

## Report to the Merton Clinical Commissioning Group Governing Body

**Date of Meeting:** 29<sup>th</sup> May 2014

**Agenda No:** 6.5

**Attachment:** 09

<p><b>Title of Document:</b> MCCG GB Assurance Framework 2014/15</p>	<p><b>Purpose of Report:</b> For Agreement</p>
<p><b>Report Author:</b> Louise Morgan, South London CSU</p>	<p><b>Lead Director:</b> Jenny Kay, Director of Quality</p>
<p><b>Contact details:</b> <a href="mailto:Louise.Morgan7@nhs.net">Louise.Morgan7@nhs.net</a></p>	
<p><b>Executive Summary:</b> Following the Governing Body Seminar in February 2014, the CCG leadership team has further refined the CCG objectives for 2014/15 to support the achievement of the annual plan.</p> <p>Correspondingly, the Assurance Framework (Table 1) has been refreshed to ensure it focuses on supporting the CCG to achieve the following key deliverables:</p> <ul style="list-style-type: none"> <li>• Strategic objectives for 2014/15</li> <li>• CCG mission, ethos and values</li> <li>• Merton CCG 2-year operating plan</li> <li>• Merton CCG 5-year strategic plan</li> </ul>	
<p><b>Recommendation(s):</b></p> <p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the new CCG annual objectives-focused approach to organisation of the Assurance Framework</li> <li>• <b>AGREE</b> the refined risk descriptions</li> <li>• <b>NOTE</b> the addition of new risks</li> </ul> <p>It is recommended that the Governing Body: <b>CONFIRM</b> the following:</p> <ul style="list-style-type: none"> <li>• The risks described represent the main strategic risks to the delivery of the CCG's annual plan.</li> <li>• The mitigating controls adequately increase the probability of the CCG delivering the plan?</li> <li>• Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the EMT</li> </ul>	

<b>Committees which have previously discussed/agreed the report:</b> Merton CCG Executive Management Team Merton CCG Audit & Governance Committee
<b>Financial Implications:</b> As per objective 3
<b>Other Implications:</b> (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing) As described by the risk descriptions
<b>How has the Patient voice been considered in development of this paper:</b> As per Objective 4
<b>Equality Analysis:</b> n/a
<b>Information Privacy Issues:</b> As per Freedom of Information Act 2000
<b>Communication Plan:</b> (including any implications under the Freedom of Information Act or NHS Constitution) May 2014 Governing Body papers

# Merton CCG Governing Body Assurance Framework

May 2014

## 1. Introduction

Following the Governing Body seminar in February 2014, the CCG leadership team has further refined the CCG objectives for 2014/15 to support the achievement of the annual plan.

Correspondingly, the Assurance Framework (Table 1) has been refreshed to ensure it 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

This activity will ensure that the Assurance Framework identifies and prioritises the main risks to delivery and mitigating actions during 2014/15. This will also enable 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 in principle 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) via Corporate Risk Register to the Assurance Framework.

As we enter a new financial year, a number of operational level risks recorded within the Assurance Framework from 2012/13 can now be deescalated to Corporate Risk Register as they no longer individually represent the main strategic risks to the CCG. Correspondingly, a number of new risks have been identified by Directors, and the Assurance Framework sets out to identify, mitigate, and control the known risks in order to increase the probability of achieving the annual plan in 2014/15.

## 3. Changes to the Assurance Framework for 2014/15

The Assurance Framework presented below has been reviewed by each Executive Director and will be updated on a monthly basis going forward. Since its last iteration in March 2014, the register has been developed as follows:

- Refocused grouping of risks in line with the CCG mission, ethos, values and objectives for 2014/15
- Archive of risks to delivery for 2013/14, where applicable, and refined risk descriptions as appropriate for 2014/15

- Addition of new strategic risks identified within the CCG Operating and Strategic Plans
- De-escalation from the Assurance Framework to the Corporate Risk Register of operational risks

#### **4. Recommendations**

It is recommended that the Audit and Governance Committee:

- **ENDORSES** the new CCG annual objectives-focused approach to organisation of the Assurance Framework
- **AGREES** the refined risk descriptions
- **NOTES** the addition of new risks

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

- The risks described represent the main strategic risks to the delivery of the CCG's annual plan.
- The mitigating controls adequately increase the probability of the CCG delivering the plan?
- Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the Governing Body

#### **5. Next steps**

The content referred to will be developed within the 4Risk system alongside the Corporate Risk Register for presentation to future meetings of the Audit and Governance Committee.

**Louise Morgan**  
**May 2014**

Table 1

**Merton Clinical Commissioning Group  
Governing Body Assurance Framework  
May 2014**

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.

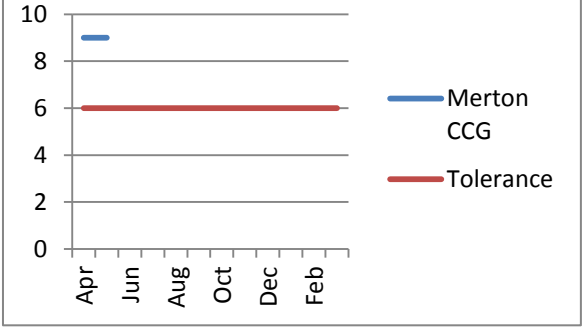
This report provides the CCG with assurance that a review of controls and assurances has been undertaken by the risk leads and includes an assessment of current performance.

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

## Summary

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	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 2015	May 2014
	If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the quality of care Merton patients will receive wherever they access healthcare in London. (DoQ)	4x3=12		4x3=12		4x3=12	March 2015	May 2014
	<b>791</b> If the CCG fails to establish appropriate systems and processes for safeguarding children and adults, then opportunities to safeguard vulnerable people will be missed and the CCG will not meet its statutory duties (DoQ)	3x2=6		3x2=6		3x1= 2	June 2014	May 2014
<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	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. (DoCP)	4x3=12		4x3=12		4x1= 4	June 2014	May 2014
	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	Sept 2014	May 2014
	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 (DoCP)	4x3=12		4x3=12		4 x2=8	March 2015	May 2014
<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, it may performance poorly which may compromise the CCG's probity and success (CO)	4x2 = 8		4x2 = 8		4x1 = 4	June 2014	May 2014
	If external and internal pressures continue, the CCG - will be unable to deliver the planned budget for 2014-15 and - will be unable to deliver a robust financial position in the medium term, which reduces our ability to deliver our Commissioning Intentions (CFO)	4x3=12		4x3=12		4x2=8	March 2015	May 2014
	<b>792</b> If the CCG fails to establish business continuity and emergency planning arrangements for a major incident or breakdown of a service within providers, disruption to services may be caused and the CCG will not be able to meet its statutory duties (DoQ)	4x2=8		4x2=8		4x1=4	June 2014	May 2014
<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 there is a lack of patient and public involvement, this may cause a lack of trust in the CCG to commission appropriate services for Merton population (DoQ)	4x3=12		4x3=12		3x1=3	March 2015	May 2014
	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	March 2015	May 2014

Objective 1: To deliver the quality strategy																						
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	<p><b>Director Lead: Director of Quality</b></p> <p><b>Date last reviewed:</b> May 2014</p>																					
<p><b>Risk Rating</b></p> <p><b>Initial: 3x3 = 9</b>  <b>Current: 3x3 = 9</b>  <b>Tolerance: 3x2 =6</b></p>	 <table border="1" style="display: none;"> <caption>Chart Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>9</td> <td>6</td> </tr> <tr> <td>Jun</td> <td>9</td> <td>6</td> </tr> <tr> <td>Aug</td> <td>9</td> <td>6</td> </tr> <tr> <td>Oct</td> <td>9</td> <td>6</td> </tr> <tr> <td>Dec</td> <td>9</td> <td>6</td> </tr> <tr> <td>Feb</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	9	6	Jun	9	6	Aug	9	6	Oct	9	6	Dec	9	6	Feb	9	6
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<p><b>Controls</b> (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> <li>Attendance at Clinical Quality Review Groups (CQRGs)</li> <li>Aggregation of soft and hard data into quality and performance report, with analysis.</li> <li>Forward plan for Clinical Quality Committee ensures that all contracts (large and small) are monitored.</li> </ul>	<p><b>Rationale for current scoring:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>However lack benchmarked info and analysis at speciality and sub speciality and pathway level across providers and systems</li> <li>Lack some information and analysis regarding smaller contracts</li> </ul> <p><b>Rationale for acceptable rating:</b>                      All issues above need to be addressed to meet at acceptable rating</p> <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>Large providers – annual quality accounts, CQRG papers and minutes, CQC inspection reports, presentations at quality committee etc.</li> <li>Intermediate providers– systems are developing, e.g. 111/OOH clinical governance group</li> <li>AQP info for continuing care / nursing homes</li> </ul>																					
<p><b>Gaps in controls</b> (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> <li>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</li> <li>Lack of joined up quality monitoring across health and social care.</li> </ul>	<p><b>Further actions required:</b></p> <ul style="list-style-type: none"> <li>Exploring possibility of clinical benchmark data via outsourcing or from CSU</li> <li>Developing joint quality monitoring system with Local Authority via BCF and ‘joint quality board</li> </ul>																					

## Objective 1: To deliver the quality strategy

If providers are unable to achieve the London Quality Standards, the CCG cannot be confident of the quality of care Merton patients will receive wherever they access healthcare in London. (DoQ)		<b>Director Lead: Director of Quality</b> <b>Date last reviewed: May 2014</b>
<b>Risk Rating</b>  <b>Initial: 4x3 = 12</b> <b>Current: 4x3 = 12</b> <b>Tolerance: 4x3 = 12</b>	<p style="font-size: small;">MCCG current score hidden behind tolerance as represents same value</p> <p style="font-size: small;">— Merton CCG — Tolerance</p>	<b>Rationale for current scoring:</b> <ul style="list-style-type: none"> <li>Annual self-assessment shows improvement in position</li> <li>However delivering overall standards will require huge investment and/or workforce solutions and / or collaborative commissioning approach.</li> </ul> <b>Rationale for acceptable rating:</b> <ul style="list-style-type: none"> <li>Meeting all London Quality Standards</li> </ul>
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>SWL collaborative commissioning programme</li> <li>Annual self-assessment</li> <li>Trusts in FT / NTDA process which includes challenges regarding clinical quality standards</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 self-assessment</li> </ul>	
<b>Gaps in controls</b> (what additional assurances should we seek?) <ul style="list-style-type: none"> <li>Lack of independent audit of self-assessment</li> </ul>	<b>Further actions required:</b> <ul style="list-style-type: none"> <li>Support collaborative commissioning approach</li> <li>Ensure independent audit of self-assessment.</li> </ul>	



Objective 1: To deliver the quality strategy																						
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<p><b>Controls</b> (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> <li>Designated nurse and doctor in post for children</li> <li>Executive and Governing Body leads in post for adult and child</li> <li>Local Children's and Adults safeguarding Boards in place</li> <li>Reporting through clinical quality committee</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>Quarterly and annual safeguarding reports</li> <li>Child Death overview panel</li> <li>KPIS and assurance to relevant committees</li> <li>Serious Case Review report for Adult safeguarding report</li> </ul>																					
<p><b>Gaps in controls</b> (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> <li>No named GP at present</li> <li>Adult safeguarding vacant post – structure under review</li> <li>Join board with LA in development</li> </ul>	<p><b>Further actions required:</b></p> <ul style="list-style-type: none"> <li>Identify named GP</li> <li>Finalise adult safeguarding structure review</li> <li>Joint quality board in progress</li> </ul>																					

**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**

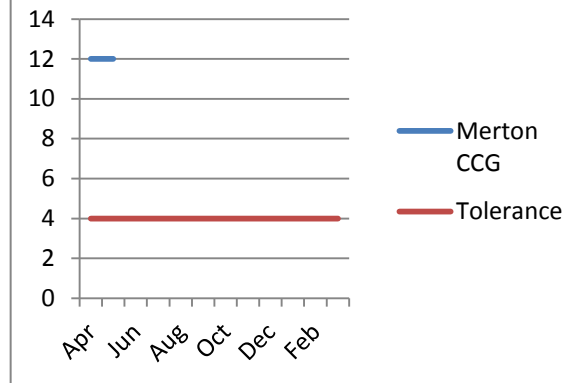
If the corporate delivery structure is not well planned and implemented, then staff will be unclear of their key deliverables resulting in the two year operating plan not being delivered. (DoCP)

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

**Date last reviewed: May 2014**

**Risk Rating**

**Initial: 4x3 = 12**  
**Current: 4x3 = 12**  
**Tolerance: 4x1 = 4**



**Rationale for current scoring:**

A delivery structure has been designed and is being implemented, but there have been some vacancies in the structure and these are causing some areas to not be covered as closely as they should

**Rationale for acceptable rating:**

The CCG cannot tolerate a high risk in this area as it is the delivery structure that is tasked with delivering the operational plan

**Controls** (what are we doing currently about the risk):

- Recruiting new Clinical Directors
- Recruiting new managers
- Covering vacancies where possible with temporary staffing
- Robust induction and development plans for new staff or staff in new roles

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

- Organisational structure agreed by EMT
- Delivery structure agreed by EMT

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

- Children's and Maternity and Keeping Healthy and Well Clinical Director not in post and are difficult to cover

**Further actions required:**

- EMT to have first EMT strategy delivery group on 23<sup>rd</sup> May to review progress

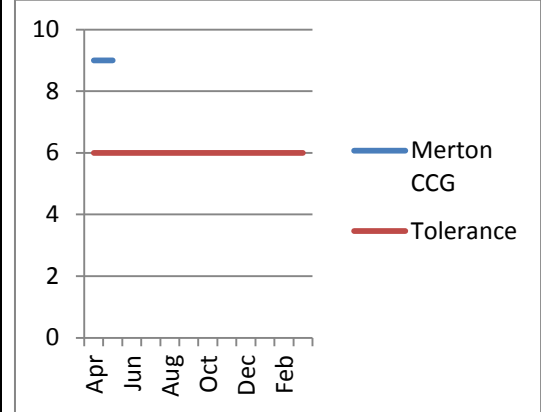
**Objective 2: To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome**

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: May 2014**

**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

- 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

- Gaps in controls** (what additional assurances should we seek?)
- Still awaiting for providers and commissioners in SWL to align financial plans

**Further actions required:**

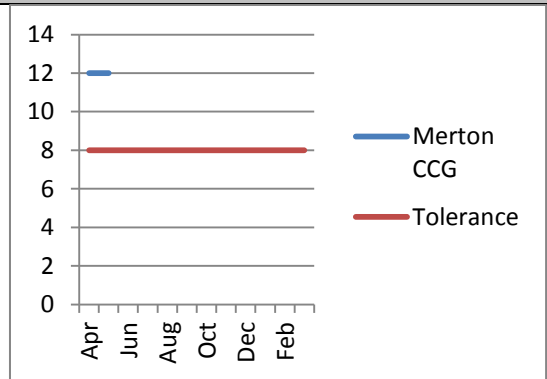
**Objective 2: To deliver the two year operating plan in partnership with the membership, and achieve our vision of right care, right time, right place, right outcome**

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 (DoCP)

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

**Date last reviewed: May 2014**

**Risk Rating**  
**Initial: 4x3 = 12**  
**Current: 4x3 = 12**  
**Tolerance: 4 x2 = 8**



**Rationale for current scoring:**  
 There was significant over performance in acute contract within 2013/14 and as such until the first 3 months activity is reviewed it is difficult to know where we are performing

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 Q1 on for RTT

**Rationale for acceptable rating:**  
 The CCG is balancing it's community investment on the management of the acute portfolio and cannot tolerate a high risk here as it will lead to poor transformational change

- Controls** (what are we doing currently about the risk):
- CSU to provide real time RTT data
  - Monthly internal acute portfolio meeting
  - Providers agreed the activity projections for 2014/15 (not agreed in 2013/14)

- Assurance/evidence** (How do we know if things we are doing are having an impact?)
- All delivery system are set up to review data
  - QIPP for urgent care is on target

- Gaps in controls** (what additional assurances should we seek?)
- Evidence that the activity is managed (awaiting Q1 data)

- Further actions required:**
- To review on an ongoing basis

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

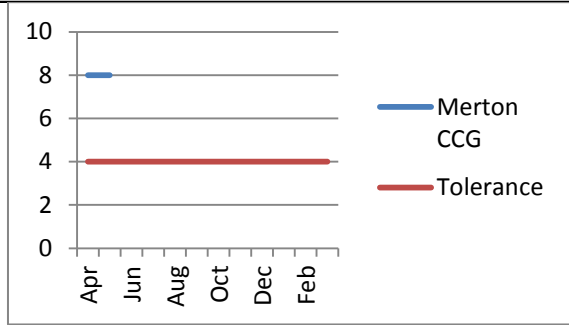
**Risk 477** Failure to establish an effective system of internal control leading to poor performance and probity

**Director Lead:** Chief Officer

**Date last reviewed:** May 2014

**Risk Rating**

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



**Rationale for current scoring:**

**Rationale for acceptable rating and target date for achievement:**

- Review of key systems and processes
- Established board reporting cycle

**Controls** (what are we doing currently about the risk):

- Contingency plans to offset impact of adverse events
- Experienced Governing Body members
- CSU and CCG staff aligned to responsibilities
- Establishment of quality strategy and implementation of CSU review
- Governance structures and framework established
- IG Toolkit Level 2 achieved
- Finance policies approved and in place
- Quarterly Assurance meetings with NHSE to review performance
- Finance Committee
- Audit & Governance Committee
- Safeguarding arrangements

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

- Annual Governance Statement
- Minutes of Finance and Audit & Governance Committee presented to Governing Body.
- Internal audit reports

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

**Further actions required:**

- Ensure relevant policies and procedures are in place
- Review CSU/CCG alignment
- Disseminating finance policies to all staff/budget holders
- Review of Governing Body effectiveness

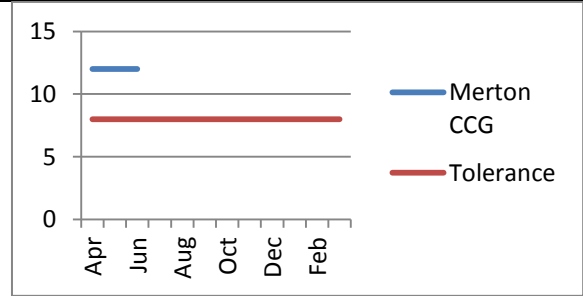
**Objective 3: To ensure MCCG is compliant with statutory (and non-statutory) duties and obligations**

If external and internal pressures continue, the CCG  
 - will be unable to deliver the planned budget for 2014-15 and  
 - will be unable to deliver a robust financial position in the medium term, which reduces our ability to deliver our Commissioning Intentions (CFO)

**Director Lead: Chief Financial Officer**

**Date last reviewed: May 2014**

**Risk Rating**  
  
**Initial: 4 x 3 = 12**  
**Current: 4 x 3 = 12**  
**Tolerance: 4 x 2 = 8**



**Rationale for current scoring**  
 The financial year has just started and acute performance reports for the 1<sup>st</sup> month of the year are not available until early June 14, hence initial and current risk rating are cautious.

**Rationale for acceptable rating**  
 By identifying and addressing financial risks we aim to reduce the risk to moderate likelihood.

- Controls** (what are we doing currently about the risk):
- 2-year Operating Plans and budgets approved by CCG
  - Financial policies approved by Audit & Governance Committee and Governing Body
  - Finance Committee review and scrutinise finance report monthly
  - QIPP plans in place and monitored by QIPP delivery team, Executive Management Team and Finance Committee.
  - QIPP milestones reviewed monthly by QIPP delivery team
  - Risk pooling across SWL CCGs
  - Contingency of 1% included in plan

- Assurance/evidence** (How do we know if things we are doing are having an impact?)
- Governing Body receive Finance Report
  - Audit and Governance Committee receive Internal and External Audit reports relating to operation of systems and controls
  - Assurance from NHSE

- Gaps in controls** (what additional assurances should we seek?)
- Working with CSU to ensure all contract performance by Providers is managed and reviewed for accuracy.
  - Further granularity of finance systems required to manage budgets more effectively.
  - Identification of financial and activity performance of QIPP schemes from Month 1 onwards - data for actual performance of QIPP schemes, both financial and activity based, is not yet available.

- Further actions required:**
- Training of staff on financial policies and managing budgets.
  - Agree options for running cost from 1<sup>st</sup> October 2014 with CSU.
  - Majority of acute contracts to be signed asap (41% in value signed).
  - Identify QIPPs in-year.

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

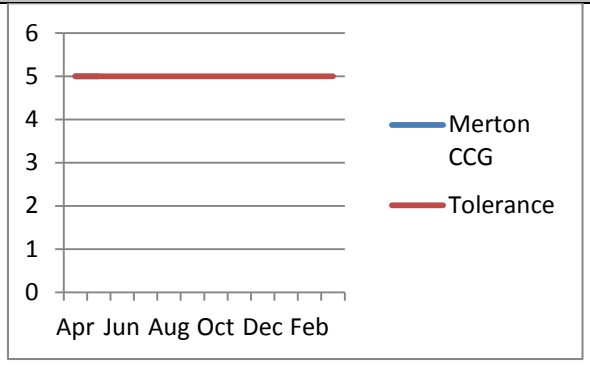
792 If the CCG fails to establish business continuity and emergency planning arrangements for a major incident or breakdown of a service within providers, disruption to services may be caused and the CCG will not be able to meet its statutory duties (DoQ)

**Director Lead: Director of Quality**

**Date last reviewed: May 2014**

**Risk Rating**

**Initial: 5x1 = 5**  
**Current: 5 x 1 = 5**  
**Tolerance: 5 x 1 = 5**



**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 developed

**Rationale for acceptable rating and target date for achievement:**

- As above

**Controls** (what are we doing currently about the risk):

- Business continuity plan
- Tier 2 provider under Civil Contingencies Act
- On call system for CCGs
- Liaison with NHSE and attendance at emergency planning meetings
- Exercise (e.g. Exercise Paladin attended by DoQ October 2013)
- Member of Borough Resilience Forum

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

- CCGs involved in NHSE assurance of providers

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

- Business continuity plan (with DoQ to complete)
- Provider assurance exercise in progress, not completed yet
- Pandemic flu planning

**Further actions required:**

- Business continuity plan to be finalised
- Training and exercises to be identified
- DoQ to meet with DPH in June to finalise Pandemic Flu Plan

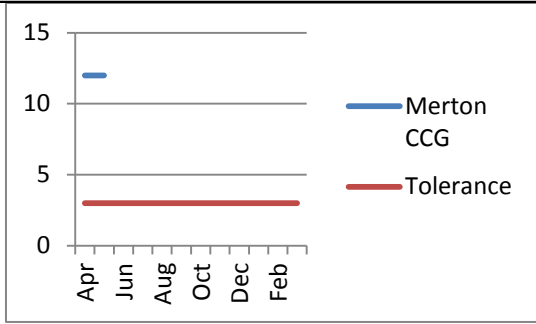
**Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate**

**457** If there is a lack of patient and public involvement, this may cause a lack of trust in the CCG to commission appropriate services for Merton population (DoQ)

**Director Lead: Director of Quality**  
**Date last reviewed: May 2014**

**Risk Rating**

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



**Rationale for current scoring:**

- Little local media coverage but widespread national media interest in the NHS currently
- CCG is still a 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):

- Communication and engagement strategy
- Credible strategic planning via SWL Commissioning collaborative/ Joint Commissioning Group
- HWB and link with voluntary sector, Merton Healthwatch, Compact
- KPIs
- MP briefings
- Engagement events, Merton Engage, Community Forums etc

**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
- CQRG monitoring
- Complaints and PALS report
- Healthwatch feedback
- Monthly assurance returns to NHSE

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

Lack of active Patient Participation Groupss in all our practices, Patient Reference Group is still in development

**Further actions required:**

- Clinical involvement leading to more innovative ways to achieve KPIs
- Implementing communication and engagement strategy



Objective 4: To engage in the health and social care system in Merton as a leader and partner, as appropriate																						
If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (DoQ)																						
<b>Director Lead: Director of Quality</b> <b>Date last reviewed: May 2014</b>																						
<b>Risk Rating</b>  <b>Initial: 4x2 = 8</b> <b>Current: 4x2 = 8</b> <b>Tolerance: 4x1=1</b>	<p>The graph displays two horizontal lines representing risk ratings over time. The Y-axis ranges from 0 to 10 in increments of 2. The X-axis lists months: Apr, Jun, Aug, Oct, Dec, Feb. A blue line for 'Merton CCG' is constant at a value of 8. A red line for 'Tolerance' is constant at a value of 1.</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>Apr</td> <td>8</td> <td>1</td> </tr> <tr> <td>Jun</td> <td>8</td> <td>1</td> </tr> <tr> <td>Aug</td> <td>8</td> <td>1</td> </tr> <tr> <td>Oct</td> <td>8</td> <td>1</td> </tr> <tr> <td>Dec</td> <td>8</td> <td>1</td> </tr> <tr> <td>Feb</td> <td>8</td> <td>1</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	8	1	Jun	8	1	Aug	8	1	Oct	8	1	Dec	8	1	Feb	8	1
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Apr	8	1																				
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Aug	8	1																				
Oct	8	1																				
Dec	8	1																				
Feb	8	1																				
<b>Controls</b> (what are we doing currently about the risk): <ul style="list-style-type: none"> <li>Action plan for staff survey will be presented to May EMT</li> <li>Review of roles, structure and resource within commissioning teams, medicines management and primary care</li> <li>Review of CSU effectiveness in supporting CCG functions</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 staff survey</li> <li>Informal feedback from staff</li> </ul>																					
<b>Gaps in controls</b> (what additional assurances should we seek?) <ul style="list-style-type: none"> <li>Annual staff survey</li> <li>Lack of regular workforce report and indicators</li> </ul>	<b>Further actions required:</b> <ul style="list-style-type: none"> <li>Need to ensure staff survey action plan is implemented</li> <li>Need to receive regular workforce reports with improving indicators</li> <li>Need to review all teams' structures and resource on a regular (annual) basis</li> </ul>																					