

**REPORT TO MERTON CLINICAL COMMISSIONING GROUP  
GOVERNING BODY**

**Date of Meeting:** 26<sup>th</sup> March 2015

**Agenda No:** 6.6

**Attachment:** 11

<p><b>Title of Document:</b> Board Assurance Framework</p>	<p><b>Purpose of Report:</b> To AGREE</p>
<p><b>Report Author:</b> Terri Burns, South East CSU</p>	<p><b>Lead Director:</b> Lynn Street, Director of Quality</p>
<p><b>Contact details:</b> <a href="mailto:Thereasa.burns@nhs.net">Thereasa.burns@nhs.net</a></p>	
<p><b>Executive Summary:</b></p> <p>A full review of all corporate risks has taken place. In light of this, the following risks are proposed to be added to the Governing Body Assurance Framework to ensure it accurately reflects the current major risks facing Merton CCG:</p> <p><b>938</b> - Potential over performance of acute contracts</p> <ul style="list-style-type: none"> <li>• Amalgamated with 959 - If there is over performance in acute settings, then fewer resources will be available for investment resulting in schemes for services in the community being compromised</li> </ul> <p><b>1009</b> - Merton CCG has a responsibility to ensure all children looked after (CLA) are safeguarded. Merton CCG CLA could be assessed as inadequate by the CQC.</p> <ul style="list-style-type: none"> <li>• Amalgamated with 882 on Corporate Risk register, resulting in higher risk rating - If looked after children entering into care are not receiving their initial health assessment within the statutory timeframes of 28 days, there will be delays meeting their health needs</li> </ul> <p>The following risks have been removed from the Governing Body Assurance Framework and the Corporate Risk register:</p> <p><b>957</b> - If the corporate delivery structure is not well planned and implemented, then staff will be unclear of their key deliverables resulting in the two year operating plan not being delivered.</p> <ul style="list-style-type: none"> <li>• No longer a risk as organisation is now established</li> </ul> <p><b>959</b> – If there is over performance in acute settings, then fewer resources will be available for investment resulting in schemes for services in the community being compromised</p> <ul style="list-style-type: none"> <li>• Amalgamated with 938 – as above</li> </ul>	

**Recommendation(s):**

It is recommended that the Audit and Governance Committee **AGREE** 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 Committee

**Committees which have previously discussed/agreed the report:**

Executive Management Team 11 March 2015

Audit & Governance Committee 19 March 2015 - Risk 954 to be reviewed following feedback from Merton's Clinical Quality Committee on 13 March 2015

**Financial Implications:**

As per objective 3

**Other Implications:** (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)

As described by the risk descriptions

The risk tolerance reflects the level of risk that the CCG is willing to accept, following mitigating action being taken to provide assurances, in order to meet their corporate objectives. If the current risk rating is higher than the tolerance level, this indicates that there is still further work needed to bring the risk down to an acceptable level.

**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)

Available on the CCG's website as part of the Governing Body papers.

# Merton CCG Governing Body Assurance Framework

March 2015

## 1. Introduction

Following presentation of the Governing Body Assurance Framework at the end of May 2014, the CCG leadership team agreed a further CCG objective to support the development and implementation of a clinically and cost effective 5 year collaborative strategic commissioning plan for South West London (Objective 5). The Assurance Framework (Table 1) has been updated to reflect this and focuses on supporting the CCG to achieve the following key deliverables:

- Strategic objectives for 2014/15
- 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. This enables the Executive Management 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 is a live document and sets out to identify, mitigate, and control known risks to increase the probability of achieving the CCGs plans.

## 3. The Assurance Framework

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

## 4. Recommendations

It is recommended that the Audit and Governance **AGREE** 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, Audit and Governance Committee and Governing Body.

## **5. Next steps**

Any additions, amendments or deletions to the Assurance Framework identified through reviews will be developed within the 4Risk system alongside the Corporate Risk Register for presentation to future CCG Committee meetings as appropriate.

Terri Burns  
Corporate Affairs Senior Associate,  
SECSU  
March 2015

Table 1

## Merton Clinical Commissioning Group Governing Body Assurance Framework March 2015

The Governing Body Assurance Framework is a live document and 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.

The risk tolerance reflects the level of risk that the CCG is willing to accept, following mitigating action being taken to provide assurances, in order to meet their corporate objectives. If the current risk rating is higher than the tolerance level, this indicates that there is still further work needed to bring the risk down to an acceptable level.

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			
<b>Objective 1</b> To deliver the quality strategy	<b>954</b> If there are gaps in assurance 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		3x3=9		3x2=6	March 2016	March 2015
	<b>955</b> 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 2015	March 2015
	<b>791</b> 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	April 2015	March 2015
<b>Objective 2</b> 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	<b>958</b> If the CCG fails to align its plans with partners and providers, it may be unable to achieve the operating plan and its vision for Merton patients (DoCP)	3x3=9		3x3=9		3x2=6	March 2016	March 2015
	<b>938</b> Potential over performance of acute contracts (DoCP)	4x4=16		4x3=12		4x2=8	March 2015	March 2015
<b>Objective 3</b> To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations	<b>477</b> 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	May 2015	February 2015
	<b>798</b> If external and internal pressures mean the CCG is unable to deliver the planned budget for 2014-15, 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		3x3=9		3x3=9	March 2015	March 2015
	<b>792</b> 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		5x2=10		5x1=5	March 2015	March 2015
	<b>1009</b> Merton CCG has a responsibility to ensure all children looked after (CLA) are safeguarded. Merton CCG CLA could be assessed as inadequate by the CQC. (DoQ)	4x4=16		4x3=12		3x3=6	March 2016	March 2015
<b>Objective 4</b> To engage in the health and social care system in Merton as a leader and partner, as appropriate	<b>457</b> 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	April 2015	March 2015
	<b>960</b> If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (DoQ)	4x2=8		4x2=8		4x1= 4	April 2015	March 2015
<b>Objective 5:</b> To develop and implement a clinically and cost effective 5 year collaborative strategic commissioning plan for SW London <sup>1</sup>	<b>961</b> 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 2015	March 2015
	<b>962</b> If there is a lack of stakeholder and public support to the redesign of services, then quality of outcomes will be limited for patient and provider organisations may become unsustainable. (CO)	4x4=16		4x4=16		4x2=8	March 2015	March 2015

<sup>1</sup> The Date to Achieve for Objective 5 reflects the actions taken within the current year of the 5 year strategy

## Objective 1: To deliver the quality strategy

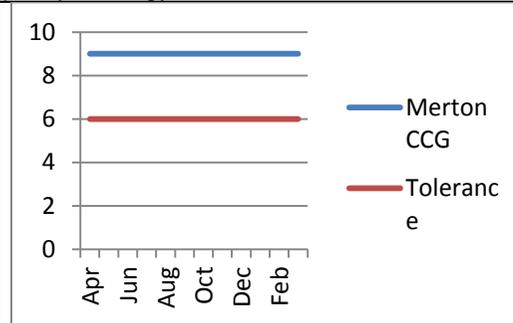
**954** If there are gaps in assurance regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services which may limit the success of the quality strategy

**Director Lead: Director of Quality**

**Date last reviewed: March 2015**

### Risk Rating

**Initial: 3x3 = 9**  
**Current: 3x3 = 9**  
**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.
- However lack benchmarked info and analysis at speciality and sub speciality and pathway level across providers and systems
- 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):

- Attendance at Clinical Quality Review Groups (CQRGs)
- Aggregation of soft and hard data into quality and performance report, with analysis.
- Forward plan for Clinical Quality Committee ensures that all contracts (large and small) are monitored.
- CCG Performance and Information Manager has produced a working integrated quality and performance report with the CSU
- CSU - Quality service offer covers basic quality information in relation to acute contracts
- Performance and quality are discussed at EMT meetings

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

- Large providers – annual quality accounts, CQRG papers and minutes, CQC inspection reports, presentations at quality committee and patient feedback etc.
- Intermediate providers– systems are developing, e.g. 111/OOH clinical governance group
- AQP info for continuing care / nursing homes

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

- Lack of benchmarked data at speciality and sub speciality level and pathway level, also benchmarked patient safety data, between multiple providers, which would provide independent alerts as to any 'outliers' and help us understand effectiveness of pathway improvements
- Lack of joined up quality monitoring across health and social care.

### Further actions required:

- Exploring possibility of clinical benchmark data via outsourcing or from CSU
- Developing joint quality monitoring system with Local Authority via BCF and 'joint quality board
- Develop patient experience data to drive improvements and deliver the quality strategy
- Review continuing health care - monthly contract monitoring meeting to include performance, finance and quality. First meeting 17.02.15.

## Objective 1: To deliver the quality strategy

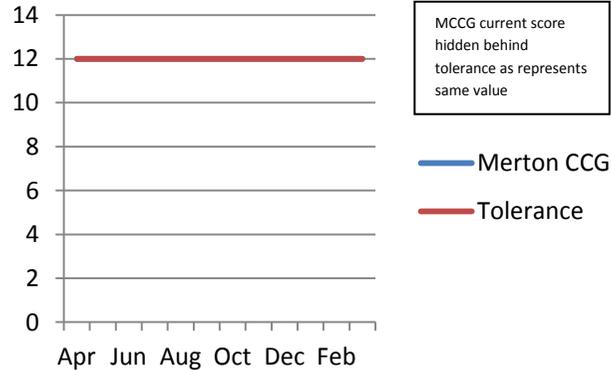
**955** If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the outcomes of care Merton patients will receive wherever they access healthcare in London. (DoQ)

**Director Lead: Director of Quality**

**Date last reviewed:** March 2015

### Risk Rating

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



### 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):

- Annual self-assessment
- Trusts in FT / NTDA process which includes challenges regarding clinical quality standards
- Regular reporting to JCG
- Commissioners commission to LQS (15/16 CQUIN)

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

- Annual provider self-assessment
- JCG minutes

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

- Lack of independent audit of self-assessment

### Further actions required

- Review independent audit of self-assessment.
- Assurance through CQRGs and CDGs that standards are assessed and discussed at Board-level.
- Milestones identified and reported by SWL Collaborative

## Objective 1: To deliver the quality strategy

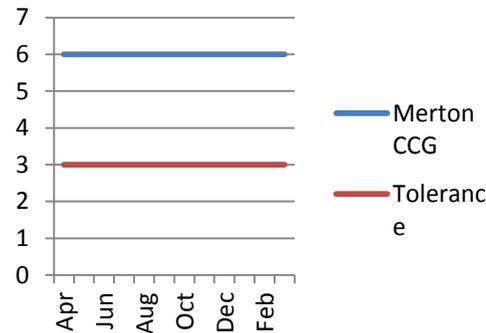
**791** If the CCG fails to establish appropriate systems and processes for safeguarding adults, vulnerable adults may be at risk of harm (DoQ)

**Director Lead: Director of Quality**

**Date last reviewed:** March 2015

### Risk Rating

**Initial: 3x2 = 6**  
**Current: 3x2 = 6**  
**Tolerance: 3x1= 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 Boards in place, with CCG representation reporting to clinical quality committee
- Safeguarding Adults self-assessment framework identifies areas for action
- Interim Head of Quality in post with lead role for Safeguarding Adults
- Reporting through Clinical Quality Committee

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

- Adult Safeguarding Board Minutes
- Named executive and GB leads
- KPIs and assurance to relevant committees
- Quarterly and annual safeguarding report
- Job descriptions and 1:1s
- CQC minutes

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

- No formal governance regarding joint contracts with LM Merton (e.g. Nursing homes)
- No named GP at present

### Further actions required:

- Work with LA to establish role of Safeguarding Adults Board under Care Act 2014
- Identify named GP for safeguarding
- Internal Audit

## 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

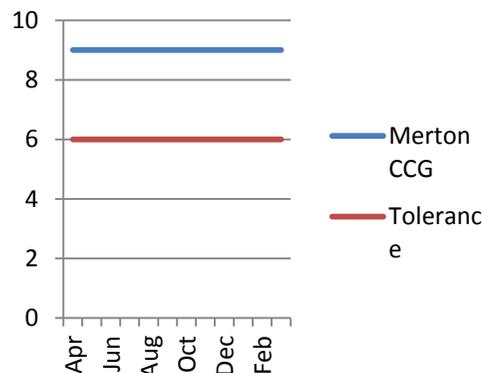
**958** If the CCG fails to align its plans with partners and providers, it may be unable to achieve the operating plan and its vision for Merton patients (DoCP)

**Director Lead: Director of Commissioning and Planning**

**Date last reviewed:** March 2015

**Risk Rating**

**Initial: 3x3 = 9**  
**Current: 3x3 = 9**  
**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 creates are 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):

- BCF and integration programme board and approach
- Adult and Child Safeguarding Boards
- Joint Partnership Board for transition and learning disability
- Urgent Care Working Group
- SWLCC
- One Merton Group
- Health and Wellbeing Board
- Monthly provider meeting
- Partners are members of the delivery groups for the two year operating plan
- Mitcham programme board
- BHCH Programme Board
- System Resilience Groups

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

- Minutes and reports of all meetings
- Two year operating plan signed off by all partners
- NHSE signed off two year operating plan and BCF
- Support from HWB
- Mitcham programme board well attended by all partners including the Chair of HWB

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

- Implementation plan to be implemented

**Further actions required:**

- SWLCC Implementation – on going monitoring of workstreams

**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**

<b>938 Potential over performance of acute contracts (DoCP)</b>		<b>Director Lead: Director of Commissioning and Planning</b>																					
		<b>Date last reviewed:</b> March 2015																					
<p><b>Risk Rating</b></p> <p><b>Initial: 4x4 = 16</b>  <b>Current: 4x3 = 12</b>  <b>Tolerance: 3x2 = 6</b></p>	<table border="1"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>-</td> <td>-</td> </tr> <tr> <td>Jun</td> <td>-</td> <td>-</td> </tr> <tr> <td>Aug</td> <td>12</td> <td>6</td> </tr> <tr> <td>Oct</td> <td>12</td> <td>6</td> </tr> <tr> <td>Dec</td> <td>12</td> <td>6</td> </tr> <tr> <td>Feb</td> <td>12</td> <td>6</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	-	-	Jun	-	-	Aug	12	6	Oct	12	6	Dec	12	6	Feb	12	6	<p><b>Rationale for current scoring:</b>  There was significant over performance in acute contract within 2013/14 so performance needs to be closely monitored</p> <p>A number of providers had ED performance that was compromised towards the end of 2013/14 and as such this may have an early impact in Q2 on for RTT</p> <p><b>Rationale for acceptable rating:</b>  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																					
Apr	-	-																					
Jun	-	-																					
Aug	12	6																					
Oct	12	6																					
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Feb	12	6																					
<p><b>Controls</b> (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> <li>• Finance Committee reporting</li> <li>• Internal PMM monitors acute activity</li> <li>• Providers agree activity projections each year in contract negotiations</li> <li>• Regular meetings with budget holders</li> <li>• Regular meetings with CSU contracting teams</li> <li>• Validation of performance by CSU</li> </ul>		<p><b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> <li>• Finance Committee minutes</li> <li>• Internal Performance Management meeting minutes</li> <li>• Acute contracts</li> <li>• Performance and activity reports</li> </ul>																					
<p><b>Gaps in controls</b> (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> <li>• Regular information being supplied to the localities regarding referrals</li> </ul>		<p><b>Further actions required:</b></p> <ul style="list-style-type: none"> <li>• Respond to monitoring and create action plans</li> <li>• On going activity reporting</li> <li>• Data analysis</li> </ul>																					

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

<b>Risk 477</b> If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity		<b>Director Lead:</b> Chief Officer <b>Date last reviewed:</b> February 2015																					
<b>Risk Rating</b>  <b>Initial: 4x2 = 8</b> <b>Current: 4x2 = 8</b> <b>Tolerance: 3x2 = 6</b>	<table border="1" style="margin: 10px auto;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG Rating</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>8</td><td>4</td></tr> <tr><td>Jun</td><td>8</td><td>4</td></tr> <tr><td>Aug</td><td>8</td><td>4</td></tr> <tr><td>Oct</td><td>8</td><td>6</td></tr> <tr><td>Dec</td><td>8</td><td>6</td></tr> <tr><td>Feb</td><td>8</td><td>6</td></tr> </tbody> </table>	Month	Merton CCG Rating	Tolerance	Apr	8	4	Jun	8	4	Aug	8	4	Oct	8	6	Dec	8	6	Feb	8	6	<b>Rationale for current scoring:</b> A robust system of internal control is in place, with significant controls. Further actions still required to reach the acceptable risk rating.  <b>Rationale for acceptable rating and target date for achievement:</b> <ul style="list-style-type: none"> <li>• Review of key systems and processes</li> <li>• Established board reporting cycle</li> </ul>
Month	Merton CCG Rating	Tolerance																					
Apr	8	4																					
Jun	8	4																					
Aug	8	4																					
Oct	8	6																					
Dec	8	6																					
Feb	8	6																					
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>• Contingency plans to offset impact of adverse events</li> <li>• Experienced Governing Body members holding EMT to account</li> <li>• Internal audit of control systems</li> <li>• Establishment of quality strategy and implementation of CSU review</li> <li>• Governance structures and framework established</li> <li>• IG Toolkit Level 2 achieved</li> <li>• Finance policies approved and in place</li> <li>• Quarterly Assurance meetings with NHSE to review performance</li> <li>• Finance Committee</li> <li>• Audit &amp; Governance Committee</li> <li>• Regular review of policies by GB and Audit &amp; Governance Committee</li> <li>• Regular review of performance by EMT</li> <li>• AGM – Sept 2014</li> </ul>		<b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> <li>• Annual Governance Statement</li> <li>• Minutes of Finance and Audit &amp; Governance Committee presented to Governing Body.</li> <li>• Internal audit reports</li> <li>• IG toolkit submissions</li> <li>• Detailed schedule of issues from Croydon report shared with Executive members and GB</li> </ul>																					
<b>Gaps in controls</b> (what additional assurances should we seek?)		<b>Further actions required:</b> <ul style="list-style-type: none"> <li>• Annual review of policies and procedures in place</li> <li>• Review of Governing Body effectiveness</li> <li>• 2014/15 Annual Governance Statement</li> </ul>																					

## Objective 3: To ensure MCGG 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 2014-15, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions		<b>Director Lead: Chief Financial Officer</b>																					
		<b>Date last reviewed:</b> March 2015																					
<b>Risk Rating</b>  <b>Initial: 4 x 4 = 16</b> <b>Current: 3 x 3 = 9</b> <b>Tolerance: 3 x 3 = 9</b>	<table border="1" style="margin: 10px auto;"> <caption>Graph Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG Score</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>9</td></tr> <tr><td>Jun</td><td>12</td><td>9</td></tr> <tr><td>Aug</td><td>10</td><td>9</td></tr> <tr><td>Oct</td><td>9</td><td>9</td></tr> <tr><td>Dec</td><td>9</td><td>9</td></tr> <tr><td>Feb</td><td>9</td><td>9</td></tr> </tbody> </table>	Month	Merton CCG Score	Tolerance	Apr	12	9	Jun	12	9	Aug	10	9	Oct	9	9	Dec	9	9	Feb	9	9	<b>Rationale for current scoring</b> Financial plans are in place and have been approved by the Governing Body. These are being monitored robustly through governance processes.  <b>Rationale for acceptable rating</b> By identifying and addressing financial risks we aim to reduce the risk to moderate likelihood.
Month	Merton CCG Score	Tolerance																					
Apr	12	9																					
Jun	12	9																					
Aug	10	9																					
Oct	9	9																					
Dec	9	9																					
Feb	9	9																					
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>Financial policies approved by Audit &amp; Governance Committee and Governing Body</li> <li>Finance Committee review and scrutinise finance report monthly</li> <li>QIPP plans in place and monitored by QIPP delivery team, Executive Management Team and Finance Committee.</li> <li>Risk pooling across SWL CCGs</li> <li>2014-15 Operating Plans and detailed budget approved by CCG</li> <li>Monthly Performance meeting reviews performance on activity, finance, performance and quality of main Providers.</li> </ul>		<b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> <li>Governing Body receive Finance Report</li> <li>Audit and Governance Committee receive Internal and External Audit reports relating to operation of systems and controls</li> <li>Assurance from NHSE</li> </ul>																					
<b>Gaps in controls</b> (what additional assurances should we seek?) <ul style="list-style-type: none"> <li>Working with CSU to ensure all contract performance by Providers are managed and reviewed for accuracy.</li> </ul>		<b>Further actions required:</b> <ul style="list-style-type: none"> <li>Review of investments to ensure objectives are delivered.</li> </ul>																					

## 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)		<b>Director Lead: Director of Quality</b> <b>Date last reviewed: March 2015</b>																					
<b>Risk Rating</b>  <b>Initial: 5x3 = 15</b> <b>Current: 5 x 2 = 10</b> <b>Tolerance: 5 x 1 = 5</b>	<table border="1" style="margin-top: 10px; font-size: small;"> <caption>Merton CCG Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG Rating</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>5</td><td>5</td></tr> <tr><td>Jun</td><td>5</td><td>5</td></tr> <tr><td>Aug</td><td>5</td><td>5</td></tr> <tr><td>Oct</td><td>10</td><td>5</td></tr> <tr><td>Dec</td><td>10</td><td>5</td></tr> <tr><td>Feb</td><td>10</td><td>5</td></tr> </tbody> </table>	Month	Merton CCG Rating	Tolerance	Apr	5	5	Jun	5	5	Aug	5	5	Oct	10	5	Dec	10	5	Feb	10	5	<b>Rationale for current scoring:</b> <ul style="list-style-type: none"> <li>CCG has a tier 2 role in terms of major incidents, likelihood low, impact high.</li> <li>NHSE and providers have a well developed and tested system</li> <li>Internal plans and assurance systems need to be tested</li> </ul> <b>Rationale for acceptable rating and target date for achievement:</b> <ul style="list-style-type: none"> <li>As above</li> </ul>
Month	Merton CCG Rating	Tolerance																					
Apr	5	5																					
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Aug	5	5																					
Oct	10	5																					
Dec	10	5																					
Feb	10	5																					
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>Business continuity plan</li> <li>On call system for CCGs</li> <li>Liaison with NHSE and attendance at emergency planning meetings</li> <li>Gain assurance from providers in conjunction with NHSE as part of overall assessment</li> <li>Rated as having substantial level of assurance by NHSE</li> <li>Self-assessed CCG position re emergency planning</li> </ul>		<b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?): <ul style="list-style-type: none"> <li>CCGs involved in NHSE assurance of providers</li> <li>Executive director on call rota</li> <li>Attendance records</li> <li>Business continuity plan</li> <li>NHSE assurance report</li> </ul>																					
<b>Gaps in controls</b> (what additional assurances should we seek?)		<b>Further actions required:</b> <ul style="list-style-type: none"> <li>Business continuity plan to be tested</li> <li>Participation in NHSE assurance process – reporting on level of compliance to GB</li> </ul>																					

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

<b>1009</b> Merton CCG has a responsibility to ensure all children looked after (CLA) are safeguarded. Merton CCG CLA could be assessed as inadequate by the CQC. (DoQ)		<b>Director Lead: Director of Quality</b> <b>Date last reviewed: March 2015</b>									
<b>Risk Rating</b>  <b>Initial: 4x4 = 16</b> <b>Current: 4x3 = 12</b> <b>Tolerance: 3x2 = 6</b>	<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>Feb</td> <td>9</td> <td>6</td> </tr> <tr> <td>Mar</td> <td>12</td> <td>6</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Feb	9	6	Mar	12	6	<b>Rationale for current scoring:</b> <ul style="list-style-type: none"> <li>• Risk amalgamated to include 882 – CLA not receiving initial 28 day assessment. Rating higher to reflect this inclusion.</li> <li>• Independent review of CLA indicated a number of concerns</li> </ul> <b>Rationale for acceptable rating and target date for achievement:</b> <ul style="list-style-type: none"> <li>• As above</li> </ul>
Month	Merton CCG	Tolerance									
Feb	9	6									
Mar	12	6									
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>• Action plan approved by EMT 11.02.15 – with monthly oversight</li> <li>• Working group set up with ToR agreed by EMT 11.02.15</li> </ul>		<b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> <li>• Action plan and EMT minutes 11.02.15</li> <li>• Clinical Quality Committee notes the progress of the plan and reports to GB.</li> <li>• EMT minutes 11.02.15 and working group ToR</li> </ul>									
<b>Gaps in controls</b> (what additional assurances should we seek?)		<b>Further actions required:</b> <ul style="list-style-type: none"> <li>• Implement the action plan</li> </ul>									

## Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate

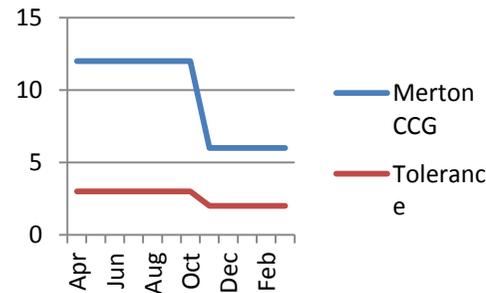
**457** If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs (DoQ)

**Director Lead: Director of Quality**

**Date last reviewed:** March 2015

### Risk Rating

**Initial: 4x3 = 12**  
**Current: 2x3 = 6**  
**Tolerance: 2x1 = 3**



### 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):

- Annual Duty to Involve report produced
- Annual Engage Merton public event
- Assurance meetings with NHSE
- Communication and engagement strategy (Refresh Jan 2015)
- Regular updates to the Health & Wellbeing Board
- Key Performance Indicators
- Member engagement event October 2014
- Members and practice leads events, CRG and clinical locality leads reflect an active membership
- MP briefings

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

- Development of 5 year plan including stakeholder views from Call to Action events, Healthwatch and other engagement activities
- CQRG monitoring and patient feedback
- Complaints and PALS report
- Healthwatch feedback
- Monthly assurance returns to NHSE
- Communication and Engagement strategy document
- Members and practice leads events, CRG and clinical locality meeting notes

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

- Lack of active Patient Participation Groups in all our practices
- Patient Reference Group is still in development

### Further actions required:

- Communication and engagement plan that proactively publicises and ensures participation
- Communication and engagement strategy out to consultation and April GB

## Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate

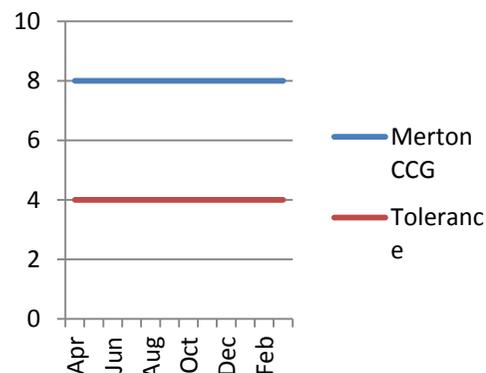
**960** If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (DoQ)

**Director Lead: Director of Quality**

**Date last reviewed:** March 2015

### Risk Rating

**Initial: 4x2 = 8**  
**Current: 4x2 = 8**  
**Tolerance: 4x1=4**



### Rationale for current scoring:

- Recent 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):

- 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
- Review of CSU effectiveness in supporting CCG functions

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

- Annual staff survey
- Informal feedback from staff
- Staff survey action plan implemented
- Objective setting
- Appraisals and regular 1:1s
- Personal development plans

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

- Annual staff survey
- Lack of regular workforce report and indicators

### Further actions required:

- Implement a revised staff survey to gain more understanding of morale in the organisation
- Receive regular workforce reports with improving indicators – currently providing negative assurance

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

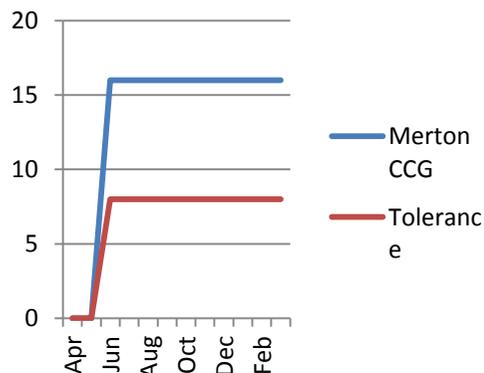
**961** If there is lack of collaboration between SWL CCGs and providers then high quality sustainable solutions may not be determined for healthcare in South West London

**Director Lead: Chief Officer**

**Date last reviewed:** March 2015

**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):

- Construction of robust governance arrangements across SWLCC
- Clarity and sound clinical and managerial leadership
- SWLCC 5 year strategy implementation plan developed and agreed
- SWLCC working with provider collaborative to ensure all models of care have full provider engagement
- CCGs aligning work programmes to actions

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

- Governance in place
- Implementation plan agreed by GB and SWLCC
- Achievement of SWLCC 5 year strategy implementation plan milestones

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

**Further actions required:**

- Work with CCGs and enabling groups, to deliver the implementation plan

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

<b>962</b> If there is a lack of stakeholder and public support to the redesign of services, then quality of outcomes will be limited for patient and provider organisations may become unsustainable		<b>Director Lead: Chief Officer</b> <b>Date last reviewed:</b> March 2015																																							
<b>Risk Rating</b>  <b>Initial: 4x4 = 16</b> <b>Current: 4x4 = 16</b> <b>Tolerance: 4x2 = 8</b>	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>0</td><td>0</td></tr> <tr><td>May</td><td>0</td><td>0</td></tr> <tr><td>Jun</td><td>16</td><td>8</td></tr> <tr><td>Jul</td><td>16</td><td>8</td></tr> <tr><td>Aug</td><td>16</td><td>8</td></tr> <tr><td>Sep</td><td>16</td><td>8</td></tr> <tr><td>Oct</td><td>16</td><td>8</td></tr> <tr><td>Nov</td><td>16</td><td>8</td></tr> <tr><td>Dec</td><td>16</td><td>8</td></tr> <tr><td>Jan</td><td>16</td><td>8</td></tr> <tr><td>Feb</td><td>16</td><td>8</td></tr> <tr><td>Mar</td><td>16</td><td>8</td></tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	0	0	May	0	0	Jun	16	8	Jul	16	8	Aug	16	8	Sep	16	8	Oct	16	8	Nov	16	8	Dec	16	8	Jan	16	8	Feb	16	8	Mar	16	8	<b>Rationale for current scoring:</b> <ul style="list-style-type: none"> <li>Complex and changing healthcare landscape.</li> <li>Challenging political climate</li> <li>SWL commissioning collaborative support the communication of the 5 year plan, addressing local concerns re future of local provider</li> </ul> <b>Rationale for acceptable rating:</b> <ul style="list-style-type: none"> <li>High quality, modern communications products and outputs.</li> </ul>
Month	Merton CCG	Tolerance																																							
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<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>Communication and engagement strategy sets out our intentions for communications standards and activity.</li> <li>SWL commissioning collaborative communications strategy</li> <li>Ensure all NHS staff are updated re SWLCC progress</li> <li>Major Stakeholder Events (Engage Merton, Call to Action)</li> <li>Patient Participation Groups</li> </ul>		<b>Assurance/evidence</b> (How do we know if things we are doing are having an impact?): <ul style="list-style-type: none"> <li>SWL commissioning collaborative communications 'outputs'</li> <li>Media statements</li> <li>Media monitoring now in place</li> </ul>																																							
<b>Gaps in controls</b> (what additional assurances should we seek?): <ul style="list-style-type: none"> <li>Regular staff and public newsletter re SWLCC</li> <li>Well used internet site and social media</li> </ul>		<b>Further actions required:</b> <ul style="list-style-type: none"> <li>Tailoring SWLCC communication plan to MCGG requirements - ongoing</li> </ul>																																							