-style-type: none"> • Executive Lead for Performance Management at the Greater Nottingham Joint Commissioning Committee • Information, Governance, Management and Technology Committee duty to oversee and monitor performance and arrangements for data quality

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	<ul style="list-style-type: none"> • Operational Plans which details 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 	None identified	None identified	None identified
2	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 	Quarterly Data Quality Report to Information Governance, Management and Technology Committee	None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

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 organisation may fail to secure and sustain required productivity and efficiency gains, whilst maintaining high quality in commissioned services	12	3	4	12	3	4

Key roles and responsibilities
<ul style="list-style-type: none"> • Chief Finance Officer responsibility to ensure effective financial management • Lay Member with lead oversight responsibility for financial management and audit at the Greater Nottingham 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

	Controls	Internal Assurance	External Assurance	Gaps in controls and assurance
1	Greater Nottingham PMO and gateway approval process, this includes the EQIA process.		• NHS England Improvement and Assessment Framework Assurance process	• Reductions in unwarranted clinical variations in primary care may not be achieved in order to deliver better value for money and better outcomes for patients (Risk Ref GN068)

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
14	Chief Operating Officer (Director of Strategic Planning)	Commissioning priorities to reduce health inequalities and improve health outcomes (as defined within the CCGs' Commissioning Strategy and Operational Plans) may not be delivered	12	3	4	12	3	4

Key roles and responsibilities

- Lay Member with lead oversight responsibilities for planning and performance at Greater Nottingham 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 Greater Nottingham Joint Commissioning Committee in June 2018	• NHS England Improvement and Assessment Framework assurance process • Internal Audit Review – Development of the Nottingham City CCG's Commissioning Strategy – November 2017 (Significant Assurance received)	None identified
2	• CCG Operational Plans	• 2017/19 Operational Plans – Approved by the Governing Bodies	• NHS England Improvement and Assessment Framework assurance process	None identified
3	• NHS Nottingham City CCG Resource Allocation and Prioritisation Policy and NHS South Nottinghamshire CCGs Policy for Service Review and De-Commissioning Decisions which sets out how delivery of the CCG's commissioning priorities should be demonstrated in commissioning decisions • The CCGs' Business Case process (which requires demonstration of reductions in health inequalities and improvements in health outcomes)		None identified	None identified
4	• CCG membership of Local Authority Joint Strategic Needs Assessment (JSNA) Steering Group		None identified	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
15	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

Key roles and responsibilities

- Executive Lead for Safeguarding at Greater Nottingham Joint Commissioning Committee and Governing Bodies
- Chief Nurse/ Director of Quality member of Safeguarding Boards
- Designated Nurse and Dr and Lead Practitioners for Adult Safeguarding

	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"> • 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 2017) 	None identified
2	CCG membership at Local Safeguarding Children Board and Safeguarding Adults Board and sub-groups	Safeguarding Children and Safeguarding Adults Annual Assurance Reports received by QIC and Governing Body – October 2017	None identified	None identified
3	Mandatory training for all staff in relation to Safeguarding Children and Adults.		None identified	Mandatory training compliance in Nottingham City is currently below the CCG's tolerance level of 95%. (Risk Ref GN040)

	Action Plan	Responsible Officer	Update	Date of update
1				

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

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.

	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"> • NHS England Improvement and Assessment Framework assurance process 	None identified
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 	<ul style="list-style-type: none"> • NHS England assessment of compliance with core EPRR Standards 	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
17	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

Key roles and responsibilities
<ul style="list-style-type: none"> • Executive Lead for financial management and audit at the Greater Nottingham 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"> • NHS Nottingham City CCG Policy for Prioritisation and Resource Allocation, South Nottinghamshire CCGs Policy for Policy for Service Review and De-Commissioning Decisions and the CCGs' Business Case process set out the requirements for investment and disinvestment considerations, including: <ul style="list-style-type: none"> • Integrated Impact Assessment Process • Options Appraisals • Criteria for prioritisation and approval • Systematic evaluation of approved investments • Training for Resource Allocation and Prioritisation Panel members 		None identified	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 Contracting and Procurement		

STRATEGIC RISK DETAIL

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

Key roles and responsibilities

- Executive Lead for financial management at the Greater Nottingham Joint Commissioning Committee and Governing Bodies
- 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

	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 - Budget Holder Manual 		<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 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"> • 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: <ul style="list-style-type: none"> - City - XX% of member practices felt engaged - NNE - XX% of member practices felt engaged - NW - XX% of member practices felt engaged - Rushcliffe - XX% of member practices felt engaged • PENDING - 360 Internal Audit scheduled for 2018/19 Q3 - Communication and Engagement Review 	None identified
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.	

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
19	Accountable Officer	System transformation in Nottinghamshire may not deliver the required system reconfiguration or financial sustainability across the health and social care system	15	3	5	15	3	5

Key roles and responsibilities
• Chair and Chief 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) • Greater Nottingham Health and Care Partners Board (and supporting infrastructure) 		<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) 	<ul style="list-style-type: none"> • Timely decision making relating to transformation will be challenging due to the differences in decision making processes within different organisations. (Risk Ref GN040) • Due to the absence of formal reporting mechanisms, there is a risk that the Governing Body 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				

STRATEGIC RISK DETAIL

Risk Ref.	Lead	Risk description	Risk score	Risk score		Target Risk score	Risk score	
				L	I		L	I
20	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

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 		NHS England Improvement and Assessment Framework – Quarterly and Annual Meetings	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)
2	<ul style="list-style-type: none"> • Primary Care Quality Steering Group (PCQSG) role in supporting and developing primary care, including oversight of: <ul style="list-style-type: none"> - Practice Performance Review and Development Visits Programme - Quality and Outcomes Framework (QOF) - Local Incentive Schemes (LES) 	<ul style="list-style-type: none"> • Primary Care Reports received by the Governing Bodies 	NHS England Improvement and Assessment Framework – Quarterly and Annual Meetings	None identified

	Action Plan	Responsible Officer	Update	Date of update
1				