



right care
right place
right time
right outcome

**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 29th September 2016

Agenda No: 9.1

Attachment: 17

Title of Document: Board Assurance Framework	Purpose of Report: For APPROVAL
Report Author: Terri Burns, Principal Associate, Corporate Affairs - SECSU	Lead Director: Lynn Street, Director of Quality & Governance
Contact details: Thereasa.burns@nhs.net	
<p>Executive Summary: 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. No new risks have been added to the Governing Body Assurance Framework. No risks have been deescalated from the Governing Body Assurance Framework. Risks have been reassigned to responsible executive directors according to the revised CCG arrangements.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Risk 1000 has been revised to reflect the current status of the continuing healthcare service, which has now been mobilised with the new provider.</p>	
<p>Recommendation(s): It is recommended that the Governing Body CONFIRM the following:</p> <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 	
<p>Committees which have previously discussed/agreed the report: Executive Management Team Audit and Governance Committee</p>	
<p>Financial Implications: As per objective 4</p>	

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: Not required for this paper
Information Privacy Issues: As per Freedom of Information Act 2000
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Will be published as part of the GB papers

Merton CCG Governing Body Assurance Framework

September 2016

1. Introduction

Following discussion by the Governing Body, the Governing Body Assurance Framework risks are presented in line with the Corporate Objectives of the CCG which support the development and implementation of a clinically and cost effective 5 year collaborative strategic commissioning plan for South West London. The 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 Governing Body **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
September 2016

Table 1

Merton Clinical Commissioning Group Governing Body Assurance Framework September 2016

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

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

Information included in the report identifies:

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

Corporate Objectives	Principle risks to achievement of objectives	Initial score		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	Aug 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	June 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 safeguarding children and children looked after, vulnerable children may be at risk of harm	3	3=9	3	3=9	3	1=3	March 2017	Aug 2016
	791 If the CCG fails to establish appropriate systems and processes for safeguarding adults, vulnerable adults may be at risk of harm	3	2=6	3	2=6	3	1=3	March 2017	Aug 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	Aug 2016
	954 If there are gaps in assurance, due to data collection methodology, regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services	3	3=9	4	3=12	4	2=8	March 2017	Aug 2016
	962 Without significant system change, quality of outcomes will be limited for patients and provider organisations may become unsustainable	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	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

by 2017/18: <ul style="list-style-type: none"> 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	4x3=12	5x3=15	4x2=8	March 2017	June 2016
Objective 4 (Chief Finance Officer) Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.	477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity	4x2=8	4x2=8	3x2=6	March 2017	Sept 2016
	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	4x5=20	3x3=9	March 2017	Aug 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	Sept 2016
Objective 6 (Director of Contracting, Performance and Planning) 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	Aug 2016
	1032 Primary Care Commissioning capacity and capabilities	3x3=9	3x3=9	3x2=6	March 2017	Aug 2016
	938 Potential over performance of acute contracts	4x4=16	4x4=16	3x3=9	March 2017	June 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	4x3=12	4x1=4	March 2017	Sept 2016

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

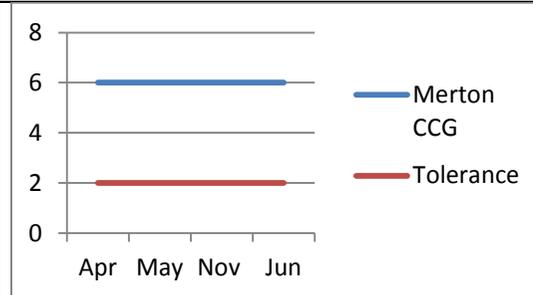
457 If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs (DoQ)

Director Lead: Director of Quality & Governance

Date last reviewed: August 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)
- MP briefings
- Members and practice leads events, CRG and clinical locality leads reflect an active membership
- Regular updates to the Health & Wellbeing Board
- 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
- Interim PPE lead in place

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
- Notes of meeting and action points agreed
- Positive feedback from NHSE on deep dive - outstanding
- Statutory obligations report approved by GB - 30/09/15
- Internal audit on patient engagement
- Patient engagement group established

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

- Communications and Engagement strategy has potential to miss difficult to engage groups

Further actions required:

- Implement work plan for communications and engagement activity (31/03/2017)
- Refresh Communications and Engagement strategy (30/09/2017)
- Statutory obligations report to NHSE (31/10/2016)

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

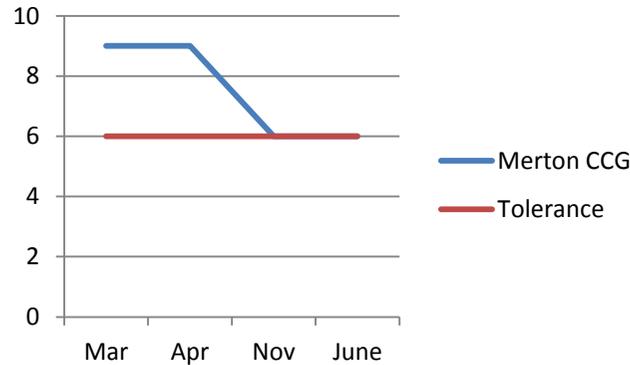
958 Lack of planning alignment with partners linked to or working with MCCG (DoCPP)

Director Lead: Director of Contracting, Performance and Planning

Date last reviewed: June 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

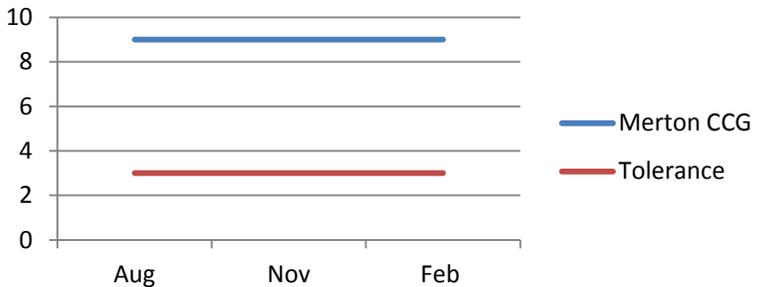
Gaps in controls (what additional assurances should we seek?)

- 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)

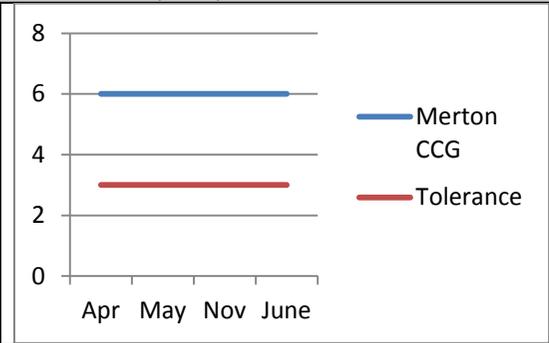
Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.

<p>1012 If the CCG fails to establish appropriate systems and processes for safeguarding children and children looked after, vulnerable children may be at risk of harm (DoQ)</p>		<p>Director Lead: Director of Quality & Governance Date last reviewed: August 2016</p>												
<p>Risk Rating</p> <p>Initial: 3x3 = 9 Current: 3x3 = 9 Tolerance: 3x1 = 3</p>	 <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Time Point</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>	Time Point	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
Time Point	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 Not consistently achieving initial 28 day health assessment for CLA No GB safeguarding supervision 		<p>Further actions required:</p> <ul style="list-style-type: none"> Identify named GP for safeguarding (30/09/2016) Put lead supervision in place (30/09/2016) Work plan to be implemented following external review process – reporting to SEG (30/09/2016) 												

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 safeguarding adults, vulnerable adults may be at risk of harm (DoQ) **Director Lead: Director of Quality & Governance**
Date last reviewed: August 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 - development day October 2014
 - Safeguarding Adults self-assessment framework and action plan reviewed through safeguarding executive group
 - Reporting through clinical quality committee
 - Undertaken gap analysis to determine CCG capacity and capability to meet Care Act 2014 requirements
 - Attendance at Merton Safeguarding Adults Board
 - Unannounced visit to Merton wards by CCG staff - Aug 2015
 - NHSE carried out safeguarding deep dive - 05/11/15
 - Extraordinary CQRG with CQC attendance 02/09/15
 - Designated adult safeguarding manager in post
 - Internal audit recommendations addressed

- Assurance/evidence** (How do we know if things we are doing are having an impact?):
- Named executive and GB leads
 - Minutes
 - Job description 1:1s with Director of Quality
 - Quarterly and annual safeguarding report
 - Advisory internal audit report - July 2015
 - NHSE deep dive into safeguarding
 - Provider visit schedule
 - DASM has had WRAP training
 - SEG ToR
 - Provider visit schedule
 - Safeguarding adults audit tool
 - Internal audit report and recommendations
 - No safeguarding issues in CQC report

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

- Further actions required:**
- Internal audit – draw up action plan based on report (30/09/2016)
 - GB safeguarding training (31/12/2016)

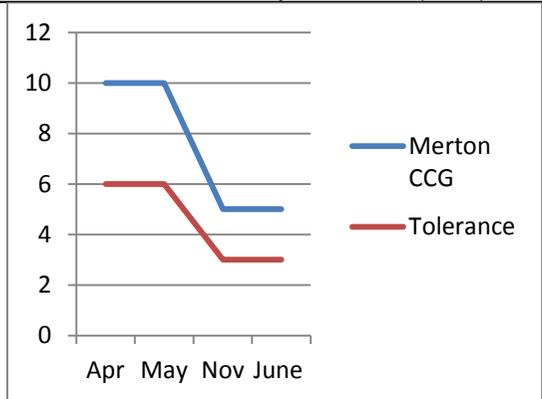
Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.

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: August 2016

Risk Rating
Initial: 5x3 = 15
Current: 5 x 1 = 5
Tolerance: 3 x 1 = 3



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):

- Business continuity plan
- Gain assurance from providers in conjunction with NHS England as part of overall assessment
- Rated as having 'substantial level of assurance' by NHSE
- Liaison with NHSE and attendance at emergency planning meetings
- On call system for CCGs
- Self-assessed CCG position re emergency planning
- EPRR policy approved by GB to replace Business Continuity policy - May 2015
- Pandemic Flu Plan approved by GB - May 2015

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

- Business continuity plan – agreed by ELT and GB Dec 2015
- NHSE assurance report
- Attendance record
- Executive director on call rota
- Substantial assurance from NHSE peer review
- Business continuity risk register- reviewed monthly

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

Further actions required:

- Business continuity plan agreed – raising staff awareness needed (31/10/2016)
- Complete NHSE self-assessment template – to GB (31/10/2016)

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

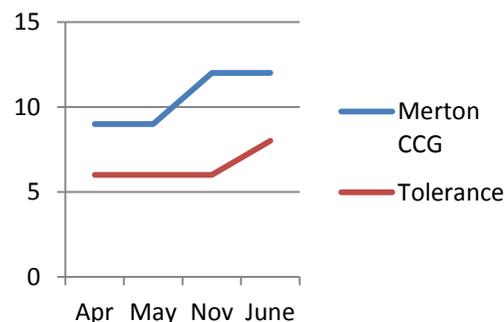
954 If there are gaps in assurance, due to data collection methodology, regarding quality performance and improvement of services then the CCG cannot be confident it is commissioning safe services

Director Lead: Director of Quality & Governance

Date last reviewed: August 2016

Risk Rating

Initial: 3x3 = 9
Current: 4x3 = 12
Tolerance: 4x2 = 8



Rationale for current scoring:

- Generally good overview of quality performance and improvement in acute Trusts, mental health Trust and community services through CQRGs and through other sources of info.
- Data not reflecting all aspects of quality monitoring
- Lack some information and analysis around smaller contracts

Rationale for acceptable rating:

All above need to be addressed to meet an acceptable rating

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

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

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

- annual quality accounts, CQC inspection reports, patient feedback, AQP info for continuing care / nursing homes systems are developing, e.g. 111/OOH clinical governance group
- Regular reports and presentations at quality committee
- CQRG papers and minutes
- Dashboard for primary care
- Revised quality and performance reports

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

Further actions required:

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

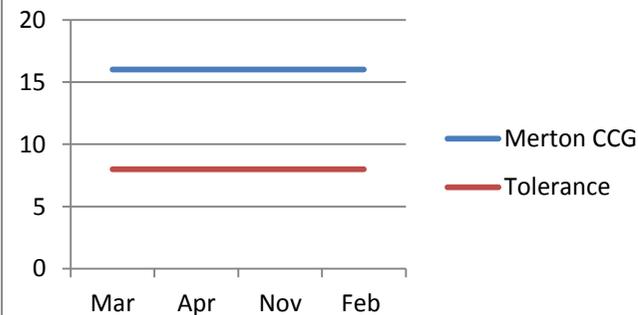
962 Without significant system change, quality of outcomes will be limited for patients and provider organisations may become unsustainable (CO)

Director Lead: Chief Officer

Date last reviewed: September 2016

Risk Rating

Initial: 4x4 = 16
Current: 4x4 = 16
Tolerance: 4x2 = 8



Rationale for current scoring:

- Complex and changing healthcare landscape.
- Challenging political climate
- SWL commissioning collaborative support the communication of the 5 year plan, addressing local concerns re future of local provider

Rationale for acceptable rating:

- High quality, modern communications products and outputs.

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

- 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)

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

- SWL commissioning collaborative communications outputs
- Media statements Media monitoring now in place

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

- Significant financial gap over the next five years

Further actions required:

- Tailoring SWLCC communication plan to MCGG requirements – ongoing (31/03/2017)

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>8</td> </tr> <tr> <td>June</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	16	8	June	16	8	<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	8									
June	16	8									
<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) 									

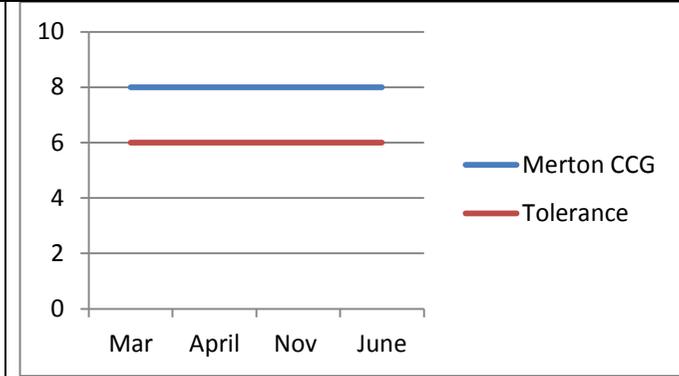
Objective 4: Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.

Risk 477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity

Director Lead: Chief Officer

Date last reviewed: September 2016

Risk Rating
Initial: 4x2 = 8
Current: 4x2 = 8
Tolerance: 3x2 = 6



Rationale for current scoring:
 A robust system of internal control is in place, with significant controls. Further actions still required to reach the acceptable risk rating.

- Rationale for acceptable rating and target date for achievement:**
- Review of key systems and processes
 - Established board reporting cycle

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

- Assurance/evidence** (How do we know if things we are doing are having an impact?):
- Detailed schedule of issues from Croydon report shared with Executive members and Board.
 - IG toolkit submissions
 - Annual Governance Statement
 - Audit outcome reports

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

- Further actions required:**
- Follow up actions and recommendations from governance reviews (30/09/2016)

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

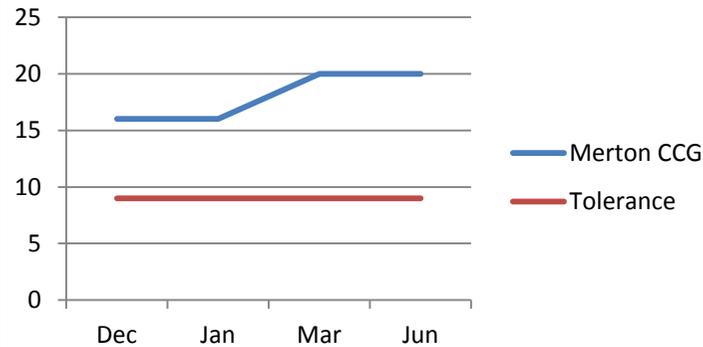
798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2016-17, the CCG will be unable to deliver a robust financial position in the medium term, which reduces its ability to deliver its Commissioning Intentions

Director Lead: Chief Financial Officer

Date last reviewed: August 2016

Risk Rating

Initial: 4 x 4 = 16
Current: 4 x 5 = 20
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
- Financial reporting improved
- 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?)

- Financial recovery plan
- Audit and Governance Committee receive Internal and External Audit reports relating to operation of systems and controls
- Finance Committee and Governing Body receive Finance Report
- Assurance meetings with NHSE

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

- 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.

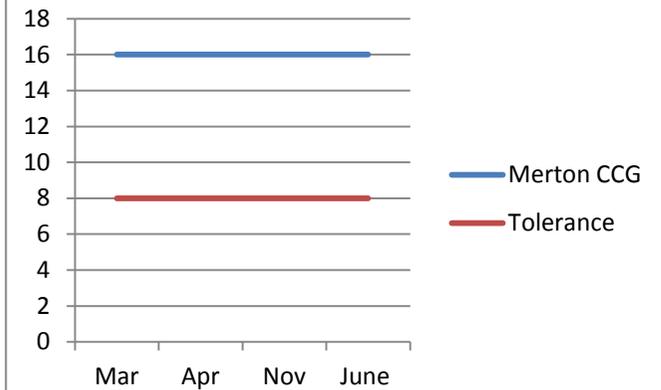
961 If there is lack of collaboration between SWL CCGs and providers then high quality sustainable solutions may not be determined for healthcare in South West London (CO)

Director Lead: Chief Officer

Date last reviewed: September 2016

Risk Rating

Initial: 4x4 = 16
Current: 4x4 = 16
Tolerance: 4x2 = 8



Rationale for current scoring:

- Complex and changing healthcare landscape.

Rationale for acceptable rating:

- Impact will always be high but likelihood of a lack of collaboration will reduce as arrangements bed in and plans are implemented.

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

- 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

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

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

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

Further actions required:

- STP to be agreed by system (31/10/2016)
- SWLCC leading on LQS – reporting to MCCG (31/03/2017)

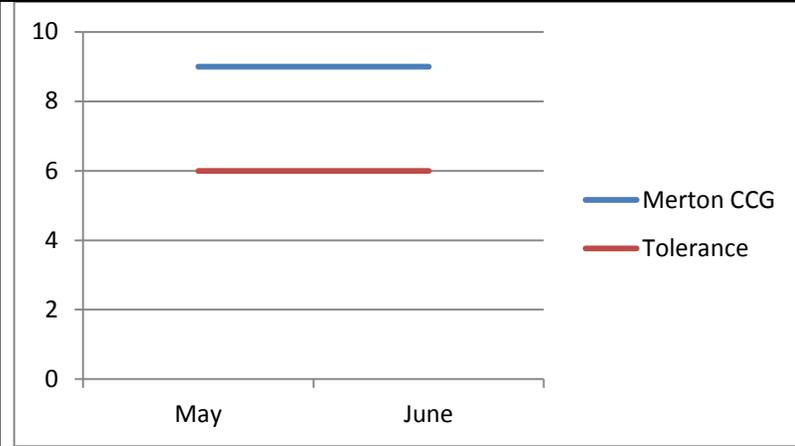
Objective 6: Develop a service commissioning strategy that fully utilises the capabilities and capacity of all providers including delegated primary care commissioning.

1000 New Continuing Healthcare service fails to deliver the necessary service improvements		Director Lead: Director of Quality & Governance Date last reviewed: August 2016																		
Risk Rating Initial: 3x4 = 12 Current: 4x4 = 16 Tolerance: 3x3 = 9	<table border="1"> <caption>Line Graph Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>20</td> <td>12</td> </tr> <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>16</td> <td>9</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Jan	20	12	Mar	20	12	May	20	12	June	20	12	July	16	9	Rationale for current scoring: Service provision transferred across to new provider. Rationale for acceptable rating: Potential for new provider to not meet service requirements, given a number of outstanding quality issues inherited from outgoing provider.
Month	Merton CCG	Tolerance																		
Jan	20	12																		
Mar	20	12																		
May	20	12																		
June	20	12																		
July	16	9																		
Controls (what are we doing currently about the risk): <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 • New provider service delivery commenced (July 2016) • New service model mobilised (June 2016) • 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 		Assurance/evidence (How do we know if things we are doing are having an impact?) <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 																		
Gaps in controls (what additional assurances should we seek?) <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 		Further actions required: <ul style="list-style-type: none"> • Complete Service Improvement actions e.g. Fast track Audit (30/09/2016) • 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: August 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 (DoCPP)		<p>Director Lead: Director of Contracting, Performance and Planning</p> <p>Date last reviewed: June 2016</p>															
<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.

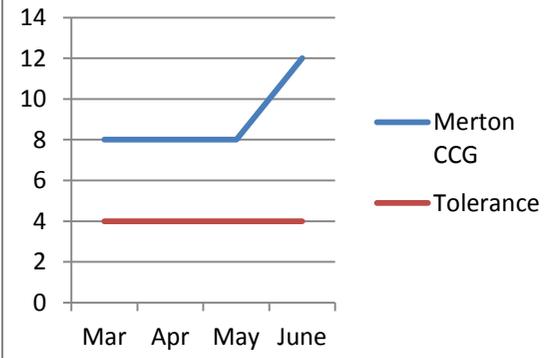
960 If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG (CO)

Director Lead: Chief Officer

Date last reviewed: September 2016

Risk Rating

Initial: 4x2 = 8
Current: 4x3 = 12
Tolerance: 4x1=4



Rationale for current scoring:

- Staff survey shows areas where we compare less favourably to other comparator organisations. Interims in key posts.

Rationale for acceptable rating:

- Improved staff survey results

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

- Review of CSU effectiveness in supporting CCG functions
- Action plan for staff survey presented to EMT and follow up recommendations implemented
- Directors have agreed structure for 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
- Revised staff survey in place
- Staff and wellbeing group established

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

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

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

- Interim staff in key posts

Further actions required:

- Develop workforce steering group (31/03/2017)
- Implementation plan following staff survey (30/11/2016)

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