



right care
right place
right time
right outcome

**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 25th May 2017

Agenda No: 7.2

Attachment: 09

Title of Document: Governing Body Assurance Framework	Purpose of Report: For Approval
Report Author: Terri Burns, Risk and Assurance Manager, NELCSU	Lead Director: Julie Hesketh Director of Quality and Governance
Contact details: Thereasa.burns@nhs.net	
Executive Summary: The Governing Body Assurance Framework is made up of the main strategic risks facing Merton CCG and impacting upon the achievement of it's objectives. It is a live document, which is updated and changed as the CCG sees fit throughout the year. Risks are reviewed by lead executives and sub-committees of the Governing Body as appropriate.	
Key sections for particular note (paragraph/page), areas of concern etc: Corporate Objectives are currently those that were agreed for 2016/17 and will need to be updated for the current year once agreed. This may result in changes to the risks and structure of the Assurance Framework, depending on the agreed key areas of focus for the year.	
Recommendation(s): It is recommended that the Governing Body CONFIRM the following: <ul style="list-style-type: none"> • That the risks described represent the main strategic risks to the delivery of the CCG's plans. • That the mitigating controls adequately increase the probability of the CCG delivering its plans • Any gaps to mitigating controls or actions that would provide improved assurance of delivery to the executive team 	
Committees which have previously discussed/agreed the report: N/a	
Financial Implications: As per objective 4	
Implications for CCG Governing Body: As described by the risk descriptions	

<p>How has the Patient voice been considered in development of this paper: As per Objective 1</p>
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) As described by the risk descriptions</p>
<p>Equality Assessment: N/a</p>
<p>Information Privacy Issues: As per Freedom of Information Act 2000</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) Published with public meeting papers</p>

Merton CCG Governing Body Assurance Framework

May 2017

1. Introduction

Following discussion by the Governing Body, the Governing Body Assurance Framework risks are presented in line with the Corporate Objectives of the CCG which support the development and implementation of a clinically and cost effective 5 year collaborative strategic commissioning plan for South West London. The corporate objectives are being reviewed in order to 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
- 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 2017/18. 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 2017/18.

3. The Assurance Framework for 2017/18

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 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
Risk and Assurance Manager
SECSU
May 2017

Table 1

Merton Clinical Commissioning Group Governing Body Assurance Framework May 2017

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

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

Information included in the report identifies:

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

Corporate Objectives	Principle risks to achievement of objectives	Initial score		Current Score		Tolerance/ Risk appetite	Date to achieve	Date of last review	
		C	L	C	L				
Objective 1 (Director of Quality & Governance) Optimise planning and delivery by effectively informing, engaging and consulting with member practices, local partners and the public.	457 If patients and the public are not engaged appropriately, then there will be a lack of patient and public trust to commission appropriate services to meet Merton population needs	4	3=12	2	3=6	2	1=2	March 2018	March 2017
	958 Lack of planning alignment with partners linked to or working with MCCG	3	3=9	3	2=6	3	2=6	March 2018	Jan 2017
Objective 2 (Director of Quality & Governance) Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.	1012 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding children statutory duties, vulnerable children may be at risk of harm	3	3=9	3	1=3	3	1=3	March 2018	March 2017
	791 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding adults statutory duties, adults at risk will be at risk of harm	3	2=6	3	2=6	3	1=3	March 2018	March 2017
	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 2018	Jan 2017
	962 Financial and clinical challenges across South West London require organisations to alter current ways of working	4	4=16	4	4=16	4	2=8	March 2018	Jan 2017
Objective 3 (Director of Commissioning) Develop and agree with all stakeholders a Merton integrated model of care (e.g. alliance, joint structures) across health and social care, to include self-care, care co-ordination and care in the right setting, and have in place a robust integrated model of care in the following services by 2017/18: <ul style="list-style-type: none"> • Primary care and Community Services • Primary care and social care 	1029 Transformation programme may not deliver £10m QIPP	4	4=16	4	4=16	4	2=8	March 2018	Jan 2017
	1030 Stakeholder buy-in to the transformation programme	4	4=16	4	4=16	4	2=8	March 2018	Jan 2017
	1018 The reprourement of corporate and GP ICT services carries risk of TUPE and service continuity during transition	4	3=12	5	3=15	4	2=8	March 2018	June 2016
Objective 4 (Director of Finance)	477 If the CCG fails to establish an effective system of internal control, this may lead to poor performance and probity	4	2=8	4	2=8	3	2=6	March 2018	Jan 2017

Develop 3 year financial recovery plan to achieve financial balance, meeting annual financial control targets and quality and performance standards.	798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2016-17, the CCG may be forced to carry forward a cumulative financial deficit, which may reduce its ability to deliver its commissioning intentions	4x4=16	4x3=12	3x3=9	March 2018	March 2017
Objective 5 (Managing Director) 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 2018	Jan 2017
Objective 6 (Director of Commissioning) 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	3x3=9	March 2018	Jan 2017
	1043 Delivery of Primary Care Commissioning requirements	4x3=12	4x3=12	3x3=9	March 2018	Jan 2017
Objective 7 (Managing Director) Develop high performing CCG organisation by supporting staff and staff development and maintaining the necessary infrastructure to perform.	938 Potential over performance of acute contracts	4x4=16	4x4=16	3x3=9	March 2018	Jan 2017
	960 If internal and external factors are not managed well, this may impact upon staff morale and staff retention at Merton CCG	4x2=8	4x4=16	4x1=4	March 2018	Jan 2017

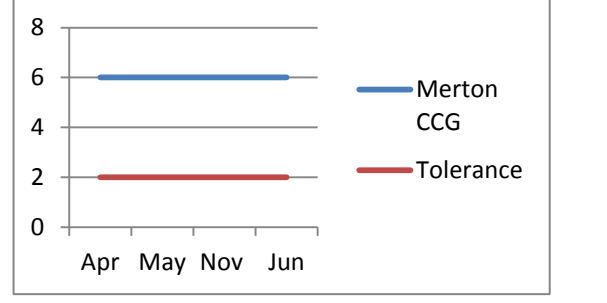
Objective 1: Optimise planning and delivery by effectively informing, engaging and consulting with member practices, local partners and the public.

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

Director Lead: Deputy Director of Quality
Date last reviewed: March 2017

Risk Rating

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



Rationale for current scoring:

- Little local media coverage but widespread national media interest in the NHS currently
- Rated outstanding by NHSE but still work to continue strategy implementation

Rationale for acceptable rating and target date for achievement:

- This is a key objective of the CCG to ensure that services commissioned meet the local health needs of the population

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

- Communication and engagement strategy and protocol for strategy (Refresh Jan 2015)
- SECSU engagement lead and Interim PPE lead in place
- Members and practice leads events, CRG and clinical locality leads reflect an active membership
- Regular updates to the Health & Wellbeing Board & MP briefings
- Assurance meetings with NHSE
- Outreach at community events
- Communications and engagement strategy and protocol approved by GB - May 2015
- Work and implementation plan for communication and engagement in place
- Patient engagement group established - first meeting held 29/09/2015

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

- Strategy document
- Copies of the briefings
- Members and practice leads events, CRG and clinical locality meeting notes
- Meeting agenda, notes, attendance list
- Performance report, Complaints and PALS reports
- Healthwatch feedback
- Positive feedback from NHSE on deep dive - outstanding
- Statutory obligations report approved by GB – Oct 2016
- Internal audit on patient engagement
- Patient engagement group established

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

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

Further actions required:

- Implement work plan for communications and engagement activity (31/03/2017)

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

<p>958 Lack of planning alignment with partners linked to or working with MCCG (DoCO)</p>		<p>Director Lead: Director of Commissioning Operations</p> <p>Date last reviewed: January 2017</p>															
<p>Risk Rating</p> <p>Initial: 3x3 = 9 Current: 3x2 = 6 Tolerance: 3x2 = 6</p>	<p>The graph plots risk rating on the y-axis (0-10) against time on the x-axis (Mar, Apr, Nov, June). A blue line represents Merton CCG, starting at 9 in March, staying at 9 in April, and dropping to 6 in November. A red horizontal line represents the tolerance level at 6, which is maintained through June.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>9</td> <td>6</td> </tr> <tr> <td>Apr</td> <td>9</td> <td>6</td> </tr> <tr> <td>Nov</td> <td>6</td> <td>6</td> </tr> <tr> <td>June</td> <td>6</td> <td>6</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	9	6	Apr	9	6	Nov	6	6	June	6	6	<p>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</p> <p>Rationale for acceptable rating: Evidence of delivery against the BCF objectives Formal joined up quality governance and assurance system</p>
Month	Merton CCG	Tolerance															
Mar	9	6															
Apr	9	6															
Nov	6	6															
June	6	6															
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • 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 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Minutes of 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 															
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Different organisations have competing priorities 		<p>Further actions required:</p> <ul style="list-style-type: none"> • Change in Director Portfolios. Review of all work streams underway. (31/03/2016) • STP finalised by July 2016 (31/07/2016) 															

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

<p>1012 If the CCG fails to establish appropriate systems and processes for assuring CCG compliance with safeguarding children statutory duties, vulnerable children may be at risk of harm (DDoQ)</p>		<p>Director Lead: Deputy Director of Quality Date last reviewed: March 2017</p>																		
<p>Risk Rating</p> <p>Initial: 3x3 = 9 Current: 3x1 = 3 Tolerance: 3x1 = 3</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>Nov</td> <td>9</td> <td>3</td> </tr> <tr> <td>Dec</td> <td>9</td> <td>3</td> </tr> <tr> <td>Jan</td> <td>9</td> <td>3</td> </tr> <tr> <td>Feb</td> <td>9</td> <td>3</td> </tr> <tr> <td>Mar</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Nov	9	3	Dec	9	3	Jan	9	3	Feb	9	3	Mar	3	3	<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> Risk replaces 1009. Rating reflects this inclusion. Covers all risk to CLA <p>Rationale for acceptable rating and target date for achievement:</p> <ul style="list-style-type: none"> As above
Month	Merton CCG	Tolerance																		
Nov	9	3																		
Dec	9	3																		
Jan	9	3																		
Feb	9	3																		
Mar	3	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 Named GP for safeguarding in place 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> 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>		<p>Further actions required:</p>																		

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

<p>791 If the CCG fails to establish appropriate systems and processes for ensuring CCG compliance with safeguarding adults statutory duties, adults at risk will be at risk of harm (DDoQ)</p>		<p>Director Lead: Deputy Director of Quality</p>															
		<p>Date last reviewed: March 2017</p>															
<p>Risk Rating</p> <p>Initial: 3x2 = 6 Current: 3x2 = 6 Tolerance: 3x 1= 3</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>6</td> <td>3</td> </tr> <tr> <td>May</td> <td>6</td> <td>3</td> </tr> <tr> <td>Nov</td> <td>6</td> <td>3</td> </tr> <tr> <td>June</td> <td>6</td> <td>3</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	6	3	May	6	3	Nov	6	3	June	6	3	<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> Gaps remain within safeguarding system and processes <p>Rationale for acceptable rating:</p> <ul style="list-style-type: none"> Cannot tolerate any known risk to vulnerable children and adults – therefore threshold must be low
Month	Merton CCG	Tolerance															
Apr	6	3															
May	6	3															
Nov	6	3															
June	6	3															
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> Executive and Governing Body leads in post and SEG established Adults safeguarding Board in place Safeguarding Adults self-assessment framework and action plan reviewed through safeguarding executive group Reporting through clinical quality committee Attendance at Merton Safeguarding Adults Board NHSE carried out safeguarding deep dive - 05/11/15 Designated adult safeguarding manager in post 		<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 Director of Quality Quarterly and annual safeguarding report DASM has had WRAP training SEG ToR Safeguarding adults audit tool Internal audit report and recommendations No safeguarding issues in CQC report 															
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> No named GP – not a statutory requirement 		<p>Further actions required:</p> <ul style="list-style-type: none"> Escalation of poor performance to GB (31/03/2017) Monitor commissioned services performance (31/03/2017) 															

Objective 2: Meet constitutional and statutory standards and quality and performance outcomes while recognising the requirements of the CCG financial strategy.																
<p>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 (DoPPI)</p>																
<p>Director Lead: Director of Performance Improvement Date last reviewed: January 2017</p>																
<p>Risk Rating</p> <p>Initial: 5x3 = 15 Current: 5 x 1 = 5 Tolerance: 3 x 1 = 3</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>10</td> <td>6</td> </tr> <tr> <td>May</td> <td>5</td> <td>3</td> </tr> <tr> <td>Nov</td> <td>5</td> <td>3</td> </tr> <tr> <td>June</td> <td>5</td> <td>3</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Apr	10	6	May	5	3	Nov	5	3	June	5	3
Month	Merton CCG	Tolerance														
Apr	10	6														
May	5	3														
Nov	5	3														
June	5	3														
<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> • 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 <p>Rationale for acceptable rating and target date for achievement:</p> <ul style="list-style-type: none"> • As above 																
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • Gain assurance from providers in conjunction with NHS England as part of overall assessment • Rated as having 'substantial level of assurance' by NHSE • Liaison with NHSE and attendance at emergency planning meetings • On call system for CCGs • Self-assessed CCG position re emergency planning • EPRR policy approved by GB to replace Business Continuity policy - Nov 2016 • Pandemic Flu Plan approved by GB - May 2015 	<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Business continuity plan – agreed by ELT and GB Nov 2016 • NHSE assurance report • Attendance record • Executive director on call rota • Substantial assurance from NHSE peer review • Business continuity risk register- reviewed monthly • Revised business continuity plan (EMT Sept 16) 															
<p>Gaps in controls (what additional assurances should we seek?)</p>	<p>Further actions required:</p> <ul style="list-style-type: none"> • Review recommendations from SMT business continuity exercise (31/01/2017) • Unannounced cascade test (31/01/2017) 															

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

<p>962 Financial and clinical challenges across South West London require organisations to alter current ways of working (CO)</p>		<p>Director Lead: Managing Director</p>															
		<p>Date last reviewed: January 2017</p>															
<p>Risk Rating</p> <p>Initial: 4x4 = 16 Current: 4x4 = 16 Tolerance: 4x2 = 8</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Mar</td> <td>16</td> <td>8</td> </tr> <tr> <td>Apr</td> <td>16</td> <td>8</td> </tr> <tr> <td>Nov</td> <td>16</td> <td>8</td> </tr> <tr> <td>Feb</td> <td>16</td> <td>8</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	16	8	Apr	16	8	Nov	16	8	Feb	16	8	<p>Rationale for current scoring:</p> <ul style="list-style-type: none"> • Complex and changing healthcare landscape. • Challenging political climate • SWL commissioning collaborative support the communication of the 5 year plan, addressing local concerns re future of local provider <p>Rationale for acceptable rating:</p> <ul style="list-style-type: none"> • High quality, modern communications products and outputs.
Month	Merton CCG	Tolerance															
Mar	16	8															
Apr	16	8															
Nov	16	8															
Feb	16	8															
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • SWL commissioning collaborative communications strategy • Patient Participation Groups • Ensure all NHS staff are updated re SWLCC progress • Communication and engagement strategy sets out our intentions for communications standards and activity. • Major Stakeholder Events (Engage Merton, Call to Action) • Robust activity and financial model in place 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • SWL commissioning collaborative communications outputs • Media statements Media monitoring now in place 															
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Significant financial gap over the next five years • Five year gap assumptions not proven • Concern achieving system control total 		<p>Further actions required:</p> <ul style="list-style-type: none"> • Tailoring SWLCC communication plan to MCCG requirements – ongoing (31/03/2017) • Update Communication and Engagement plan (28/02/2017) 															

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

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

1029 Transformation programme may not deliver £10m QIPP (DoCO)		Director Lead: Director of Commissioning									
		Date last reviewed: January 2017									
<p>Risk Rating</p> <p>Initial: 4x4=16 Current: 4x4=16 Tolerance: 4x3=12</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>16</td> <td>12</td> </tr> <tr> <td>June</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	16	12	June	16	12	<p>Rationale for current scoring: Transformation Plan not yet finalised with committee sign off to meet QIPP needs.</p> <p>Rationale for acceptable rating: As above.</p>
Month	Merton CCG	Tolerance									
May	16	12									
June	16	12									
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • PID being finalised to identify high level plan • Transformation Board in place • Governance structure reviewed • PMO established, with lead in place 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • PID • Transformation Board ToR 									
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • Transformation plan not yet finalised • Insufficient capacity within MCCG 		<p>Further actions required:</p> <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									
		Date last reviewed: January 2017									
<p>Risk Rating</p> <p>Initial: 4x4=16 Current: 4x4=16 Tolerance: 4x2=8</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>May</td> <td>16</td> <td>12</td> </tr> <tr> <td>June</td> <td>16</td> <td>12</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	May	16	12	June	16	12	<p>Rationale for current scoring: Need stakeholder buy in to make the programme work and generate required change and efficiencies. Currently aware of some resistance.</p> <p>Rationale for acceptable rating: Likely to retain a certain level of push back, but can work with stakeholders to reduce this.</p>
Month	Merton CCG	Tolerance									
May	16	12									
June	16	12									
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • Engagement included as part of the overall plan • Regular updates and consultation with stakeholders • Existing relationships utilised e.g. forums and joint posts • Multi agency workshops during 2016/17 – supporting development of the BCF work programme 		<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) • 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 reprourement of corporate and GP ICT services carries risk of TUPE and service continuity during transition (DoCO)		Director Lead: Director of Commissioning									
		Date last reviewed: June 2016									
Risk Rating Initial: 4x3=12 Current: 5x3=15 Tolerance: 4x2=8	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>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	Rationale for current scoring: Reprocurement of services complete, however risk remains around mobilisation and service continuity. Rationale for acceptable rating: Need effective engagement with new provider and clear requirements to be met.
Month	Merton CCG	Tolerance									
May	15	8									
June	15	8									
Controls (what are we doing currently about the risk): <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 		Assurance/evidence (How do we know if things we are doing are having an impact?) <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 									
Gaps in controls (what additional assurances should we seek?)		Further actions required: <ul style="list-style-type: none"> • Financial plan handover allowing for SECSU service during transition period (31/01/2016) • GP IT strategy and specification (29/02/2016) • SWL CCGs requested NEL take on support desk activity as a priority (01/08/2016) • NEL contract discussion with MCCG (03/06/2016) • Reprocurement process, contract award and mobilisation (30/04/2016) • Review of GP IT specification (03/06/2016) 									

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

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

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

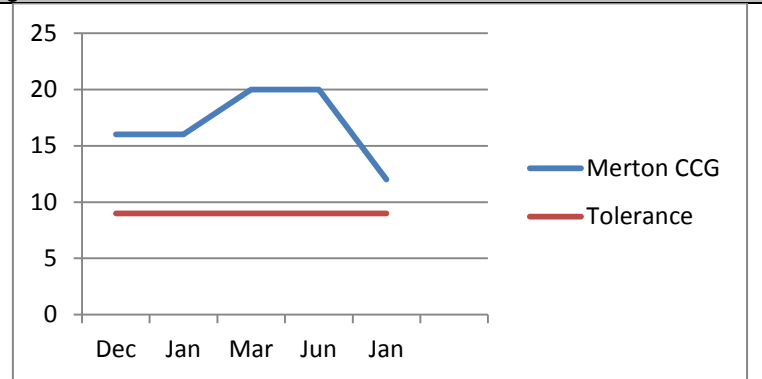
798 If external and internal pressures mean the CCG is unable to deliver the planned budget for 2016-17, the CCG may be forced to carry forward a cumulative financial deficit, which may reduce its ability to deliver its commissioning intentions

Director Lead: Director of Finance

Date last reviewed: January 2017

Risk Rating

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



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

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

- Controls** (what are we doing currently about the risk):
- Risk pooling across SWL CCGs
 - Financial policies approved by Audit & Governance Committee and Governing Body
 - 2016-17 Operating Plans and detailed budget approved by CCG
 - Review and scrutiny of monthly reporting by Finance Committee
 - QIPP plans in place and monitored by Executive Management Team and Finance Committee
 - Controls on discretionary expenditure implemented
 - Investments reviewed and slipped where there is minimal patient impact
 - RSM engaged re FRP – weekly CO meetings
 - Monthly NHSE FRP meetings
 - Financial Recovery Director appointed

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

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

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

Objective 5: Support SWL collaborative working for effective short term provider management and support, and long term sustainable services.

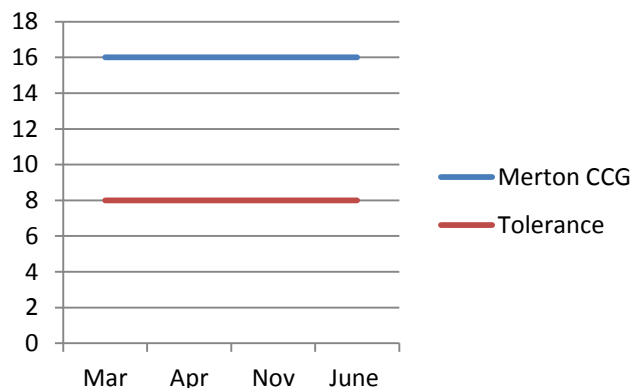
961 If there is lack of collaboration between SWL CCGs and providers then high quality sustainable solutions may not be determined for healthcare in South West London (CO)

Director Lead: Managing Director

Date last reviewed: January 2017

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
- Committee in common established

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

- Implementation plan agreed by GB and SWLCC Achievement of SWLCC implementation plan milestones
- Governance in place
- STP
- Provider risk share contract model
- CIC ToR and minutes (to GB)

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

Further actions required:

- SWLCC leading on LQS – reporting to MCCG (31/03/2017)

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

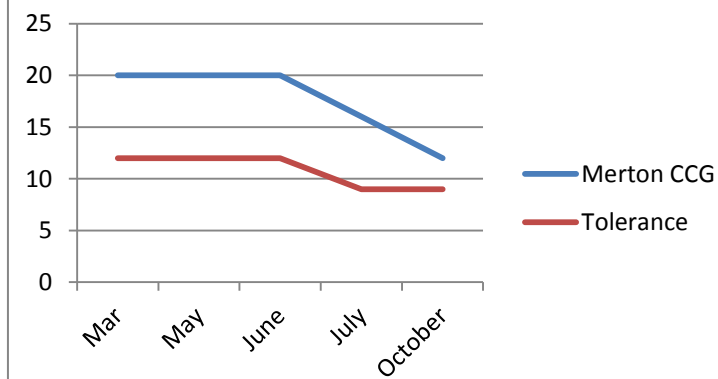
1000 New Continuing Healthcare service fails to deliver the necessary service improvements

Director Lead: Director of Commissioning

Date last reviewed: January 2017

Risk Rating

Initial: $3 \times 4 = 12$
 Current: $4 \times 3 = 12$
 Tolerance: $3 \times 3 = 9$



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.

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

- Monthly performance, quality and finance monitoring meetings – joint with Richmond CCG from Feb 2016
- CO and Director working group established
- Transition and Transformation CHC lead in post
- Clear KPIs and specification included within contract and mobilisation meetings transitioning to performance meetings
- Panel process to ensure all CHC decisions are well evidenced and robust
- Performance Delivery Group in place
- Timeline for service improvement actions agreed
- Robust mobilisation plan in place

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

- 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
- NHSE deep dive report

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

- 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

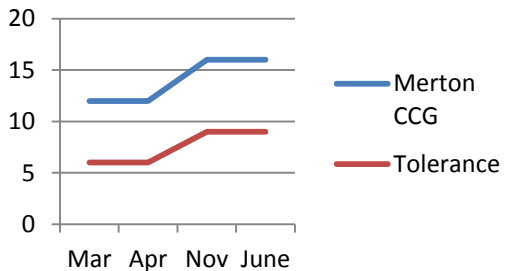
Further actions required:

- Integrate contract meetings into CRM and CQRG (30/04/2017)
- Plan for review of high cost placements (30/04/2017)
- PUPOC backlog finalised (30/04/2017)

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

1043 Delivery of Primary Care Commissioning requirements (DoCO)		Director Lead: Director of Commissioning												
		Date last reviewed: January 2017												
<p>Risk Rating</p> <p>Initial: 4x3=12 Current: 4x3=12 Tolerance: 3x3=9</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Merton CCG</th> <th>Tolerance</th> </tr> </thead> <tbody> <tr> <td>Jan</td> <td>12</td> <td>9</td> </tr> <tr> <td>Feb</td> <td>12</td> <td>9</td> </tr> <tr> <td>Mar</td> <td>12</td> <td>9</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Jan	12	9	Feb	12	9	Mar	12	9	<p>Rationale for current scoring:</p> <p>New responsibility for MCCG, with robust plans in place for managing</p> <p>Rationale for acceptable rating:</p> <p>Key area of commissioning, so aim to bring rating down to a fairly low level to be acceptable.</p>
Month	Merton CCG	Tolerance												
Jan	12	9												
Feb	12	9												
Mar	12	9												
<p>Controls (what are we doing currently about the risk):</p> <ul style="list-style-type: none"> • 2.5 days a week, Director of Commissioning secured from Wandsworth CCG to lead access network • Work plan agreed with primary care team and CCG clinical chair • Key relationship building with NHSE to facilitate PMS review 		<p>Assurance/evidence (How do we know if things we are doing are having an impact?)</p>												
<p>Gaps in controls (what additional assurances should we seek?)</p> <ul style="list-style-type: none"> • No current plans for increased capacity and capability • Lack of knowledge and experience • Lack of decision making process 		<p>Further actions required:</p> <ul style="list-style-type: none"> • Develop plan for GP access for approval and engagement (30/04/2017) • Review primary care team capacity as part of LDU development (30/04/2017) • Work with NHSE team on PMS review (31/10/2017) 												

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

<p>938 Potential over performance of acute contracts (DoCO)</p>		<p>Director Lead: Director of Commissioning Date last reviewed: January 2017</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>12</td> <td>6</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	12	6	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	12	6																
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 • Commissioning to increasing demand – development of STP for acute 		<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"> • Ensuring Nelson Health Centre fully operational (31/03/2017) • On going activity reporting (31/03/2017) • OOH schemes, analysis of referral patterns (01/04/2017) • Review service delivery via planned care board (31/03/2017) • Implement STP for acute hospitals (30/09/2017) • Set up contract management and technical groups (30/04/2017) • Urgent care issues to be addressed through BCF review (31/07/2017) 																

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: Managing Director Date last reviewed: January 2017															
Risk Rating Initial: 4x2 = 8 Current: 4x4 = 16 Tolerance: 4x1=4	<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>Mar</td> <td>8</td> <td>4</td> </tr> <tr> <td>Apr</td> <td>8</td> <td>4</td> </tr> <tr> <td>May</td> <td>8</td> <td>4</td> </tr> <tr> <td>June</td> <td>12</td> <td>4</td> </tr> </tbody> </table>	Month	Merton CCG	Tolerance	Mar	8	4	Apr	8	4	May	8	4	June	12	4	Rationale for current scoring: <ul style="list-style-type: none"> Staff survey shows areas where we compare less favourably to other comparator organisations. Interims in key posts. Rationale for acceptable rating: <ul style="list-style-type: none"> Improved staff survey results
Month	Merton CCG	Tolerance															
Mar	8	4															
Apr	8	4															
May	8	4															
June	12	4															
Controls (what are we doing currently about the risk): <ul style="list-style-type: none"> Review of CSU effectiveness in supporting CCG functions Action plan for staff survey presented to EMT and follow up recommendations implemented Directors have agreed structure for 2016/17 Review of roles, structure and resource within commissioning teams, medicines management and primary care Quarterly reporting of workforce and L&D data - currently providing negative assurance Agreed to become local delivery unit with Wandsworth CCG Recruiting to substantive posts 	Assurance/evidence (How do we know if things we are doing are having an impact?) <ul style="list-style-type: none"> Objective setting Staff survey action plan implemented Annual staff survey Informal feedback from staff Objective setting Appraisals and regular 1:1s Personal development plans RemCo ToR inc. staff survey 																
Gaps in controls (what additional assurances should we seek?) <ul style="list-style-type: none"> Interim staff in key posts 	Further actions required: <ul style="list-style-type: none"> Develop workforce steering group (31/03/2017) Staff survey to Remuneration Committee (31/03/2017) 																

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%)