

Patient and Public Engagement Review

Assignment Report 2018/19

NHS Manchester Clinical Commissioning Group

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1. Introduction, Background and Objective

The review of patient and public engagement was undertaken in accordance with the requirements of the 2018/19 Internal Audit Plan as approved by the Audit Committee.

In order to ensure the delivery of patient-centred health services and to bring about improvements in the quality of care, it is essential to obtain feedback from patients and public, take account of their views and experiences and ensure that these views are incorporated in decision making and commissioning services.

In April 2017 revised statutory guidance was issued by NHS England for Clinical Commissioning Groups entitled 'Patient and Public Participation in Commissioning Health and Care'. This guidance is for clinical commissioning groups (CCGs) and NHS England. It supports staff to involve patients and the public in their work in a meaningful way to improve services, including giving clear advice on the legal duty to involve. The guidance links to an extensive range of resources, good practice and advice that will support staff to involve patients and the public. It highlights key participation principles, alongside themes such as working in partnership with others, including with 'seldom heard' groups to maximise the benefits and impact of involvement.

The overall objective of the review was to evaluate the mechanisms to engage with patients and the public to ensure that both patient and wider engagement and feedback is sought, appropriately analysed and systematically acted upon in order to inform commissioning. In addition, the review also undertook a baseline assessment of arrangements at the CCG compared to the requirements of the revised statutory guidance issued in April 2017.

2. Executive Summary

There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.

Substantial Assurance

Overall Conclusion

In general, the CCG has demonstrated compliance with key requirements of the revised statutory guidance; with some elements identified as requiring improvement and recommendations made to address these. The CCG has adequate arrangements to meet its legal public engagement duties by involving the public and patients in its work and using these activities to inform the development and delivery of local services. The original Manchester Locality Plan was supported by a system wide Communication and Engagement Strategy that set a number of objectives; including the identification of the needs and preferences of communities, patients and the public and ensuring engagement for better outcomes. The strategy and associated objectives now require an update to align it with the recently refreshed locality plan, progress of transformation programmes and developments at partner organisations.

Considerable engagement activities have been undertaken through the Patient and Public Advisory Group (PPAG) as well as engagement projects commissioned by the CCG. The PPAG has played a crucial part in providing valuable feedback to commissioners and proceedings were found to be aligned with the MHCC Operation Plan 2018/19 and MHCC's transformational priorities. There is a need for increased collaboration between Lead Commissioners and the Communication and Engagement Team to assess commissioning priorities, activities planned for the year and alignment with PPAG's work plan; ensuring that the most appropriate, timely and meaningful approach for patient and public engagement being planned and undertaken.

The CCG, MHCC and Healthier Manchester websites as well as social media platforms highlight information on involvement opportunities as well as outcomes of high profile engagement projects. Volunteering through memberships of the PPAG and Expert Panel is actively encouraged and there are opportunities for the public to share their thoughts, views and experiences.

In line with NHS England requirements, the CCG proactively engages with the Voluntary Community and Social Enterprise (VCSE) sector and other community groups; which in fact have been the predominant delivery partners for engagement projects undertaken by the CCG. A detailed account of the key local health needs, public opinion and the CCGs response are also explicitly noted through the publicity and communication of the Manchester Locality Plan "Our Healthier Manchester", with the CCG actively promoting the public to get involved. A system wide programme of communication and engagement is also planned to update the public on the strategic changes made over the last eighteen months and gauge continued support going forwards.

Whilst the CCG has a strong and evident track record of patient and public engagement it now needs to build on this and demonstrate how it evaluates the impact of the intelligence received and demonstrate continuous improvement, patient outcomes and enhanced patient experience. In addition, the CCG should ensure that processes to provide individual level feedback to those involved in engagement are strengthened.

The following provides a summary of the key themes.

Sub Objective	Key Themes
Alignment with Strategic and Operational Plans	Development of the multiyear Manchester Locality Plan (Our Healthier Manchester) was influenced by existing insight and a patient & public opinion exercise undertaken at the time. The recent locality plan refresh is now supported by a planned system wide programme of communication and engagement. Once complete, management intend to share feedback with health and care commissioners, Manchester's Health and Wellbeing Board and wider providers to inform and influence commissioning and delivery of services.

	<p>The MHCC Operational Plan 2018/19 has been developed in the context of the locality plan. Considerable engagement activities have been undertaken and were found to be aligned with work programmes included in the MHCC Operation Plan 2018/19 and transformational priorities. These activities as well as proceedings at the CCGs Patient and Public Participation Group (PPAG) ranged from targeted projects to the systematic collection of patient and public views.</p>
<p>Engagement Strategy and Planning</p>	<p>The original Manchester Locality Plan was supported by a system wide Communication and Engagement Strategy that acknowledged these requirements as various, multi-layered and with a range of audiences. The strategy set a number of objectives including the identification of the needs and preferences of communities, patients and the public and ensuring engagement for better outcomes. The strategy and associated objectives now requires an update to align it with the recently refreshed locality plan, progress of transformation programmes and developments at partner organisations. (Recommendation 1 – Medium Risk)</p> <p>The review noted good examples of engagement activities being planned and undertaken to inform a number of commissioning priorities; however, engagement activities need to be clearly and comprehensively connected to the MHCC operational plan and priorities. This means collaboration between Lead Commissioners and the Communication and Engagement Team to assess priorities and commissioning activities planned for the year and identify, plan and budget for engagement needs from the outset. Hence, the CCGs Engagement Team needs an effective annual planning process with Lead Commissioners to ensure that engagement needs are effectively mapped to the MHCC Operational Plan and the most appropriate, timely and meaningful approach for patient and public engagement is planned and undertaken to inform the considerable transformation agenda and related commissioning investments. Particular attention should be paid to planning for engagement needs arising from proposed investments, disinvestments, procurements and any forthcoming service redesign projects. (Recommendation 2 – Medium Risk).</p>
<p>Promoting Public Involvement</p>	<p>The CCG, MHCC and Healthier Manchester websites as well as social media platforms highlight information on involvement opportunities as well as outcomes of high profile engagement projects. Furthermore, a facility to provide comments and make complaints is also available. Volunteering through memberships of the PPAG and Expert Panel is actively encouraged and there are opportunities for the public to share their thoughts, views and</p>

	<p>experiences. A Volunteer Policy is also in place to support volunteers in the above and provide a framework. In line with NHS England requirements, the CCG proactively engages with the Voluntary Community and Social Enterprise (VCSE) sector and other community groups; which in fact have been the predominant delivery partners for engagement projects undertaken by the CCG.</p> <p>A detailed account of the key local health needs, public opinion and the CCGs response are also explicitly noted through the publicity and communication of the Manchester Locality Plan "Our Healthier Manchester", with the CCG promoting the public to get involved through its publication. Furthermore, as part of the refreshed locality plan a system wide programme of communication and engagement is also planned to update the public on the strategic changes made over the last eighteen months and gauge continued support going forwards. The CCG has also maintained a public membership database with a significant number of contacts; however, this has been significantly reduced following the introduction of EU: General Data Protection Regulations (GDPR). As an effective mechanism to notify members about opportunities to get involved and provide regular feedback; the CCG plans to provide an opportunity for members of the public to sign up and join this database as part of the forthcoming Locality Plan Engagement Programme.</p>
<p>Collection, Analysis and Sharing Outputs</p>	<p>The review noted that the CCG has effective processes for the systematic collection of patient and public views, primarily through the PPAG and engagement projects commissioned from the VCSE. The PPAG performs a crucial part in this process by receiving regular updates and providing valuable feedback on various aspects of commissioning. This included feedback to commissioners on proposed services (including investment business cases), the Local Care Organisation (LCO) Outcomes Framework and the Quality and Performance Framework and primary care (e.g. neighbourhood boundary changes) etc. and through the attendance of Senior Managers at PPAG meetings. Comprehensive feedback has also been sought from the PPAG on proposed strategy updates. However, an annual planning process for the Communication and Engagement Team will support the PPAG to further align its forward plan to MHCC Priorities and the Operational Plan 2018/19.</p> <p>Recommendation 2 refers.</p> <p>PPAG representation and feedback was also noted at MHCC sub-committees (Governance and Quality & Performance Improvement), various commissioning steering groups as well as quality visits to local providers; with updates being brought back to meetings of the PPAG. The CCG has completed and plans to undertake a number</p>

	<p>of engagement projects throughout the year and outputs have been extensively shared with commissioners and service providers. Prior to undertaking any engagement, the Communication and Engagement Team considers what other evidence, feedback or intelligence; gained through surveys, patient experience evidence and previous involvement in a similar area may be available.</p> <p>The CCGs “Commissioning Policy: Investments/Disinvestments” and the prescribed business case process effectively highlights the requirement of patient and public engagement as well as consultation requirements (where applicable). Furthermore, the business case template requires commentary on how proposals have been consulted upon and have been influenced by engagement activities. This aspect is then revisited at as part of the investment review process. The review noted some good examples where engagement had been intrinsic to the development of proposals (e.g. New Models of Homecare). In some business cases patient and public involvement was either based on feedback from historical engagement exercises or the activities undertaken and feedback received were not clearly cited. Hence it is important to develop a forward plan for all planned investments/disinvestments and ensure that the Communications & Engagement Team are involved at the earliest possible opportunity to advise and support commissioners in collecting patient and public feedback to be reflected in business cases; ensuring compliance with the CCG’s legal duty and wider national guidance. (Recommendation 3 – Medium Risk).</p>
<p>Evaluation and Impact</p>	<p>Evaluation of the patient and public involvement (PPI) process was noted as a consistent practice under the leadership of the Lay Member for PPI and discussed at PPAG meetings. This evaluation has resulted in recruitment of volunteers to the PPAG, introduction of expert panel members and sharing of lived experiences reports.</p> <p>As noted in the report, the CCG has undertaken considerable engagement activities ranging from targeted projects to the systematic collection of patient and public views. Results were found to be effectively communicated to Lead Commissioners as well as the MHCC Board and its committees. However, the review noted the lack of visible evidence to demonstrate the impact of feedback and the resulting positive outcomes being achieved. A patient and public experience tracker is in development to provide assurance that feedback collected through engagement activity is acted upon by commissioners and performance managers; the CCG now needs to consider how it evaluates the impact of the intelligence received and demonstrate continuous improvement, patient outcomes and</p>

	<p>enhanced patient experience. (Recommendation 4 – Medium Risk). This may be easier for engagement activities such as “Homecare” where engagement aims to influence the design of revised models; however, it may be beneficial to undertake case studies on the impact of significant engagement activities undertaken in prior periods.</p> <p>Feeding back on the results of participation is a critical step in the engagement process. The review noted that engagement activities and outputs are regularly reported to the MHCC Board / Governing Body and copies of engagement reports are available on the MHCC website and social media platforms. Furthermore, the CCGs Annual Report provides a comprehensive account of these activities and outputs. The CCG currently does not provide feedback directly to those that have been involved in the CCGs engagement exercises on how results have been considered and impacted (or not) on commissioning decisions; as required by national guidance. Hence, as part of the planned improvements in communications the Communications and Engagement Team should ensure that such feedback is provided either directly or through VCSE partners commissioned to undertake engagement projects. (Recommendation 6 – Low Risk).</p>
<p>Governance Arrangements</p>	<p>The CCG’s Constitution adequately references the key ways it involves the public in commissioning, a statement of the principles it will follow ensure transparency of decision making. The CCGs Governing Body and the MHCC Board have public and patient involvement (PPI) representation through the Lay Member for PPI. As a sub-group of the MHCC Board the PPAG provides advice and guidance as well as assurance to the Board on decision making from a patient and public perspective. At the time of the review, the PPAG had a total 13 members and access to 35 expert panel members. There is a process for the induction of PPAG members and regular “Knowledge Briefings” are also held on key and strategic topics and guest speakers have also are invited to attend. Furthermore, Senior Management of the CCG as well as Governing Body Lay Members have also attended to discuss key strategic changes and the importance of feedback from the PPAG.</p> <p>The PPAG has met consistently over the year and was found to be operating in compliance with its terms of reference. The group has effectively established its priorities including the requirement of maintaining focus on key transformational programmes including the development and implementation of the Local Care Organisation (LCO), Single Hospital Service and North Manchester General Hospital vision, to name a few. Furthermore, delivery of the</p>

engagement plan to promote awareness of the Manchester Locality Plan as well as obtaining and sharing feedback was cited as a key activity at the time of the review.

As noted earlier in the report, consistent and effective feedback has been provided by the PPAG to commissioners at its meetings as well as through representation at various organisational forums. A number of working groups for e.g. understanding health and care complaints system and access to GPs have also been established by the PPAG to provide an insight into key areas, promote awareness and support meaningful feedback to commissioners. A comprehensive “Experience, Engagement and Insight” report is prepared and reported to the Governing Body / MHCC Board on a regular basis; providing and update on activities, engagement projects, feedback from volunteers and service improvement at providers resulting from patient experiences.

3. Findings, Recommendations and Action Plan

The review findings are provided on a prioritised, exception basis, identifying the management responses to address issues raised through the review.

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B have been applied. The table below summarises the prioritisation of recommendations in respect of this review.

Critical	High	Medium	Low	Total
0	0	4	1	5

Other detailed findings and recommendations are set out below.

4. Detailed Recommendations

1. Communication and Engagement Strategy	Risk Rating: Medium
<p>Control design</p> <p>Issue Identified – The original Manchester Locality Plan was supported by a system wide Locality Plan Communication and Engagement Strategy that acknowledged these requirements as various, multi-layered and with a range of audiences. The strategy set a number of objectives including the identification of the needs and preferences of communities, patients and the public and ensuring engagement for better outcomes. The strategy and associated objectives now requires an update to align it with the recently refreshed locality plan, progress of transformation programmes and developments at partner organisations.</p> <p>Specific Risk – Lack of an up to date strategy and adequately aligned objectives during a time of significant strategic change may result in patient and public views not being effectively incorporated within the development of services.</p> <p>Undocumented approach to patient and public engagement may result in the CCG not being able to demonstrate compliance with national guidance or good practice.</p> <p>Recommendation – The CCG should review and update the Locality Plan Communication and Engagement Strategy as well as associated objectives. In addition, the strategy should make adequate reference to the CCGs arrangements for ensuring that the CCGs legal duties are met; particularly in a time of significant strategic change. The strategy should also include a process for monitoring and evaluation to provide assurance on whether the strategy has been successful in supporting Manchester Locality Plan.</p> <p>Management Response (Remedial Action Agreed) – Review and refresh strategy via the Manchester Heads of Communications group.</p> <p>Responsibility for Action – Nick Gomm (Director of Corporate Affairs)</p> <p>Deadline for Action – 31/01/2019</p>	

2. Identifying and Planning for Engagement Activities	Risk Rating: Medium
<p>Control design</p> <p>Issue Identified – The MHCC Operational Plan 2018/19 includes a set of priorities underpinned by various work programmes for the year and beyond; most of which entail considerable transformation of health and care services within Manchester. In response, the Engagement Team currently do not have a comprehensive plan that establishes forthcoming commissioning</p>	

activities and decisions arising from programmes of work; in order to assess engagement requirements and facilitates timely and appropriate activities.

Specific Risk – Lack of clarity over engagement requirements arising from transformation plans may result in the most appropriate, timely and meaningful approach for patient and public engagement not being planned, undertaken and evidenced.

Recommendation – It is acknowledged that the Communication & Engagement Team's interaction with Lead Commissioners is through the former's attendance at various Committees, Working/Steering Groups and the Business Case Panel. Furthermore, there is PPAG representation at various forums within the organisation. A planned and evidenced approach, in line with NHSE guidance "Action 5: Assess, plan and take action to involve" of the statutory guidance is adopted. This should be facilitated by undertaking the following:

- i) Undertake a proactive exercise with Lead Commissioners responsible for delivering various work programmes to assess forthcoming commissioning activities and establish engagement requirements arising from delivery of the MHCC Operational Plan.
- ii) Develop and monitor an annual plan mapped to the above exercise to ensure appropriate and meaningful engagement activities are planned and results feedback to Lead Commissioners in a timely manner.
- iii) Develop an annual work plan for the Patient and Public Participation Group (PPAG) based on the above exercise.
- iv) Maintain a log of all applicable commissioning activities identified and evidence that the CCG has assessed the legal duty to involve and the benefits of participation.

Management Response (Remedial Action Agreed) –

- i) Work is currently taking place to identify MHCC priorities for 2019/2020. Once the priorities have been finalised an exercise will be undertaken.
- ii) An Annual Plan will be developed once MHCC priorities for 2019/2020 are finalised.
- iii) A PPAG Workplan will be developed as part of the above.
- iv) Engagement form developed to capture all activities which will be logged to assess how legal duty to involve decisions are made and benefits.

Responsibility for Action – Val Bayliss-Brideaux (Senior Engagement Manager)

Deadline for Action – i) 28/02/2019 ii) & iii) 31/03/2019. iv) 31/12/2018

3. Investment Business Cases

Risk Rating: Medium

Operating Effectiveness

Issue Identified – The CCGs “Commissioning Policy: Investments/Disinvestments” and the prescribed business case process effectively highlights the requirement of patient and public engagement as well as consultation requirements (where applicable). Furthermore, the business case template requires commentary on how proposals have been consulted upon and have been influenced by engagement activities.

Audit review of investment business cases presented to the business case panel identified some good examples where engagement had been intrinsic to the proposals (e.g. Homecare). However, in some other cases reviewed were either based on feedback from historical engagement exercises or the activities and feedback were not clear.

Specific Risk – Lack of clarity over engagement requirements arising from commissioning investments may result the most appropriate, timely and meaningful approach for patient and public engagement not being identified, undertaken and evidenced in proposals.

Recommendation - Establish a forward plan for all planned investments/disinvestments and ensure that the Communications & Engagement Team are involved at the earliest possible opportunity to advise and support commissioners in collecting patient and public feedback to inform business cases. Appropriate sign off from the CCGs Communication and Engagement Lead should be obtained prior to submission of the proposal to the Business Case Panel.

Management Response (Remedial Action Agreed) - Discussion taking place with Lead Manager and at Business Case Panel meetings. A forward plan is being finalised by Finance and will be shared with the Senior Engagement Manager. Senior Engagement Manager to be added to cover sheet of business case template, disinvestment and review templates.

Responsibility for Action – Val Bayliss-Brideaux (Senior Engagement Manager)

Deadline for Action – 31/12/2018

4. Impact of Engagement Activities

Risk Rating: Medium

Control design

Issue Identified – The CCG has undertaken considerable engagement activities ranging from targeted projects to the systematic collection of patient and public views with feedback being effectively communicated to Lead Commissioners as well as the MHCC Board and its committees. However, the review concluded that there was no process to demonstrate the impact of feedback collated, resulting changes being made and how this enabled achievement of CCG objectives e.g. improved health outcomes, patient choice etc. A patient and public experience tracker has been developed to support in providing assurance that feedback

collected has been used to influence commissioning; although this is not yet been finalised and needs to be supported by a defined process of impact analysis.

Specific Risk – Failure to undertake an analysis of the impact patient and public engagement activities and resulting feedback have had on commissioning and CCG outcomes.

Recommendation – The CCG should finalise the patient and public experience tracker and utilise this to develop a process to demonstrate that using patient experience and wider stakeholder engagement has a direct and positive impact on supporting commissioning decision making and subsequent achievement of CCG objectives and desired outcomes. Assurance on this aspect should then be provided through the local reporting mechanisms at sub-Committee level and to the MHCC Board/Governing Body.

Management Response (Remedial Action Agreed) - Patient and Public Experience tracker to be updated and presented to the November 2018 MHCC board meeting. Tracker to be placed on the MHCC website and updated on a 3 monthly basis.

Engagement, Experience and Insight reports are presented to the MHCC Board on a bi-monthly basis. Engagement reports are presented to the Performance and Quality Improvement Committee on a monthly/bi-monthly basis. Both of these reports are presented to the Patient and Public Advisory Group on a monthly/bi-monthly basis. Engagement reports are also presented by the Lay member for PPI bi-monthly to MHCC board meetings.

Responsibility for Action – Val Bayliss-Brideaux (Senior Engagement Manager)

Deadline for Action – 31/12/2018

5. Feedback to participants	Risk Rating: Low
<p>Control design</p> <p>Issue Identified – Feeding back on the results of participation is an important step in the engagement process. The review noted that engagement activities and outputs are regularly reported to the MHCC Board / Governing Body and copies of engagement reports are available on the MHCC website and social media platforms. Furthermore, the CCGs Annual Report provides a comprehensive account of these activities and outputs. The CCG does not provide feedback directly to groups and communities that have been involved in the CCGs engagement exercises.</p> <p>Specific Risk – Failure to provide participants with feedback on how engagement results have been considered may result in participants feeling less encouraged to stay involved.</p> <p>Recommendation – As part of the planned improvements in communications, the Communications and Engagement Team should ensure that themed feedback is provided</p>	

either directly (through bulletins, newsletters) or through VCSE partners commissioned to undertake engagement projects on how engagement results have impacted (or not) on commissioning decisions.

Management Response (Remedial Action Agreed) - A "Our Healthier Manchester" e-bulletin established August 2018 and produced on a monthly basis to report back on engagement activity, impact and how influenced commissioning decisions. Standing agenda item on Community Explorer meetings to share engagement and outcomes.

Responsibility for Action – Val Bayliss-Brideaux (Senior Engagement Manager)

Deadline for Action – Complete

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted in line with agreed action dates.

Appendix A: Terms of Reference

The overall objective of the review was to evaluate the mechanisms to engage with patients and the public to ensure that both patient and wider engagement and feedback is sought, appropriately analysed and systematically acted upon in order to inform commissioning of high levels of quality care that meets patient needs and their expectations. In addition, the review also undertook a baseline assessment of arrangements at the CCG compared to the requirements of the revised statutory guidance issued in April 2017.

The following sub-objectives were identified as:

- The CCG's engagement plans and activities are effectively aligned to the CCG's strategic and operational plans including key commissioning decisions (e.g. investments/dis-investments, service re-design);
- The CCG promotes and publicises public involvement and has adequate arrangements in place for systematic collection, analysis and sharing of the outputs of engagement activities;
- The CCG evaluates its engagement results, effect on commissioning decisions and provides feedback to patients, public and other stakeholders/partners;
- The CCG has governance processes that embed engagement and participation throughout the organisation and ensures that decisions taken by the Governing Body/MHCC Board (incl. Sub Committees) are informed by patient and public views.

Limitations inherent to the internal auditor's work

We have undertaken the review of the Public and Patient Engagement process, subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment of controls relating to the process is that at July/August 2018. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or

The degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> the efficient and effective use of resources the safeguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> has a low impact on the achievement of the key system, function or process objectives; has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

Report Distribution

Name	Title	Report Distribution
Nick Gomm	Director of Corporate Affairs	Draft/ Final
Val Bayliss-Brideaux	Senior Engagement Manager	Draft/ Final
Atiha Chaudry	PPAG Representative / MHCC Board Lay Member	Draft/ Final
Kaye Abbott	Head of Operational Finance	Draft/ Final
Claire Yarwood	Chief Finance Officer	Final
Manisha Kumar	Clinical Director	Final
Ian Williamson	Chief Officer	Final
Chris Jeffries	MHCC Board Lay Member	Final
Grenville Page	MHCC Board Lay Member	Final

Discussion meeting held with

Name	Title	Date
Nick Gomm	Director of Corporate Affairs	18/09/2018
Atiha Chaudry	PPAG Representative / MHCC Board Lay Member	18/09/2018

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Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director.

MIAA would be grateful if you could complete a short survey using the link below to provide us with valuable feedback to support us in continuing to provide the best service to you.

https://www.surveymonkey.com/r/MIAA_Client_Feedback_Survey