

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 18th July 2013

Agenda No: 6.2

ATTACHMENT 04A

<p>Title of Document: Governing Body Assurance Framework (BAF)</p>	<p>Purpose of Report: To Receive and Note</p>
<p>Report Author: Richard Moss for SL CSU on behalf of Merton CCG</p>	<p>Lead Director: Eleanor Brown</p>
<p>Contact details: Richard.moss3@nhs.net</p>	
<p>Executive Summary: The BAF contains the high level risks to MCCG. The BAF is regularly reviewed and refined and will continue to develop as a living, working document.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: The Assurances available remain weak, but will strengthen as the findings from internal and external audit programmes are received.</p> <p>Next Steps The SLCSU is currently meeting with Merton CCG directors to review the BAF.</p> <p>A regular cycle of meetings will be established between the SLCSU and Merton CCG directors to ensure the BAF is accurate and up to date. Areas for early review will include:</p> <ul style="list-style-type: none"> • Further populating sources of, and gaps in, Assurance • Confirming and revising risk Target Scores. Target scores are the level to which a risk will be reduced once identified actions have been taken. • Confirming completion dates for Actions 	
<p>Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to:</p> <ol style="list-style-type: none"> 1. Note the very high (red) and high (amber) risk areas 2. Consider any further actions which might be taken to mitigate those risks 3. Consider whether risks with a current risk rating of Moderate or below can be de-escalated from the BAF. 	

Committees which have previously discussed/agreed the report:
NA
Financial Implications:
None identified
Other Implications: (including patient and public involvement/Legal/Governance/Risk/ Diversity/ Staffing)
None identified
Equality Analysis:
N/A
Information Privacy Issues:
None identified
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)
N/A

MERTON CLINICAL COMMISSIONING GROUP
BOARD ASSURANCE FRAMEWORK

10.07.2013

Corporate Objectives

- 1: DELIVERY: To commission high quality and cost effective health services ensuring positive patient outcomes and health improvement, financial balance and delivery of QIPP
- 2: DEVELOPMENT: To prepare for CCG authorisation ensuring accreditation in terms of leadership and governance; a strong financial and organisational platform and high quality support.
- 3: STRATEGY: To take ownership and leadership of the strategy programme, including Better Services Better Value (BSBV), Better Healthcare Closer to Home (BHCH), promoting healthy living and a preventative approach to commissioning and service improvement
- 4: PEOPLE: To ensure staff are able to make the transition to the new system effectively and are prepared for new ways of working to support commissioning. To ensure Merton CCG is a good partner, working with all key stakeholders to achieve and communicate its vision for health.
- 5: GOVERNANCE AND COMPLIANCE: To ensure the CCG is compliant with statutory (and non statutory) duties and obligations, has good governance systems in place and promotes the reputation of the organisation at every opportunity in terms of behaviour and performance.

Board Assurance Framework - July 2013

Objective:		To be assigned												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
634	OOH provider suddenly ceases to trade Andy Smith	5	3	Very High (15)		5	3	Very High (15)			Secure emergency provision Andy Smith 18/07/13	2	3	Moderate (6)

Objective:		MCCG: 1.DELIVERY-To commission high quality and cost effective health services ensuring positive patient outcomes and health improvement, financial balance and delivery of QIPP												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
464	Quality measurements are not comprehensive and do not provide sufficient assurance Jenny Kay	4	3	High (12)	CSU-Quality service offer Governance structure includes Clinical Quality Committee Integrated quality reporting Quality Strategy and Work Plan 2013/14	4	3	High (12)		Integrated Quality Report (not yet available) Breadth and depth of reporting not yet available Committee established and meeting regularly. Terms of reference for CQC CQRG established for major contracts Minutes of MCQC meetings CQRG minutes Final draft to Governing Body May 2013, approved in principle.	Establish appropriate metrics for measurement of quality Jenny Kay 31/03/14 Quality Reporting Jenny Kay 31/07/13	3	3	High (9)
465	Impact of service change creates rather than reduces demand (supply-led) which adversely affects management of activity, cost effectiveness and affordability. Andy Smith	4	3	High (12)	Clinical Reference Group - monthly monitoring Integrated Strategy & Operating Planning with Board Project planning and risk management process	3	2	Moderate (6)			ISOP development process and review (Governing Body, Quarterly) Andy Smith 31/03/13	3	2	Moderate (6)

Board Assurance Framework - July 2013

Objective:		MCCG: 1.DELIVERY-To commission high quality and cost effective health services ensuring positive patient outcomes and health improvement, financial balance and delivery of QIPP												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
465 Cont					QIPP Operational Group - monthly monitoring						Project planning and monitoring (Commissioning Managers & QIPP Lead, Monthly) Andy Smith 31/03/13			
469	SLCSU fails to perform/ provide adequate commissioning support David Avis	4	3	High (12)	CSU/CCG facing Leads working closely	4	3	High (12)	Monthly meetings set up		Escalation Faiza Waheed 31/03/14	3	3	High (9)
					Customer Satisfaction survey									
					Issues Log				Evidence - Issues Log					
					Monthly Meetings				Monthly meetings set up.					
					Named Account Manager				Meetings between Karen Mckinley and Henry Wilson					
					Regular Customer facing meetings				Monthly meetings set up					
					Signed SLA including KPIs				KPIs/Performance management SLAs in place Monitoring of KPIs					
470	Non-delivery of financial plan to achieve financial balance David Avis	5	3	Very High (15)	Monthly Budget Meetings	5	3	Very High (15)	Monthly finance report to Finance Committee Internal Audit External Audit NHSE Assurance Meetings		Resolve funding issue with NHSE and local authority Faiza Waheed 31/07/13	5	3	Very High (15)
					Monthly finance review meetings with SLCSU				Output in the finance report to Finance and Governing Body Internal Audit External Audit NHSE Assurance Meetings					

Board Assurance Framework - July 2013

Objective:		MCCG: 1.DELIVERY-To commission high quality and cost effective health services ensuring positive patient outcomes and health improvement, financial balance and delivery of QIPP													
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target			
Ref	Description	C	L	Total		C	L	Total				C	L	Total	
470 Cont					QIPP schemes in place with monthly QIPP group review				Report to Finance Committee and Governing Body Internal Audit External Audit NHSE Assurance Meetings						
					Robust governance through governing body and its committees				Statutory Reporting Internal Audit External Audit NHSE Assurance Meetings						
623	Risk that Quality, Innovation, Productivity and Prevention (QIPP) will underperform Andy Smith	4	3	High (12)	Clinical leadership and ownership of QIPP programme for 2013/14	4	3	High (12)	Review by Clinical Leadership Group of QIPP impact		Delivery of QIPP Programme Andy Smith 31/03/14	4	3	High (12)	
					Commissioning Strategic Plan in place										
					QIPP schemes - key enabler				Robust reports that triangulate activity with QIPP schemes						
					Risk Share agreement					Risk share agreements between CCGs may not be sufficiently effective as assessed against the Operating Plan by NHS England					
					Robust governance processes in place				Internal 1) Documented reporting to: EMT, Finance Committee, Audit and Governance Committee. 2) Governing body minutes 3) Risk share agreement document approved by all SWL CCGs.						

Board Assurance Framework - July 2013

Objective:		MCCG: 1.DELIVERY-To commission high quality and cost effective health services ensuring positive patient outcomes and health improvement, financial balance and delivery of QIPP												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
625	Over performance in provider services and ineffective application of contract controls and levers Andy Smith	4	4	Very High (16)	Contracts negotiated based on 2012/13 outturn, plus growth, deflated Rigorous stipulation of Local Quality Requirements and Activity Planning Assumptions	4	3	High (12)	Contract and financial records					High (12)

Objective:		MCCG: 2.DEVELOPMENT- To prepare for CCG authorisation ensuring accreditation in terms of leadership and governance; a strong financial and organisational platform and high quality support.													
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target			
Ref	Description	C	L	Total		C	L	Total				C	L	Total	
460	Ineffective CCG member involvement leading to disengagement of membership and lack of movement Eleanor Brown	4	2	High (8)	Improved communication with CCGs Practice Leads Forum/ Locality Leads	4	2	High (8)	Evidence: - Newsletter - Monthly Meeting notes - List LCL - Same Charge LES - Extend urgent care @ home project to 20 care homes Meeting minutes and action log			Implement LTC and Virtual Ward programme by 2013. Eleanor Brown 01/04/14 Out of Hospital Strategy Eleanor Brown 30/09/13	4	2	High (8)
471	Complexity of transition from Sutton and Merton PCT split to create separate CCGs Eleanor Brown	3	3	High (9)	Monthly finance and activity monitoring Planned financial review at 6/12 plus regular checks with Sutton CCG	3	3	High (9)	Finance report to governing body and its Committees			Identify areas that can be split by patient level Faiza Waheed 31/08/13	3	3	High (9)

Board Assurance Framework - July 2013

Objective:		MCCG: 3.STRATEGY-To take ownership and leadership of the strategy programme, including Better Services Better Value (BSBV), Better Healthcare Closer to Home (BHCH), promoting healthy living and a preventative approach to commissioning and service improvement												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
466	Failure of service improvement (Community) Andy Smith	3	2	Moderate (6)	Clinical Quality Review Group (Community) Contract Monitoring Group (Community)	3	2	Moderate (6)			Integration Agenda Out of Hospital Strategy Andy Smith 31/08/13 Regular review of Sutton & Merton Community Services performance via contract Jenny Kay 31/03/14	3	2	Moderate (6)
467	Failure of service improvement (Acute) Andy Smith	4	3	High (12)	Agreement to Integrated working programme BSBV Clinical Quality Review Groups (St Georges; Kingston; St Heller) Contract Monitoring Group Merton Integrated Project Board	4	2	High (8)			Integration Agenda and OOH Strategy Development Andy Smith 31/08/13 Minutes and action log of the Project Board	4	2	High (8)
468	Failure of service improvement (Mental Health) Andy Smith	4	2	High (8)	Clinical Quality Review Groups (SWL & StG) Monthly Contract Monitoring Group (SWL & StG)	3	2	Moderate (6)			Integration Agenda OOH Strategy Development with LA & Key Providers Andy Smith 31/08/13 Regular review of Acute performance via CQRG (Clinical & Exec. Lead, monthly) Jenny Kay 31/03/14	3	2	Moderate (6)

Board Assurance Framework - July 2013

Objective:		MCCG: 3.STRATEGY-To take ownership and leadership of the strategy programme, including Better Services Better Value (BSBV), Better Healthcare Closer to Home (BHCH), promoting healthy living and a preventative approach to commissioning and service improvement												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
475	BHCH Nelson - risk of premises not being fully occupied or containing correct services to meet population needs Eleanor Brown	3	3	High (9)		3	3	High (9)			Commissioning Plan Andy Smith 31/07/13	3	3	High (9)
476	BSBV programme fails to achieve financial benefits David Avis	5	4	Very High (20)	BSBV Committee of MCCG governing body established BSBV Programme reports to the governing body NHS England monitoring the BSBV programme	5	4	Very High (20)	Committee minutes and reports to the governing body Evidence: BSBV Reports		Support the NHS England assurance process Faiza Waheed 31/08/13	5	4	Very High (20)

Objective:		MCCG: 4.PEOPLE-To ensure staff are able to make the transition to new system effectively & are prepared for new ways of working to support commissioning. To ensure MCCG is a good partner, working with all key stakeholders to achieve & communicate its vision for health												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
461	Risks associated with the creation of new organisation/organisational development Eleanor Brown	4	2	High (8)	Individual & team assessments OD programme based on assessment OD Programme in place Resource identified for 2013/14 development programme	4	2	High (8)			Implement OD programme Eleanor Brown 28/03/14	4	2	High (8)

Objective:		MCCG: 5. GOVERNANCE AND ASSURANCE-To ensure MCCG is compliant with statutory (and non statutory) duties & obligations, ,has good governance systems in place &promotes the reputation of the organisation at every opportunity in terms of behaviour and performance												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
457	Failure of MCCG and member practices to establish a sound reputation with public, patients and partner organisations including NHS England resulting in lack of confidence and credibility. Eleanor Brown	4	3	High (12)	Credible strategic planning via BSBV programme board Key performance indicators	4	3	High (12)	Programme Board meeting notes CQRG monitoring		Clinical involvement leading to more innovative ways to achieve KPIs Eleanor Brown 31/07/13	4	3	High (12)

Board Assurance Framework - July 2013

Objective:		MCCG: 5.GOVERNANCE AND ASSURANCE-To ensure MCCG is compliant with statutory (and non statutory) duties & obligations, has good governance systems in place &promotes the reputation of the organisation at every opportunity in terms of behaviour and performance												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
477	Failure to establish an effective system of internal control leading to poor performance and probity. Eleanor Brown	5	3	Very High (15)	Contingency plans to offset impact of adverse events	5	3	Very High (15)	Detailed schedule of issues from Croydon report shared with Executive members and Board.		Ensure relevant policies and procedures are in place Ben Vinter	4	3	High (12)
					CSU and CCG staff aligned to responsibilities				Reports		30/04/13 Review at six months CCG/CSU alignment			
					Establishment of Quality Strategy and implementation of CSO Review.						Eleanor Brown			
					Governance Structure and Framework Established				Relevant committees set up.		30/09/13 Review prime financial policies			
					Use of Croydon Report Action Plan				Detailed schedule of issues from Croydon.		Faiza Waheed 31/07/13			
556	Failure of Information Governance - IGM David Avis	4	3	High (12)	Monitor implementation of improvement plan	3	3	High (9)	IG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit	Develop an Improvement Plan Murrae Tolson	3	3	High (9)
					Monitoring by the Clinical Quality Committee				IG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit	30/09/13 Implement Improvement Plan			
					Risk Register and BAF regularly reviewed				IG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit	30/06/13			
557	Failure of Information Governance - ISA David Avis	4	3	High (12)	Awareness of Confidential Data	3	3	High (9)	Communications and updates from NHS England and CSU IG Team on changes on accessing Personal Confidential Data	Data Flows have been partially identified	Map information flows and develop appropriate sharing agreements and contracts Murrae Tolson	3	3	High (9)
											31/07/13			

Board Assurance Framework - July 2013

Objective:		MCCG: 5.GOVERNANCE AND ASSURANCE-To ensure MCCG is compliant with statutory (and non statutory) duties & obligations, has good governance systems in place &promotes the reputation of the organisation at every opportunity in terms of behaviour and performance												
Risk		Inherent			Controls	Current			Assurance Source	Assurance Gaps	Actions	Target		
Ref	Description	C	L	Total		C	L	Total				C	L	Total
557 Cont									IIG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit.				
558	Failure of Information Governance - IGM Compliance David Avis	4	3	High (12)	CCG's registered as Data Controllers	3	3	High (9)			Identify all contracts that fall into this category and action appropriately Murrae Tolson 31/07/13	3	3	High (9)
									IIG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit				
559	Failure of Information Governance - CIA David Avis	4	3	High (12)	IG Policies	4	3	High (12)	CSU manage FOI's overall but need to link back to MCCGFOI Lead	CSU reporting don for CCGs to show compliance with FOI requests.	CCG develop a File Plan that reflects the business model and incorporates good Murrae Tolson 30/06/13	4	3	High (12)
									IIG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit				
560	Failure of Information Governance - IS David Avis	4	4	Very High (16)	Guidance issued nationally and locally to CCG's	4	4	Very High (16)	Section 251 temporarily issued but awaiting longer term solution	Workshop dates have been agreed Baseline audit to be done for key flows.	Identify all areas where PCD is used. Murrae Tolson 31/07/13	4	4	Very High (16)
									IIG toolkit audit (Negative Internal Assurance)	Internal Positive Assurance required following next audit				