



right care
right place
right time
right outcome

**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 26th January 2017

Agenda No: 10.1

Attachment: 16

Title of Document: Governing Body Assurance Framework	Purpose of Report: For Review
Report Author: Terri Burns, Principal Associate, Corporate Affairs - SECSU	Lead Director: Karen Parsons, Chief Officer
Executive Summary: No new risks have been added to the Governing Body Assurance Framework. No risks have been deescalated from the Governing Body Assurance Framework. The Framework will be revised in accordance with the updated corporate objectives for the CCG, for the year 2017/18. Any additional or alternative risks which may be appropriate for inclusion will be considered as part of this process.	
Key sections for particular note (paragraph/page), areas of concern etc: N/a	
Recommendation(s): It is recommended that the Governing Body CONFIRM the following: <ul style="list-style-type: none"> • 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 executive team 	
Committees which have previously discussed/agreed the report: N/a	
Financial Implications: As per objective 4	
Implications for CCG Governing Body: As described by the risk descriptions	
How has the Patient voice been considered in development of this paper: As per Objective 1	
Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) As described by the risk descriptions	
Equality Assessment: 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) N/a	

Merton CCG Governing Body Assurance Framework

January 2017

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 corporate objectives have been reviewed in 2016/17 and reflect the strategic aims of the CCG for the year. The Assurance Framework (Table 1) reflects this and focuses on supporting the CCG to achieve the following key deliverables:

- Strategic objectives for 2016/17
- 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 2016/17. 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 2016/17.

3. The Assurance Framework for 2016/17

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 2016/17
- Captures strategic risks identified within the CCG Operating and Strategic Plans

4. Recommendations

It is recommended that the Executive Management Team **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 executive team

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 2017

Table 1

Merton Clinical Commissioning Group Governing Body Assurance Framework January 2017

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		Current Score		Tolerance/ Risk appetite	Date to achieve	Date of last review	
		C	L	C	L				
Objective 1 (Director of Quality & Governance) Optimise planning and delivery by effectively informing, engaging and consulting with member practices, local partners and the public.	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	4	3=12	2	3=6	2	1=2	March 2017	Dec 2016
	958 Lack of planning alignment with partners linked to or working with MCCG	3	3=9	3	2=6	3	2=6	March 2017	Sept 2016
Objective 2 (Director of Quality & Governance) Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.	1012 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding children statutory duties, vulnerable children may be at risk of harm	3	3=9	3	3=9	3	1=3	March 2017	Dec 2016
	791 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding adults statutory duties, adults at risk will be at risk of harm	3	2=6	3	2=6	3	1=3	March 2017	Dec 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	5	3=15	5	1=5	3	1=3	March 2017	Dec 2016
	962 Financial and clinical challenges across South West London require organisations to alter current ways of working	4	4=16	4	4=16	4	2=8	March 2017	Sept 2016
Objective 3 (Director of Commissioning Operations) Develop and agree with all stakeholders a Merton integrated model of care (e.g. alliance, joint structures) across health and social care, to include self-care, care co-ordination and care in the right setting, and have in place a robust integrated model of care in the following services by 2017/18: <ul style="list-style-type: none"> • Primary care and Community Services • Primary care and social care 	1029 Transformation programme may not deliver £10m QIPP	4	4=16	4	4=16	4	2=8	March 2017	June 2016
	1030 Stakeholder buy-in to the transformation programme	4	4=16	4	4=16	4	2=8	March 2017	June 2016
	1018 The procurement of corporate and GP ICT services carries risk of TUPE and service continuity during transition	4	3=12	5	3=15	4	2=8	March 2017	June 2016
Objective 4 (Chief Finance Officer)	477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity	4	2=8	4	2=8	3	2=6	March 2017	Jan 2017

Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.	798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2016-17, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions	4x4=16	4x3=12	3x3=9	March 2017	Dec 2016
Objective 5 (Chief Officer) Support SWL collaborative working for effective short term provider management and support, and long term sustainable services.	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	4x4=16	4x4=16	4x2=8	March 2017	Jan 2017
Objective 6 (Director of Commissioning Operations) Develop a service commissioning strategy that fully utilises the capabilities and capacity of all providers including delegated primary care commissioning.	1000 New Continuing Healthcare Service fails to deliver the necessary service improvements	3x4=12	4x3=12	3x4=12	March 2017	Oct 2016
	1032 Primary Care Commissioning capacity and capabilities	3x3=9	3x3=9	3x2=6	March 2017	Sept 2016
	938 Potential over performance of acute contracts	4x4=16	4x4=16	3x3=9	March 2017	Sept 2016
Objective 7 (Chief Officer) Develop high performing CCG organisation by supporting staff and staff development and maintaining the necessary infrastructure to perform.	960 If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG	4x2=8	4x4=16	4x1=4	March 2017	Jan 2017

Objective 1: Optimise planning and delivery by effectively informing, engaging and consulting with member practices, local partners and the public.

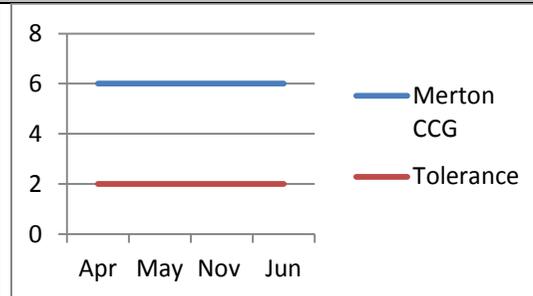
457 If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs (DoQ)

Director Lead: Director of Quality & Governance

Date last reviewed: December 2016

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
- Rated outstanding by NHSE but still work to continue strategy implementation

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):

- Communication and engagement strategy and protocol for strategy (Refresh Jan 2015)
- SECSU engagement lead and Interim PPE lead in place
- Members and practice leads events, CRG and clinical locality leads reflect an active membership
- Regular updates to the Health & Wellbeing Board & MP briefings
- Assurance meetings with NHSE
- Outreach at community events
- 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

Assurance/evidence (How do we know if things we are doing are having an impact?)

- 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
- Positive feedback from NHSE on deep dive - outstanding
- Statutory obligations report approved by GB – Oct 2016
- 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 (31/03/2017)
- Refresh Communications and Engagement strategy (31/12/2017)
- Review PEG and engagement channels (31/12/2016)
- SECSU lead to report to EMT (31/12/2016)

Objective 1: Optimise planning and delivery by effectively informing, engaging and consulting with member practices, local partners and the public.

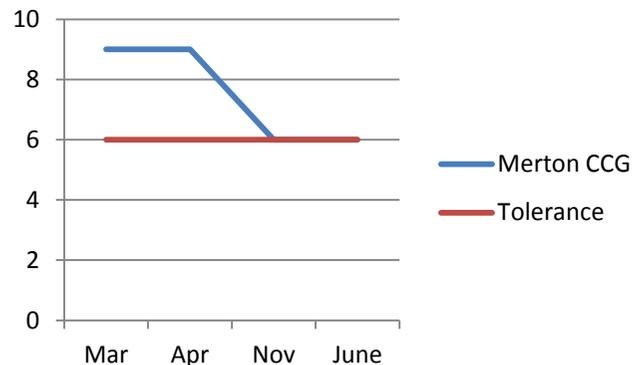
958 Lack of planning alignment with partners linked to or working with MCCG (DoCO)

Director Lead: Director of Commissioning Operations

Date last reviewed: September 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 CCGs working together on STP, with increased alignment in place

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
- 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 of integration in post
- Success regime approach adopted

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

- Different organisations have competing priorities

Further actions required:

- Change in Director Portfolios. Review of all work streams underway. (31/03/2016)
- STP finalised by July 2016 (31/07/2016)

Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.

<p>1012 If the CCG fails to establish appropriate systems and processes for assuring CCG compliance with safeguarding children statutory duties, vulnerable children may be at risk of harm (DoQ)</p>		<p>Director Lead: Director of Quality & Governance Date last reviewed: December 2016</p>												
<p>Risk Rating Initial: 3x3 = 9 Current: 3x3 = 9 Tolerance: 3x1 = 3</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG Rating</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Aug</td> <td>9</td> <td>3</td> </tr> <tr> <td>Nov</td> <td>9</td> <td>3</td> </tr> <tr> <td>Feb</td> <td>9</td> <td>3</td> </tr> </tbody> </table>	Month	Merton CCG Rating	Tolerance	Aug	9	3	Nov	9	3	Feb	9	3	<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> Risk replaces 1009. Rating reflects this inclusion. Covers all risk to CLA <p>Rationale for acceptable rating and target date for achievement:</p> <ul style="list-style-type: none"> As above
Month	Merton CCG Rating	Tolerance												
Aug	9	3												
Nov	9	3												
Feb	9	3												
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> Merton Safeguarding Board attendance Work plan reviewed by MCQC and SEG Exec and GB leads identified NHSE carried out safeguarding deep dive - 05/11/15 good outcome Substantive designated nurse in post Multi-agency learning event for CLA – Feb 2016 Governing Body safeguarding training 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> Named executive and GB leads Minutes Job description 1:1s with DoQ Annual safeguarding report CLA action plan and EMT minutes 11.02.15 CMQC have oversight and report to GB Working Group and SEG ToR Internal audit report 												
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> No named GP – identified on safeguarding board risk log 		<p>Further actions required:</p> <ul style="list-style-type: none"> Identify named GP for safeguarding – advertised as part of clinical lead role (31/01/2017) 												

Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.

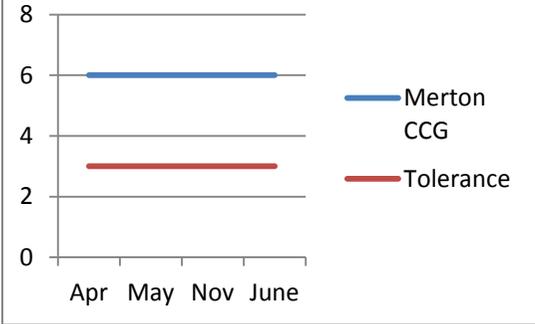
791 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding adults statutory duties, adults at risk will be at risk of harm (DoQ)

Director Lead: Director of Quality & Governance

Date last reviewed: December 2016

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 and SEG established
- Adults safeguarding Board in place
- Safeguarding Adults self-assessment framework and action plan reviewed through safeguarding executive group
- Reporting through clinical quality committee
- Attendance at Merton Safeguarding Adults Board
- NHSE carried out safeguarding deep dive - 05/11/15
- Designated adult safeguarding manager in post

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
- DASM has had WRAP training
- SEG ToR
- Safeguarding adults audit tool
- Internal audit report and recommendations
- No safeguarding issues in CQC report

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

- No named GP – not a statutory requirement

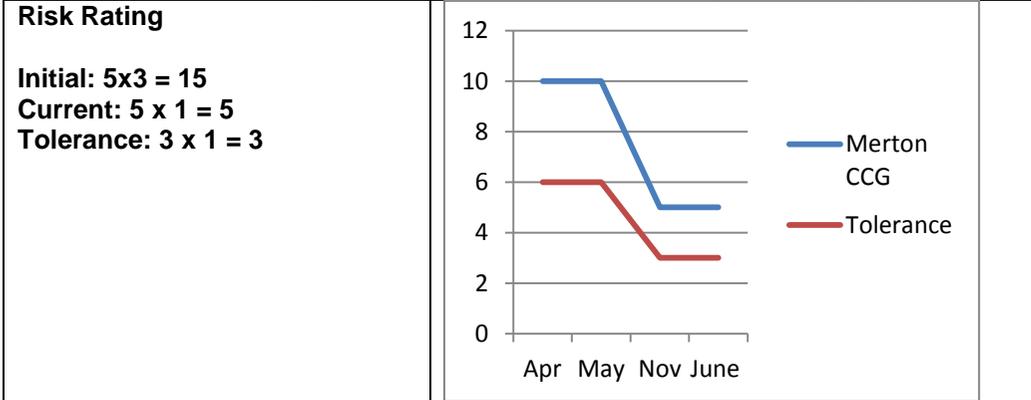
Further actions required:

- GB safeguarding training (31/12/2016)
- Escalation of poor performance to GB (31/03/2017)
- Monitor commissioned services performance (31/03/2017)

Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.

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 & Governance
Date last reviewed: December 2016



Rationale for current scoring:

- 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

- Controls** (what are we doing currently about the risk):
- 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 - Nov 2016
 - Pandemic Flu Plan approved by GB - May 2015

- Assurance/evidence** (How do we know if things we are doing are having an impact?)
- Business continuity plan – agreed by ELT and GB Nov 2016
 - NHSE assurance report
 - Attendance record
 - Executive director on call rota
 - Substantial assurance from NHSE peer review
 - Business continuity risk register- reviewed monthly
 - Revised business continuity plan (EMT Sept 16)

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

- Further actions required:**
- Review recommendations from SMT business continuity exercise (31/01/2017)
 - Unannounced cascade test (31/01/2017)

Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.																
962 Financial and clinical challenges across South West London require organisations to alter current ways of working (CO)																
<p>Director Lead: Chief Officer Date last reviewed: January 2017</p>																
<p>Risk Rating</p> <p>Initial: 4x4 = 16 Current: 4x4 = 16 Tolerance: 4x2 = 8</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>16</td> <td>8</td> </tr> <tr> <td>Apr</td> <td>16</td> <td>8</td> </tr> <tr> <td>Nov</td> <td>16</td> <td>8</td> </tr> <tr> <td>Feb</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	16	8	Apr	16	8	Nov	16	8	Feb	16	8
Month	Merton CCG	Tolerance														
Mar	16	8														
Apr	16	8														
Nov	16	8														
Feb	16	8														
<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> • 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 <p>Rationale for acceptable rating:</p> <ul style="list-style-type: none"> • High quality, modern communications products and outputs. 	<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • 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) • Robust activity and financial model in place 															
<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • SWL commissioning collaborative communications outputs • Media statements Media monitoring now in place 	<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Significant financial gap over the next five years • Five year gap assumptions not proven • Concern achieving system control total 															
<p>Further actions required:</p> <ul style="list-style-type: none"> • Tailoring SWLCC communication plan to MCGG requirements – ongoing (31/03/2017) • Update Communication and Engagement plan (28/02/2017) 																

Objective 3: Develop and agree with all stakeholders a Merton integrated model of care (e.g. alliance, joint structures) across health and social care, to include self-care, care co-ordination and care in the right setting, and have in place a robust integrated model of care in the following services by 2017/18:

- **Primary care and Community Services**
- **Primary care and social care**

1029 Transformation programme may not deliver £10m QIPP (DoCO)		Director Lead: Director of Commissioning Operations									
		Date last reviewed: June 2016									
Risk Rating Initial: 4x4=16 Current: 4x4=16 Tolerance: 4x3=12	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>16</td> <td>12</td> </tr> <tr> <td>June</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	16	12	June	16	12	Rationale for current scoring: Transformation Plan not yet finalised with committee sign off to meet QIPP needs. Rationale for acceptable rating: As above.
Month	Merton CCG	Tolerance									
May	16	12									
June	16	12									
Controls (what are we doing currently about the risk): <ul style="list-style-type: none"> • PID being finalised to identify high level plan • Transformation Board in place • Governance structure reviewed • PMO established, with lead in place 		Assurance/evidence (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> • PID • Transformation Board ToR 									
Gaps in controls (what additional assurances should we seek?) <ul style="list-style-type: none"> • Transformation plan not yet finalised • Insufficient capacity within MCCG 		Further actions required: <ul style="list-style-type: none"> • Plan to EMT and clinical transformation committee (31/05/2016) • Recruitment to key posts (30/06/2016) 									

Objective 3: Develop and agree with all stakeholders a Merton integrated model of care (e.g. alliance, joint structures) across health and social care, to include self-care, care co-ordination and care in the right setting, and have in place a robust integrated model of care in the following services by 2017/18:

- Primary care and Community Services
- Primary care and social care

1030 Stakeholder buy-in to the transformation programme (DoCO)		Director Lead: Director of Commissioning Operations									
		Date last reviewed: June 2016									
<p>Risk Rating</p> <p>Initial: 4x4=16 Current: 4x4=16 Tolerance: 4x2=8</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>16</td> <td>12</td> </tr> <tr> <td>June</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	16	12	June	16	12	<p>Rationale for current scoring: Need stakeholder buy in to make the programme work and generate required change and efficiencies. Currently aware of some resistance.</p> <p>Rationale for acceptable rating: Likely to retain a certain level of push back, but can work with stakeholders to reduce this.</p>
Month	Merton CCG	Tolerance									
May	16	12									
June	16	12									
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • Engagement included as part of the overall plan • Regular updates and consultation with stakeholders • Existing relationships utilised e.g. forums and joint posts 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Communications and Engagement plans 									
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • MCCG awareness of existing resistance 		<p>Further actions required:</p> <ul style="list-style-type: none"> • Build relationships with the federation – ongoing (31/03/2017) • Hold engagement workshops to address stakeholder concerns (31/08/2016) • Implement communications and engagement plans (31/08/2016) 									

Objective 3: Develop and agree with all stakeholders a Merton integrated model of care (e.g. alliance, joint structures) across health and social care, to include self-care, care co-ordination and care in the right setting, and have in place a robust integrated model of care in the following services by 2017/18:

- Primary care and Community Services
- Primary care and social care

1018 The reprocurement of corporate and GP ICT services carries risk of TUPE and service continuity during transition (DoCO)		Director Lead: Director of Commissioning Operations									
		Date last reviewed: June 2016									
<p>Risk Rating</p> <p>Initial: 4x3=12 Current: 5x3=15 Tolerance: 4x2=8</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>15</td> <td>8</td> </tr> <tr> <td>June</td> <td>15</td> <td>8</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	15	8	June	15	8	<p>Rationale for current scoring: Reprocurement of services complete, however risk remains around mobilisation and service continuity.</p> <p>Rationale for acceptable rating: Need effective engagement with new provider and clear requirements to be met.</p>
Month	Merton CCG	Tolerance									
May	15	8									
June	15	8									
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • Fortnightly meetings across CCGs procuring ICT services • Asset register produced by SECSU • Engagement with DoCs/DoFs re progress • Shared IT consultant across CCGs for technical advice and support • Mobilisation Board operational • Merton IT specification for GP and corporate IT released 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?):</p> <ul style="list-style-type: none"> • Updated ICT GP and corporate service specifications • TUPE information in place • Financial Plan for transition • Merton CCG ICT GP and corporate strategy 									
<p>Gaps in controls (what additional assurances should we seek?)</p>		<p>Further actions required:</p> <ul style="list-style-type: none"> • Financial plan handover allowing for SECSU service during transition period (31/01/2016) • GP IT strategy and specification (29/02/2016) • SWL CCGs requested NEL take on support desk activity as a priority (01/08/2016) • NEL contract discussion with MCCG (03/06/2016) • Reprocurement process, contract award and mobilisation (30/04/2016) • Review of GP IT specification (03/06/2016) 									

Objective 4: Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.

<p>Risk 477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity</p>		<p>Director Lead: Chief Officer</p> <p>Date last reviewed: January 2017</p>															
<p>Risk Rating</p> <p>Initial: 4x2 = 8 Current: 4x2 = 8 Tolerance: 3x2 = 6</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Time Point</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>8</td> <td>6</td> </tr> <tr> <td>April</td> <td>8</td> <td>6</td> </tr> <tr> <td>Nov</td> <td>8</td> <td>6</td> </tr> <tr> <td>June</td> <td>8</td> <td>6</td> </tr> </tbody> </table>	Time Point	Merton CCG	Tolerance	Mar	8	6	April	8	6	Nov	8	6	June	8	6	<p>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.</p> <p>Rationale for acceptable rating and target date for achievement:</p> <ul style="list-style-type: none"> • Review of key systems and processes • Established board reporting cycle
Time Point	Merton CCG	Tolerance															
Mar	8	6															
April	8	6															
Nov	8	6															
June	8	6															
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • Regular review of policies by audit and governance committee and/or GB • Contingency plans to offset impact of adverse events • July 2016 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 DoQ control with CSU input • Embedded more CSU staff within MCCG offices • Weekly documented corporate affairs meeting • Constitution agreed by Governing Body, NHSE and membership • GB away day inc. governance training – Dec 2016 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?):</p> <ul style="list-style-type: none"> • Detailed schedule of issues from Croydon report shared with Executive members and Board. • IG toolkit submissions • Annual Governance Statement • Audit outcome reports • Governance action plan – EMT and GB Jan 2017 															
<p>Gaps in controls (what additional assurances should we seek?)</p>		<p>Further actions required:</p> <ul style="list-style-type: none"> • Implement governance action plan (31/03/2017) • Refresh corporate objectives (31/03/2017) 															

Objective 4: Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.

798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2016-17, 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: December 2016

Risk Rating

Initial: 4 x 4 = 16
Current: 4 x 3 = 12
Tolerance: 3 x 3 = 9



Rationale for current scoring
 Financial recovery plans are in place and have been approved by the Governing Body. These are being monitored robustly through governance processes and with RSM. Agreed with NHSE to report break even end of year position and deficit budget submitted for 2016/17.

Rationale for acceptable rating
 By identifying and addressing financial risks with a long term recovery plan we aim to reduce the risk to moderate likelihood.

- Controls** (what are we doing currently about the risk):
- Risk pooling across SWL CCGs
 - Financial policies approved by Audit & Governance Committee and Governing Body
 - 2016-17 Operating Plans and detailed budget approved by CCG
 - Review and scrutiny of monthly reporting by Finance Committee
 - 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
 - RSM engaged re FRP – weekly CO meetings
 - Monthly NHSE FRP meetings
 - Financial Recovery Director appointed

- Assurance/evidence** (How do we know if things we are doing are having an 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
 - Financial Recovery Plan

- Gaps in controls** (what additional assurances should we seek?)
- Capacity and capability to deliver FRP

- Further actions required:**
- Monthly monitoring – ongoing (31/03/2017)
 - Reviewing budgets for slippage – ongoing (31/03/2017)

Objective 5: Support SWL collaborative working for effective short term provider management and support, and long term sustainable services.																
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 2017																
Risk Rating Initial: 4x4 = 16 Current: 4x4 = 16 Tolerance: 4x2 = 8	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>16</td> <td>8</td> </tr> <tr> <td>Apr</td> <td>16</td> <td>8</td> </tr> <tr> <td>Nov</td> <td>16</td> <td>8</td> </tr> <tr> <td>June</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	16	8	Apr	16	8	Nov	16	8	June	16	8
Month	Merton CCG	Tolerance														
Mar	16	8														
Apr	16	8														
Nov	16	8														
June	16	8														
Rationale for current scoring: <ul style="list-style-type: none"> Complex and changing healthcare landscape. Rationale for acceptable rating: <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> STP developed Construction of robust governance arrangements for STP delivery 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 Peer reviews, reporting and commissioning to LQS Committee in common established 	Assurance/evidence (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> Implementation plan agreed by GB and SWLCC Achievement of SWLCC implementation plan milestones Governance in place STP Provider risk share contract model CIC ToR and minutes (to GB) 															
Gaps in controls (what additional assurances should we seek?)	Further actions required: <ul style="list-style-type: none"> SWLCC leading on LQS – reporting to MCCG (31/03/2017) 															

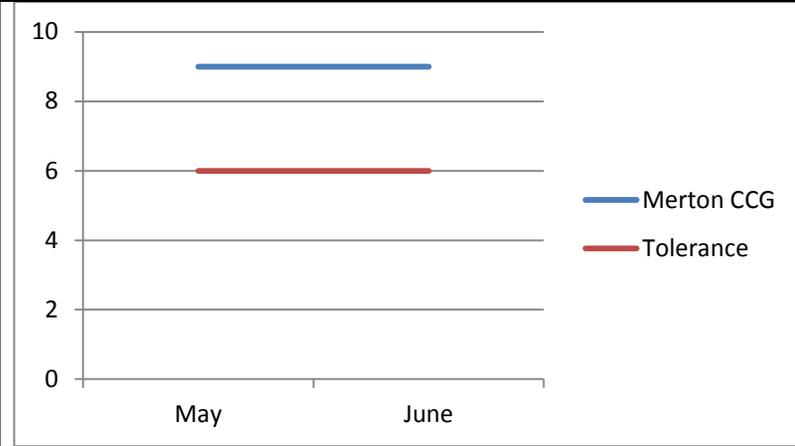
Objective 6: Develop a service commissioning strategy that fully utilises the capabilities and capacity of all providers including delegated primary care commissioning.

1000 New Continuing Healthcare service fails to deliver the necessary service improvements		Director Lead: Director of Commissioning Operations																		
		Date last reviewed: October 2016																		
<p>Risk Rating</p> <p>Initial: 3x4 = 12 Current: 4x3 = 12 Tolerance: 3x3 = 9</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>20</td> <td>12</td> </tr> <tr> <td>May</td> <td>20</td> <td>12</td> </tr> <tr> <td>June</td> <td>20</td> <td>12</td> </tr> <tr> <td>July</td> <td>15</td> <td>9</td> </tr> <tr> <td>October</td> <td>12</td> <td>9</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	20	12	May	20	12	June	20	12	July	15	9	October	12	9	<p>Rationale for current scoring: Service provision transferred across to new provider.</p> <p>Rationale for acceptable rating: Potential for new provider to not meet service requirements, given a number of outstanding quality issues inherited from outgoing provider.</p>
Month	Merton CCG	Tolerance																		
Mar	20	12																		
May	20	12																		
June	20	12																		
July	15	9																		
October	12	9																		
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> Monthly performance, quality and finance monitoring meetings – joint with Richmond CCG from Feb 2016 CO and Director working group established Transition and Transformation CHC lead in post Clear KPIs and specification included within contract and mobilisation meetings transitioning to performance meetings Panel process to ensure all CHC decisions are well evidenced and robust Performance Delivery Group in place Timeline for service improvement actions agreed 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> Minutes of performance, quality and finance meetings Monthly reports to MCQC Reports to finance committee GB minutes – Jan 2016 part 2 Procurement advice taken re transfer of service provider DoQ oversight of PUPoC with monthly assurance with NHSE GB options paper – Mar 2016 NHSE deep dive report 																		
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> Vacant posts not recruited to in new provider team More robust decision making may cause increase in no. of complaints as people are found ineligible for CHC 		<p>Further actions required:</p> <ul style="list-style-type: none"> Review of new service model (30/11/2016) 																		

Objective 6: Develop a service commissioning strategy that fully utilises the capabilities and capacity of all providers including delegated primary care commissioning.

1032 Primary Care Commissioning capacity and capabilities (DoCO) **Director Lead: Director of Commissioning Operations**
Date last reviewed: September 2016

Risk Rating
Initial: 3x3=9
Current: 3x3=9
Tolerance: 3x2=6



Rationale for current scoring:
New responsibility for MCCG, with robust plans in place for managing

Rationale for acceptable rating:
Key area of commissioning, so aim to bring rating down to a fairly low level to be acceptable.

- Controls** (what are we doing currently about the risk):
- Interim head of primary care in post for six months
 - Operational primary care group established - June / July 2016 with participants with the full range of required expertise
 - Partnership manager in place and allocated to practices
 - EMT oversight
 - Regular dialogue with NHSE regarding approach

- Assurance/evidence** (How do we know if things we are doing are having an impact?):
- Head of primary care JD
 - Actions and notes from primary care group

- Gaps in controls** (what additional assurances should we seek?):
- No substantive head of primary care in post

- Further actions required:**
- Recruitment of substantive head of primary care (30/11/2016)
 - Seeking clarification from NHSE on their continuing role in primary care (31/08/2016)
 - Governance structure being implemented (31/07/2016)

Objective 6: Develop a service commissioning strategy that fully utilises the capabilities and capacity of all providers including delegated primary care commissioning.

938 Potential over performance of acute contracts (DoCO)		Director Lead: Director of Commissioning Operations															
		Date last reviewed: September 2016															
<p>Risk Rating</p> <p>Initial: 4x4 = 16 Current: 4x4 = 16 Tolerance: 3x3 = 9</p>	<table border="1"> <caption>Performance Data from Graph</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>12</td> <td>6</td> </tr> <tr> <td>Apr</td> <td>16</td> <td>9</td> </tr> <tr> <td>Nov</td> <td>16</td> <td>9</td> </tr> <tr> <td>June</td> <td>16</td> <td>9</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	12	6	Apr	16	9	Nov	16	9	June	16	9	<p>Rationale for current scoring: There was significant over performance in acute contracts historically so performance needs to be closely monitored</p> <p>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</p>
Month	Merton CCG	Tolerance															
Mar	12	6															
Apr	16	9															
Nov	16	9															
June	16	9															
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • 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 • Three year growth model in place, reflected in contracts and contingency funds identified 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Meeting records • Performance and activity reports • Meeting minutes • Acute contracts 															
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • 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 		<p>Further actions required:</p> <ul style="list-style-type: none"> • Data analysis enhancements inc. Merton deep dives and commissioning a new and enhanced performance service from SECSU (31/07/2016) • Ensuring Nelson Health Centre fully operational (31/03/2017) • On going activity reporting (31/03/2017) • OOH schemes, analysis of referral patterns (31/08/2016) • Respond to monitoring and create action plans (31/03/2017) • Review options for Acute Commissioning Manager and implement recommendation (31/08/2016) • Arrangements agreed to deploy extra resource into the commissioning team (31/07/2016) 															

Objective 7: Develop high performing CCG organisation by supporting staff and staff development and maintaining the necessary infrastructure to perform.

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 2017																	
Risk Rating Initial: 4x2 = 8 Current: 4x4 = 16 Tolerance: 4x1=4	<table border="1" style="margin: 10px auto;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>8</td> <td>4</td> </tr> <tr> <td>Apr</td> <td>8</td> <td>4</td> </tr> <tr> <td>May</td> <td>8</td> <td>4</td> </tr> <tr> <td>June</td> <td>12</td> <td>4</td> </tr> </tbody> </table>		Month	Merton CCG	Tolerance	Mar	8	4	Apr	8	4	May	8	4	June	12	4	Rationale for current scoring: <ul style="list-style-type: none"> Staff survey shows areas where we compare less favourably to other comparator organisations. Interims in key posts. Rationale for acceptable rating: <ul style="list-style-type: none"> Improved staff survey results 	
Month	Merton CCG	Tolerance																	
Mar	8	4																	
Apr	8	4																	
May	8	4																	
June	12	4																	
Controls (what are we doing currently about the risk): <ul style="list-style-type: none"> 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 2016/17 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 Agreed to become local delivery unit with Wandsworth CCG Recruiting to substantive posts 		Assurance/evidence (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> Objective setting Staff survey action plan implemented Annual staff survey Informal feedback from staff Objective setting Appraisals and regular 1:1s Personal development plans RemCo ToR inc. staff survey 																	
Gaps in controls (what additional assurances should we seek?) <ul style="list-style-type: none"> Interim staff in key posts 		Further actions required: <ul style="list-style-type: none"> Develop workforce steering group (31/03/2017) Staff survey to Remuneration Committee (31/03/2017) 																	

Appendix 1

Risk Matrix

Impact	5. Catastrophic	Moderate (5)	High (10)	Very High (15)	Very High (20)	Very High (25)
	4. Major	Moderate (4)	High (8)	High (12)	Very High (16)	Very High (20)
	3. Moderate	Low (3)	Moderate (6)	High (9)	High (12)	Very High (15)
	2. Minor	Low (2)	Moderate (4)	Moderate (6)	High (8)	High (10)
	1. Negligible	Low (1)	Low (2)	Low (3)	Moderate (4)	Moderate (5)
	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain	

Inherent Likelihood

Inherent Likelihood Details

Name	Description
1. Rare	Rare to occur within the next five years. ----- (0 -10%)
2. Unlikely	Unlikely to happen within the current year, but could occur within the next 1 to 5 years ----- (10 - 40%)
3. Possible	Possibly could happen within the current year, or could occur within the next 6 -12 months ----- (40 - 65%)
4. Likely	Likely to happen within the current year, or could occur within the next 6 months ----- (65 - 90%)
5. Almost Certain	Almost certain to happen within the current year, or could occur within the next 3 months ----- (90 - 100%)

Impact Details

Name	Description
1. Negligible	FINANCIAL Theft/loss up to £1000, Compliant unlikely Litigation risk remote, impact on service <£100 -- SERVICE DELIVERY/CORP OBJECTIVES Negligible Effects on service quality or corporate objectives -- SAFETY Negligible e.g. no obvious harm -- REPUTATION No Effects on reputation -- COMPLAINT/LITIGATION Negligible
2. Minor	FINANCIAL Litigation <£50k, Theft/loss between £1k-£5k, Financial impact on service £100-£5k -- SERVICE DELIVERY/CORP OBJECTIVES Service marginally impaired, Some impact on corporate objectives but recoverable -- SAFETY Minor injury or illness requiring minor intervention -- REPUTATION Temporary reputational damage-- COMPLAINT/LITIGATION Minor breach with no penalty
3. Moderate	FINANCIAL Litigation possible £50k-£500k Theft/loss between £5k-£25k, loss to service between £5k-£100k --SERVICE DELIVERY Service quality impaired, Achievement of corporate objectives delayed SAFETY Moderate injury requiring medical treatment and/or counselling REPUTATION Specific regional media coverage, Stakeholder expectations are not met. -- COMPLAINT/LITIGATION Legal action or regulatory penalty
4. Major	FINANCIAL Litigation £1M-£20M, Theft /loss £25k-£400k, impact to service £100k-£20M-- SERVICE DELIVERY/CORP OBJECTIVES Significant reduction in service quality, prioritisation of corporate objectives--SAFETY Major injuries / long term incapacity or disability (loss of limb) requiring treatment/counselling-- REPUTATION

	damage with Key Stakeholders, some national/widespread regional media coverage-- COMPLAINT/LITIGATION NHS London 'supervision' or legal case or overhaul of procedures, qualification of accounts
5. Catastrophic	FINANCIAL Litigation >£20 million, Theft loss over £500k, Financial impact to service>£25 million ----- SERVICE DELIVERY/CORP OBJECTIVES Complete failure of services. Unable to meet corporate objectives. ----- SAFETY Incident leading to death or major permanent incapacity An event which impacts on a large number of patients --- -- REPUTATION Reputational Damage is irrecoverable, Extensive and sustained national media coverage ----- COMPLAINT/LITIGATION Termination of the CCG or criminal prosecution