Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 26th January 2016

Agenda No: 6.2   **Attachment:** 06

Title of Document: Board Assurance Framework	Purpose of Report: For Approval
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Executive Summary:
Risk 1009 has been removed from the Governing Body Assurance Framework. It was amalgamated with risk 1012, with the agreement of the Clinical Quality Committee. Risk 1012 now covers children looked after as part of the safeguarding children risk. There has been some movement in risk ratings which is noteworthy, particularly the increases of risks 954, 798 and 938 and the decreases of risks 958 and 792. Following the implementation of the revised governance structure, a more robust risk governance process has been put in place. All corporate risks are reviewed every month, with more regular oversight of the Governing Body Assurance Framework by the Audit and Governance Committee and Governing Body being implemented.

Recommendation(s):
It is recommended that the Audit and Governance Committee **CONFIRM** the following: • That the risks described represent the main strategic risks to the delivery of the CCG's plans. • That the mitigating controls adequately increase the probability of the CCG delivering its plans • Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the EMT

Committees which have previously discussed/agreed the report: N/A

Financial Implications: As per objective 3
Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing) As described by the risk descriptions
How has the Patient voice been considered in development of this paper: As per Objective 4

Equality Analysis: N/A

Information Privacy Issues: As per Freedom of Information Act 2000

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)
Public papers for Governing Body meeting, published on website – January 2016

Merton CCG Governing Body Assurance Framework

January 2016

1. Introduction

Following discussion by the Governing Body, the Governing Body Assurance Framework risks are presented in line with the Corporate Objectives of the CCG which support the development and implementation of a clinically and cost effective 5 year collaborative strategic commissioning plan for South West London. The Assurance Framework (Table 1) reflects this and focuses on supporting the CCG to achieve the following key deliverables:

- Strategic objectives for 2015/16
- CCG mission, ethos and values
- Merton CCG 2-year operating plan
- Merton CCG 5-year strategic plan

The Assurance Framework identifies and prioritises the main risks to delivery and mitigating actions during 2015/16. This will also enable the Executive Leadership Team to focus on a limited number of key strategic priorities and risks built up from the various assurance and escalation processes that are in place within the CCG.

2. Background

The CCG has developed a comprehensive risk management framework which is designed to identify specific risks, responsibilities and mitigating actions at both a strategic and operational level within the organisation. Through various committees and reports, CCG staff are able to escalate the most important of these to the Executive Management Team (EMT) and via the Corporate Risk Register to the Assurance Framework.

The Assurance Framework sets out to identify, mitigate, and control known risks to increase the probability of achieving the CCGs plans for 2015/16.

3. The Assurance Framework for 2015/16

The Assurance Framework presented below is regularly reviewed by each Executive Director and updated based on the outcomes of those reviews. The Framework:

- Groups risks in line with the CCG mission, ethos, values and objectives for 2015/16
- Captures strategic risks identified within the CCG Operating and Strategic Plans

4. Recommendations

It is recommended that the Audit and Governance Committee: **CONFIRM** the following:

- That the risks described represent the main strategic risks to the delivery of the CCG's plans.
- That the mitigating controls adequately increase the probability of the CCG delivering its plans
- Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the ELT

5. Next steps

Any additions, amendments or deletions to the Assurance Framework identified through reviews will be developed within the Covalent system alongside the Corporate Risk Register for presentation to future CCG Committee meetings as appropriate.

Terri Burns
Corporate Affairs Principal
Associate, SECSU
January 2016

Table 1

NHS
Merton
Clinical Commissioning Group

Merton Clinical Commissioning Group
Governing Body Assurance Framework
January 2016

The Governing Body Assurance Framework provides a structure and process which enables the Clinical Commissioning Group (CCG) to focus on the principle risks to achieving its strategic objectives and be assured that adequate controls are in place to reduce the risks to acceptable rating.

This report provides the CCG with assurance that a review of controls and assurances has been undertaken by the risk leads and includes an assessment of current performance.

Information included in the report identifies:

- Controls that have been put into place to manage the risks
- Assurances that have been received to demonstrate if the controls are having the desired impact
- Details of any gaps in the assurance
- Further actions required

Corporate Objectives	Principle risks to achievement of objectives	Initial score C	L	Current Score C	L	Tolerance/ Risk appetite	Date to achieve	Date of last review
Objective 1 To deliver the quality strategy	**954** If there are gaps in assurance, due to data collection methodology, regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services which may limit the success of the quality strategy (DoQ)	3x3=9		4x3=12		3x2=6	March 2016	Dec 2015
	955 If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the outcomes of care Merton patients will receive wherever they access healthcare in London. (DoQ)	4x3=12		4x3=12		4x3=12	March 2016	Dec 2015
	791 If the CCG fails to establish appropriate systems and processes for safeguarding adults, vulnerable adults may be at risk of harm. (DoQ)	3x2=6		3x2=6		3x1= 3	March 2016	Dec 2015
Objective 2 To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome	**958** Lack of planning alignment with partners linked to or working with MCCG (DoCP)	3x3=9		3x2=6		3x2=6	March 2016	Jan 2016
	938 Potential over performance of acute contracts (DoCP)	4x4=16		4x4=16		3x3=9	March 2016	Jan 2016
Objective 3 To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations	**477** If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity (CO)	4x3=9		4x2=8		3x2=6	March 2016	Jan 2016
	798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2015-16, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions (CFO)	4x4=16		4x3=12		3x3=9	March 2016	Jan 2016
	792 If the CCG fails to establish internal and provider business continuity/ emergency planning arrangements for a major incident or breakdown of a service within providers, there may be a risk to continuity of services should there be a major incident (DoQ)	5x3=15		5x1=5		3x1=3	March 2016	Dec 2015
	1012 If the CCG fails to establish appropriate systems and processes for safeguarding children and children looked after, vulnerable children may be at risk of harm (DoQ)	3x3=9		3x3=9		3x1=3	March 2016	Dec 2015
Objective 4 To engage in the health and social care system in Merton as a leader and partner, as appropriate	**457** If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs (DoQ)	4x3=12		2x3=6		2x1=2	March 2016	Dec 2015
	960 If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (CO)	4x2=8		4x2=8		4x1= 4	March 2016	Jan 2016
Objective 5: To develop and implement a clinically and cost effective 5 year collaborative strategic commissioning plan for SW London	**961** If there is lack of collaboration between SWL CCGs and providers then high quality sustainable solutions may not be determined for healthcare in South West London. (CO)	4x4=16		4x4=16		4x2=8	March 2016	Jan 2016
	962 Without significant system change, quality of outcomes will be limited for patients and provider organisations may become unsustainable (CO)	4x4=16		4x4=16		4x2=8	March 2016	Jan 2016

## Objective 1: To deliver the quality strategy

954 If there are gaps in assurance, due to data collection methodology, regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services which may limit the success of the quality strategy	**Director Lead: Director of Quality** **Date last reviewed: December** 2015

Risk Rating

Initial: 3x3 = 9
Current: 4x3 = 12
Tolerance: 3x2 =6
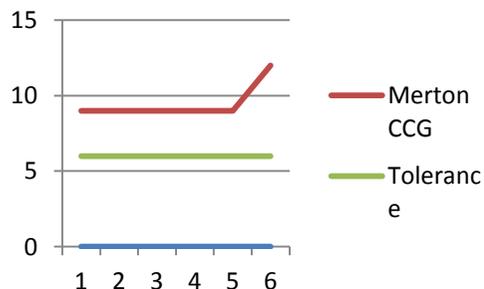
Rationale for current scoring:
- Generally good overview of quality performance and improvement in acute Trusts, mental health Trust and community services through CQRGs and through other sources of info.
- Data not reflecting all aspects of quality monitoring
- Lack some information and analysis around smaller contracts

Rationale for acceptable rating:
All above need to be addressed to meet an acceptable rating

Controls (what are we doing currently about the risk):
- Forward plan for Clinical Quality Committee ensures that all contracts (large and small) are monitored.
- CSU - SLA, with enhanced quality and performance offer, commenced 19/10/2015
- CCG Performance and Information Manager has produced an integrated quality and performance report
- Attendance at Clinical Quality Review Groups (CQRGs)
- Forward plan for Clinical Quality Committee ensures that all contracts (large and small) are reviewed through MCQC
- Developing joint quality monitoring system with Local Authority and stakeholders e.g. CQC, NHSE and Healthwatch. Bi-monthly
- Reviewing continuing health care via monthly contract monitoring
- Operational Delivery Group commenced as part of revised governance structure

Assurance/evidence (How do we know if things we are doing are having an impact?)
- annual quality accounts, CQC inspection reports, patient feedback, AQP info for continuing care / nursing homes systems are developing, e.g. 111/OOH clinical governance group
- Regular reports and presentations at quality committee
- CQRG papers and minutes

Gaps in controls (what additional assurances should we seek?)

Further actions required:
- Contribute to and adopt a method of reviewing patient experience/quality in primary care, as developed by NHSE Quality Surveillance Control group - dashboard proposal presented August 2015 (31/12/2015)

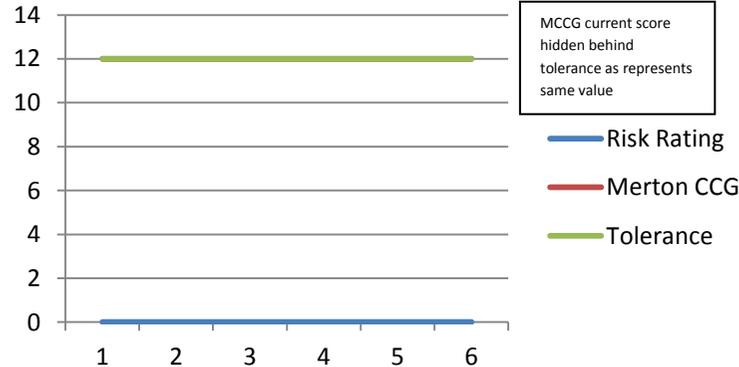## Objective 1: To deliver the quality strategy

955 If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the outcomes of care Merton patients will receive wherever they access healthcare in London. (DoQ)	**Director Lead: Director of Quality**
	Date last reviewed: December 2015

Risk Rating

Initial: 4x3 = 12
Current: 4x3 = 12
Tolerance: 4x3 = 12

MCCG current score hidden behind tolerance as represents same value

— Risk Rating
— Merton CCG
— Tolerance

Rationale for current scoring:
- Annual self-assessment shows improvement in position
- Delivering overall standards will require huge investment and/or workforce solutions and / or collaborative commissioning approach.

Rationale for acceptable rating:
- Meeting all London Quality Standards

Controls (what are we doing currently about the risk):
- Peer assessment of providers
- Regular reporting to JCG and SWL CDGs
- Commissioners commission to LQS (2015/16 CQUIN)

Assurance/evidence (How do we know if things we are doing are having an impact?)
- Annual provider self-assessment
- Trusts in FT / NTDA process which includes challenges regarding clinical quality standards
- Peer review independent audit of self-assessment
- Internal audit report

Gaps in controls (what additional assurances should we seek?)
- Lack of independent audit of self-assessment

Further actions required
- Assurance through CQRGs that standards are assessed and discussed at Board-level. (31/03/2016)
- SWLCC leading on London Quality Standards - reporting progress to CCG (31/03/2016)

Objective 1: To deliver the quality strategy

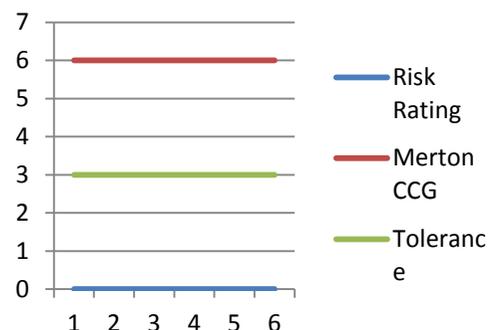|	
791 If the CCG fails to establish appropriate systems and processes for safeguarding adults, vulnerable adults may be at risk of harm (DoQ)	**Director Lead: Director of Quality**
	Date last reviewed: December 2015

Risk Rating

Initial: 3x2 = 6
Current: 3x2 = 6
Tolerance: 3x 1= 3

Rationale for current scoring:
- Gaps remain within safeguarding system and processes

Rationale for acceptable rating:
- Cannot tolerate any known risk to vulnerable children and adults – therefore threshold must be low

Controls (what are we doing currently about the risk):
- Executive and Governing Body leads in post
- Adults safeguarding Board in place - development day October 2014
- Safeguarding Adults self-assessment framework and action plan reviewed through safeguarding executive group
- Reporting through clinical quality committee
- Undertaken gap analysis to determine CCG capacity and capability to meet Care Act 2014 requirements
- Attendance at Merton Safeguarding Adults Board
- Unannounced visit to Merton wards by CCG staff - Aug 2015
- NHSE carrying out safeguarding deep dive - 05/11/15
- Extraordinary CQRG with CQC attendance 02/09/15
- Designated adult safeguarding manager in post
- Internal audit recommendations addressed
- PREVENT awareness at staff meetings

Assurance/evidence (How do we know if things we are doing are having an impact?)
- Named executive and GB leads
- Minutes
- Job description 1:1s with Director of Quality
- Quarterly and annual safeguarding report
- Advisory internal audit report - July 2015
- NHSE deep dive into safeguarding - awaiting report
- Provider visit schedule

Gaps in controls (what additional assurances should we seek?)
- SWLStG Trust are subject to five regulatory requirement notices regarding care on acute mental health and older people's wards

Further actions required:
- Complete safeguarding adults audit tool (31/12/2015)
- Review meetings with SWLStG re quality & safety (31/03/2016)
- Train second member of staff in WRAP (31/03/2016)

	• GB safeguarding training (31/03/2016)

Objective 2: To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome

958 Lack of planning alignment with partners linked to or working with MCCG (DoCP)	**Director Lead: Director of Commissioning and Planning**
	Date last reviewed: January 2016

Risk Rating **Initial: 3x3 = 9** **Current: 3x2 = 6** **Tolerance: 3x2 = 6**		**Rationale for current scoring:** There is significant change within the system and it is important that the CCG ensures that the plans it has created remain in alignment with the plans of key stakeholders **Rationale for acceptable rating:** Evidence of delivery against the BCF objectives Formal joined up quality governance and assurance system

Controls (what are we doing currently about the risk): • South West London Commissioning Collaborative brings together the six London CCGs as a single Strategic Planning Group • Adult and Child Safeguarding Boards BCF and integration programme board and approach Health and Wellbeing Board Joint Partnership Board for transition and learning disability BHCH Programme Board Monthly provider meeting One Merton Group Partners are members of the delivery groups for the two year operating plan System Resilience Groups • Commissioning intentions for 2016/17 developed in partnership • SWL Surrey Downs Partnership with CO and clinical chair	**Assurance/evidence** (How do we know if things we are doing are having an impact?) • Minutes of SWLCC meetings • Meeting minutes of local partnership arrangements • Development of CAMHs Transformation Plan demonstrates CCG commitment to partnership working • Results of CCG stakeholder survey • CCG committee approvals for joint working initiatives, plans and strategies • AD JD – postholder in place
Gaps in controls (what additional assurances should we seek?)	**Further actions required:** • Review of SWL joint working with a view to implementing a regional 'success regime' approach (30/11/2015) • CO working with LA re governance for adult and children services (31/03/2016)

Objective 2: To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome

938 Potential over performance of acute contracts (DoCP)	**Director Lead: Director of Commissioning and Planning**
	Date last reviewed: January 2016

Risk Rating **Initial: 4x4 = 16** **Current: 4x4 = 16** **Tolerance: 3x3 = 9**		**Rationale for current scoring:** There was significant over performance in acute contracts historically so performance needs to be closely monitored **Rationale for acceptable rating:** The CCG is balancing it's community investment on the management of the acute portfolio and cannot tolerate a high risk here as it will lead to poor transformational change
Controls (what are we doing currently about the risk): • Regular meetings with budget holders • Validation of performance by CSU • Regular meetings with CSU contracting teams • Providers agree activity projections each year in contract negotiation • Finance committee reporting • Internal PMM monitors acute activity with agreement on remedial actions		**Assurance/evidence** (How do we know if things we are doing are having an impact?) • Meeting records • Performance and activity reports • Meeting minutes • Acute contracts
Gaps in controls (what additional assurances should we seek?) • CCG does not currently employ an Acute Services Commissioner • Regular reporting to CCG committees not sufficiently robust to enable full understanding of Merton level performance and therefore to understand whether remedial/mitigating actions are sufficient for bringing performance back on plan		**Further actions required:** • Data analysis enhancements inc. Merton deep dives and commissioning a new and enhanced performance service from SECSU (31/03/2016) • Ensuring Nelson Health Centre becomes fully operational (31/03/2016) • On going activity reporting (31/03/2016) • Out of hospital schemes, analysis of referral patterns - ongoing work to tackle number and nature (31/03/2016) • Respond to monitoring and create action plans (31/03/2016) • Review options for Acute Commissioning Manager and implement recommendation (31/03/2016) • Arrangements agreed to deploy extra resource into the commissioning team (31/03/2016)

Objective 3: To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations

Risk 477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity	**Director Lead:** Chief Officer
	Date last reviewed: January 2016

Risk Rating **Initial:** 4x2 = 8 **Current:** 4x2 = 8 **Tolerance:** 3x2 = 6		**Rationale for current scoring:** A robust system of internal control is in place, with significant controls. Further actions still required to reach the acceptable risk rating. **Rationale for acceptable rating and target date for achievement:** • Review of key systems and processes • Established board reporting cycle

Chart legend: Merton CCG, Tolerance. Y-axis 0 to 10, X-axis 1 2 3 4 5.

Controls (what are we doing currently about the risk):	**Assurance/evidence** (How do we know if things we are doing are having an impact?)
• Regular review of policies by audit and governance committee and/or GB • Finance Committee • Regular review of performance at EMT • Contingency plans to offset impact of adverse events • Experienced board members holding EMT to account • September 2015 AGM - reporting on performance. Held to account by members and public. • Assurance meetings with NHSE to review performance quarterly • Audit and Governance Committee • Internal audit of control systems in line with audit plan • IA review of plan • All corporate governance under CO control with CSU input • Corporate Affairs transfer to Chief Officer • Embedded more CSU staff within MCCG offices • Weekly documented corporate affairs meeting • Constitution agreed by Governing Body, NHSE and membership	• Detailed schedule of issues from Croydon report shared with Executive members and Board. • IG toolkit submissions • Annual Governance Statement

Gaps in controls (what additional assurances should we seek?)	**Further actions required:**
	• Internal audit of conflicts of interest with plan to follow (29/02/2016)

Objective 3: To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations

798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2015-16, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions	**Director Lead: Chief Financial Officer**
	Date last reviewed: January 2016

Risk Rating **Initial: 4 x 4 = 16** **Current: 4 x 3 = 12** **Tolerance: 3 x 3 = 9**	 MCCG current score hidden behind tolerance as represents same value — Merton CCG — Tolerance	**Rationale for current scoring** Financial plans are in place and have been approved by the Governing Body. These are being monitored robustly through governance processes. **Rationale for acceptable rating** By identifying and addressing financial risks we aim to reduce the risk to moderate likelihood.

Controls (what are we doing currently about the risk):	**Assurance/evidence** (How do we know if things we are doing are having an impact?)
• Risk pooling across SWL CCGs • Financial policies approved by Audit & Governance Committee and Governing Body • 2015-16 Operating Plans and detailed budget approved by CCG • Finance Committee review and scrutinise finance report monthly • QIPP plans in place and monitored by Executive Management Team and Finance Committee • Controls on discretionary expenditure implemented • Investments reviewed and slipped where there is minimal patient impact	• Audit and Governance Committee receive Internal and External Audit reports relating to operation of systems and controls • Finance Committee and Governing Body receive Finance Report • Assurance meetings with NHSE

Gaps in controls (what additional assurances should we seek?)	**Further actions required:**
	• Monthly monitoring – ongoing (31/03/2016) • Monthly review of all budgets for slippage (31/03/2016) • Negotiate with providers re 2015/16 contractual position (31/03/2016)

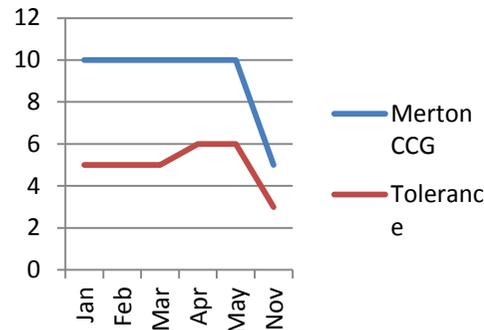## Objective 3: To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations

792 If the CCG fails to establish business continuity and emergency planning arrangements for a major incident or breakdown of a service within providers, there may be a risk to continuity of services should there be a major incident (DoQ)	**Director Lead: Director of Quality**
	Date last reviewed: December 2015

Risk Rating	Rationale for current scoring:
Initial: 5x3 = 15 **Current: 5 x 1 = 5** **Tolerance: 3 x 1 = 3**	• CCG has a tier 2 role in terms of major incidents, likelihood low, impact high. • NHSE and providers have a well developed and tested system • Internal plans and assurance systems need to be tested **Rationale for acceptable rating and target date for achievement:** • As above

Line chart with y-axis from 0 to 12, x-axis months Jan, Feb, Mar, Apr, May, Nov. Legend: Merton CCG (blue), Tolerance (red).

Controls (what are we doing currently about the risk):	**Assurance/evidence** (How do we know if things we are doing are having an impact?)
• Business continuity plan • Gain assurance from providers in conjunction with NHS England as part of overall assessment • Rated as having 'substantial level of assurance' by NHSE • Liaison with NHSE and attendance at emergency planning meetings • On call system for CCGs • Self-assessed CCG position re emergency planning • EPRR policy approved by GB to replace Business Continuity policy - May 2015 • Pandemic Flu Plan approved by GB - May 2015	• Business continuity plan • NHSE assurance report • Attendance record • Executive director on call rota

Gaps in controls (what additional assurances should we seek?)	**Further actions required:**
	• 2015/16 peer review - awaiting outcome from NHSE (31/01/2016) • Business continuity plan drafted, agreed by ELT and GB, with training and testing to follow (31/12/2015)

Objective 3: To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations

1012 If the CCG fails to establish appropriate systems and processes for safeguarding children and children looked after, vulnerable children may be at risk of harm (DoQ)	**Director Lead: Director of Quality**
	Date last reviewed: December 2015

Risk Rating		Rationale for current scoring:
Initial: 3x3 = 9 **Current: 3x3 = 9** **Tolerance: 3x1 = 3**		• Risk replaces 1009. Rating reflects this inclusion. Covers all risk to CLA **Rationale for acceptable rating and target date for achievement:** • As above

Controls (what are we doing currently about the risk):
- Action plan approved by EMT 11.02.15 - monthly oversight at EMT and MCQC
- Working group set up with ToR agreed by EMT 11.02.15
- Merton Safeguarding Board attendance
- Work plan reviewed by MCQC and EMT
- Interim designated nurse in post
- Exec and GB leads identified
- NHSE carrying out safeguarding deep dive - 05/11/15
- Substantive designated nurse post offered

Assurance/evidence (How do we know if things we are doing are having an impact?)
- Named executive and GB leads
- Minutes
- Job description
- 1:1s with DoQ
- Annual safeguarding report
- CLA action plan and EMT minutes 11.02.15
- Clinical Quality Committee have oversight and report to GB
- Working Group ToR

Gaps in controls (what additional assurances should we seek?)
- Interim designated nurses in post
- No named GP
- Not consistently achieving initial 28 day health assessment for CLA

Further actions required:
- Facilitated workshop for key partners - with follow up (31/01/2016)
- Governing Body safeguarding training (31/03/2016)
- Identify named GP for safeguarding (31/03/2016)
- Multi agency learning event for CLA (31/01/2016)
- Put lead supervision in place (31/03/2016)
- Work plan to be implemented following external review process (31/03/2016)

Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate
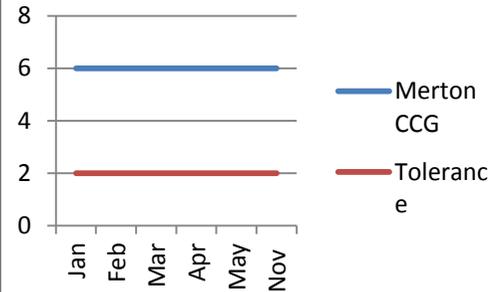
457 If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs (DoQ)	**Director Lead: Director of Quality**
	Date last reviewed: December 2015

Risk Rating **Initial: 4x3 = 12** **Current: 2x3 = 6** **Tolerance: 2x1 = 2**		**Rationale for current scoring:** • Little local media coverage but widespread national media interest in the NHS currently • CCG is a relatively new organisation and many members of the public and other stakeholders do not understand its role **Rationale for acceptable rating and target date for achievement:** • This is a key objective of the CCG to ensure that services commissioned meet the local health needs of the population

Controls (what are we doing currently about the risk):	**Assurance/evidence** (How do we know if things we are doing are having an impact?)
• Communication and engagement strategy and protocol for strategy (Refresh Jan 2015) • MP briefings • Members and practice leads events, CRG and clinical locality leads reflect an active membership • Annual Engage Merton public event • Regular updates to the Health & Wellbeing Board • Assurance meetings with NHSE • Mitcham Health Hub input at annual June meetings • Communications and engagement strategy and protocol approved by GB - May 2015 • Work and implementation plan for communication and engagement in place • Patient engagement group established - first meeting held 29/09/2015 • Engage Merton event - November 2015	 • Strategy document • Copies of the briefings • Members and practice leads events, CRG and clinical locality meeting notes • Meeting agenda, notes, attendance list • Performance report, Complaints and PALS reports • Healthwatch feedback • Notes of meeting and action points agreed • Positive feedback from NHSE on deep dive • Statutory obligations report approved by GB - 30/09/15 • Internal audit on patient engagement • Patient engagement group established
Gaps in controls (what additional assurances should we seek?) • Communications and Engagement strategy has potential to miss difficult to engage groups	**Further actions required:** • Implement work plan for communications and engagement activity (31/03/2016)

Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate
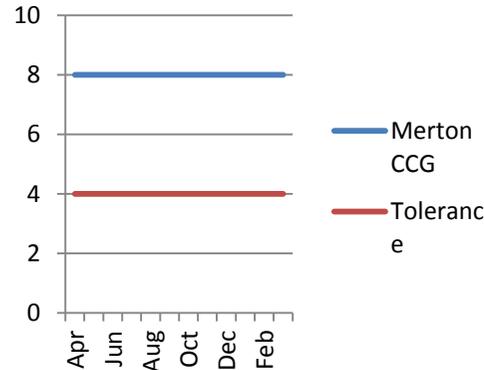
960 If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (CO)	**Director Lead: Chief Officer**
	Date last reviewed: January 2016

Risk Rating **Initial: 4x2 = 8** **Current: 4x2 = 8** **Tolerance: 4x1=4**		**Rationale for current scoring:** • Staff survey shows areas where we compare less favourably to other comparator organisations **Rationale for acceptable rating:** • Improved staff survey results
Controls (what are we doing currently about the risk): • Review of CSU effectiveness in supporting CCG functions • Action plan for staff survey presented to EMT and follow up recommendations implemented • Directors have agreed structure for 2015/16 • Review of roles, structure and resource within commissioning teams, medicines management and primary care • Quarterly reporting of workforce and L&D data - currently providing negative assurance • Revised staff survey in place		**Assurance/evidence** (How do we know if things we are doing are having an impact?) • Objective setting • Staff survey action plan implemented Annual staff survey • Informal feedback from staff Objective setting Appraisals and regular 1:1s Personal development plans • Feedback from staff vision and strategy away day 08/07/15
Gaps in controls (what additional assurances should we seek?)		**Further actions required:** • New staff and wellbeing group set up with external facilitation (31/03/2016) • Refresh the role of staff representative at SWL staff partnership (31/03/2016) • Support action learning set for staff to develop health and wellbeing strategy (31/12/2015)

Objective 5: To develop and deliver a clinically and cost effective 5 year collaborative strategic commissioning plan for SW London
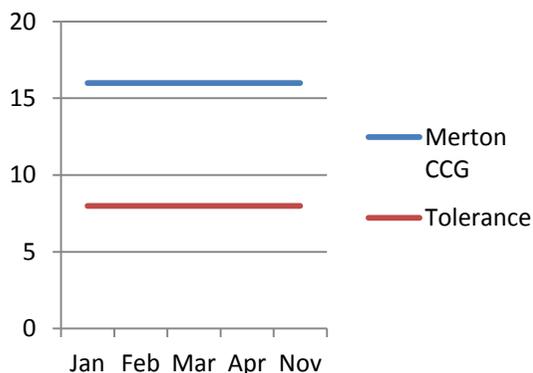
961 If there is lack of collaboration between SWL CCGs and providers then high quality sustainable solutions may not be determined for healthcare in South West London (CO)	**Director Lead: Chief Officer**
	Date last reviewed: January 2016

Risk Rating **Initial: 4x4 = 16** **Current: 4x4 = 16** **Tolerance: 4x2 = 8**		**Rationale for current scoring:** • Complex and changing healthcare landscape. **Rationale for acceptable rating:** • Impact will always be high but likelihood of a lack of collaboration will reduce as arrangements bed in and plans are implemented.

Controls (what are we doing currently about the risk): • SWLCC 5 year strategy implementation plan developed and agreed • Construction of robust governance arrangements across SWLCC • CCGs aligning work programmes to actions • Clarity and sound clinical and managerial leadership • SWLCC working with provider collaborative to ensure all models of care have full provider engagement • SWL Surrey Downs partnership established	**Assurance/evidence** (How do we know if things we are doing are having an impact?) • Implementation plan agreed by GB and SWLCC Achievement of SWLCC implementation plan milestones • Governance in place
Gaps in controls (what additional assurances should we seek?)	**Further actions required:** • Updating governance structures in place (31/03/2016) • CO working with LA to establish governance for adult and children services (31/03/2016)

Objective 5: To develop and deliver a clinically and cost effective 5 year collaborative strategic commissioning plan for SW London

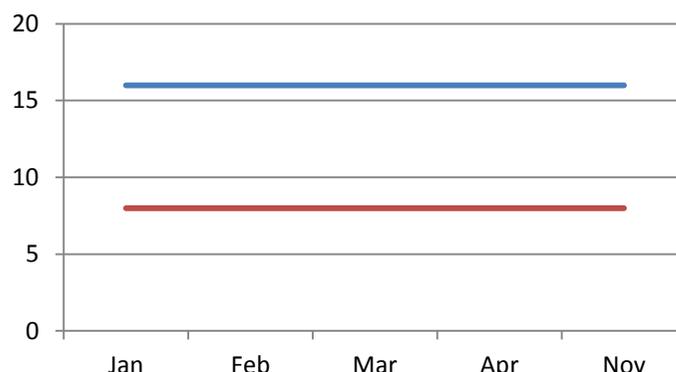|	
	Director Lead: Chief Officer
962 Without significant system change, quality of outcomes will be limited for patients and provider organisations may become unsustainable (CO)	**Date last reviewed:** January 2016

Risk Rating		Rationale for current scoring:
Initial: 4x4 = 16 **Current: 4x4 = 16** **Tolerance: 4x2 = 8**		• Complex and changing healthcare landscape. • Challenging political climate • SWL commissioning collaborative support the communication of the 5 year plan, addressing local concerns re future of local provider **Rationale for acceptable rating:** • High quality, modern communications products and outputs.

Controls (what are we doing currently about the risk):	**Assurance/evidence** (How do we know if things we are doing are having an impact?)
• SWL commissioning collaborative communications strategy • (+)Patient Participation Groups • Ensure all NHS staff are updated re SWLCC progress • Communication and engagement strategy sets out our intentions for communications standards and activity. • Major Stakeholder Events (Engage Merton, Call to Action)	• SWL commissioning collaborative communications outputs • Media statements Media monitoring now in place

Gaps in controls (what additional assurances should we seek?)	**Further actions required:**
	• Holding collaborative events and tailored visits for interested groups (31/03/2016) • MCCG implementing PEG (31/01/2016) • Tailoring SWLCC communication plan to MCCG requirements – ongoing (31/03/2016)