

STRATEGIC OBJECTIVES				
1. PREVENTION AT SCALE	2. INTEGRATED COMMUNITY AND PRIMARY CARE SERVICES	3. ONE ACUTE NETWORK	4. DIGITALLY ENABLED DORSET	5. LEADING AND WORKING DIFFERENTLY
STRATEGIC RISKS				
<i>Achievement of the CCG's strategic objectives is at risk if:</i>				
1) inadequate funding is available to deliver the required services and the transformation programme				
2) unprecedented rise in demand on services occurs				
3) the Integrated Care Partnership breaks down				
4) there is significant, sustained failure of a major provider				
5) there are insufficient skilled and qualified staff within the system				
CORPORATE OBJECTIVES (11)				
Prevention at System Wide Level	CSR- Integrated Community Services	CSR – Acute Reconfiguration	Digital Dorset	Leading and Working Differently
	Acute Mental Health Care Pathway			Financial sustainability
	Primary Care Commissioning Strategy			System Structures
	Patient and Public Engagement			
	Continuing Healthcare			
CORPORATE RISKS (34) including 3 RED (HIGH)				
NQ008	PCC001	SI001	SI006	PCC008
	PCC002	SI003	SI007	NQ007
	PCC004	SI005	PC012	FBI002
	PCC005	SI009		FBI003
	PCC010	SI011		FBI004
	PCC011	SI016		FBI005
	PCC013	SI017		FBI006
	NQ002			ED001
	NQ003			ED002
	NQ005			SI010
	SI014			SI012
				SI015

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NO	STRATEGIC OBJECTIVE	STRATEGIC RISK	KEY CONTROLS	SOURCES OF ASSURANCE	ASSURANCE FREQUENCY	GAPS IN CONTROLS AND/OR ASSURANCE	NARRATIVE
EXTERNAL ASSURANCES							
1	1, 2, 3 & 5	2, 3 & 5	Bournemouth and Poole Health and Wellbeing Board	Receipt of minutes by the CCG, from the Bournemouth and Poole Health and Wellbeing Board	As available	None identified (last meeting 10.07.2018)	Members include representatives from public health, local authorities, health providers and lay members. The following Boards feed into the HWB: Safeguarding Adults, Safeguarding Children, Children's Trust and Better Care Fund.
2	1, 2, 3 & 5	2, 3 & 5	Dorset Health and Wellbeing Board	Receipt of minutes by the CCG, from the Dorset Health and Wellbeing Board	As available	None identified (2018 meeting dates known: 28.03.2018 and 27.06.2018)	Members include representatives from public health, local authorities, health providers and lay members. The following Boards feed into the HWB: Safeguarding Adults, Safeguarding Children, Children's Trust and Better Care Fund.
3	All	All	NHS England South Assurance Review	Evidence supplied to NHS England and attendance at assurance meeting	Quarterly	No gaps - overall 'good' rating	The final IAF headline rating for 2017/18 for Dorset is Good. The quality of leadership rating is Green and the finance rating is Amber.
4	1, 2 & 3	4	CQC Inspections	CQC published reports, CQC enforcement actions, oversight meetings for practices/Providers in special measures NHS Providers report quarterly to the CCG on their CQC status	As per CQC schedule	None identified	Poole Hospital, Dorset HealthCare and The Royal Bournemouth Hospital are rated as 'Good'; all other local NHS Provider Trusts (SWASFT and DCHFT) have been inspected and are awaiting their updated report (currently 'requires improvement'). A number of care homes 'require improvement' or are rated 'inadequate'; All these care homes are 'blocked' from receiving new placements. A GP Practice was declared 'inadequate' on 21.11.2017 and in August 2018 is now 'requires improvement' and is in special measures.
5	1, 2, 3 & 5	2, 3 & 5	Poole Health Overview and Scrutiny Panel	Reports are submitted from the CCG on request/as per schedule	Monthly	None identified	The panel is made up of selected Councillors, representing Poole Borough Council. There are CCG executive and clinical leads nominated representatives.
6	1, 2, 3 & 5	2, 3 & 5	Bournemouth Health Overview and Scrutiny Panel	Reports are submitted from the CCG on request/as per schedule	Monthly	None identified	The panel is made up of selected Councillors, representing Bournemouth Borough Council. There are CCG executive and clinical lead nominated representatives.
7	1, 2, 3 & 5	2, 3 & 5	Dorset Health Overview and Scrutiny Panel	Reports are submitted from the CCG on request/as per schedule	Quarterly	None identified	The panel is made up of selected Councillors, representing Dorset County Council. There are CCG executive and clinical lead nominated representatives.
8	1, 2, 3 & 5	2, 3 & 5	Joint Health Overview and Scrutiny Panel	Reports are submitted from the CCG on request/as per schedule	Ad hoc	None identified	The Joint Panel is set up on an ad hoc basis when there is a Consultation which affects all Dorset residents (e.g. CSR).
9	1	All	ICF - external evaluation of 'My Health, My Way'	Independent review of current 'My Health My Way' contract by ICF during contract waiver period. This was a one off report following on from the Clinical Services Review and the impact of the change on service provision.	One off report	See 'narrative' column	The MHMW programme is now reaching its final year. Findings are generally highly positive: there is much to celebrate in terms of outcomes achieved at the patient level, and there are indications that the programme has the potential to generate cost savings for the local system. Going forward, it will be valuable for Help & Care and Dorset CCG to capitalise on these achievements through the ongoing development of the programme, the services it offers, and through wider dissemination of findings.

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10	All	All	External audit	An annual report is submitted to the CCG from the appointed external auditors (Grant Thornton)	Annual		Following completion of the annual audit, external audit produce an audit findings report, focusing on areas required under International Standards of Audit (ISAs (UK)) and the National Audit Office (NAO) Code of Audit Practice, stating whether in their opinion: <ul style="list-style-type: none"> • the CCG's financial statements give a true and fair view of the financial position of the CCG and its expenditure and income for the year; • The CCG's financial statements, including the audited parts of the Remuneration Report and Staff Report have been properly prepared in accordance with International Financial Reporting Standards, the Department of Health and Social Care group accounting manual 2017/18 (GAM) and the requirements of the Health and Social Care Act 2012; • the CCG has not made proper arrangements to secure economy, efficiency and effectiveness in its use of resources ('the value for money (VFM) conclusion').
11	All	All	Internal audit	An annual report is submitted to the CCG from the appointed internal auditors (BDO)	Annual		The annual internal audit report summarises the outcomes of the reviews carried out on the organisation's framework of governance, risk management and control. The report is designed to assist the Governing Body in making its Annual Governance Statement. The reviews are agreed in the Annual Audit Plan, which is approved by the Audit and Quality Committee, with any changes to the plan also approved by the Audit and Quality Committee. Internal audit report on progress through the year to the Audit and Quality Committee.
12	All	All	Local Counter Fraud Specialist - annual report	An annual report is submitted to the CCG from the Local Counter Fraud Specialist	Annual		An annual Counter Fraud Work Plan is agreed by the Audit and Quality Committee to ensure that the CCG's resources are appropriately protected and to address NHS Protect's national strategy and standards. In addition the Local Counter Fraud Specialist (LCFS) investigates all referrals received. The LCFS reports to each Audit and Quality Committee through the year on progress against the Counter Fraud Work Plan and updates on all investigations in progress or recently completed.
13	All	All	ISAE 3402 Type II Report on Capita Business Services Ltd provision of Primary Care Support England (interim; final awaited)	An annual report (written by KPMG) is submitted to the CCG, via NHS England.	Annual	See 'narrative' column	Any gaps or omissions (if indeed identified) are known to the Chief Finance Officer. Service auditor reports are provided in strict confidence. Relevant details are available on request through Finance and are not to be shared except where required by law or regulation.
14	All	All	ISAE 3000 Type II Controls Report on Electronic Staff Record Programme	An annual report (written by KPMG) is submitted to the CCG, via NHS England.	Annual	See 'narrative' column	Any gaps or omissions (if indeed identified) are known to the Chief Finance Officer. Service auditor reports are provided in strict confidence. Relevant details are available on request through Finance and are not to be shared except where required by law or regulation.
15	All	All	ISAE 3402 Type II Report on NHS Shared Business Services Limited's Description of its Control System for Finance and Accounting Services	An annual report (written by KPMG) is submitted to the CCG, via NHS England.	Annual	See 'narrative' column	Any gaps or omissions (if indeed identified) are known to the Chief Finance Officer. Service auditor reports are provided in strict confidence. Relevant details are available on request through Finance and are not to be shared except where required by law or regulation.

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16	All	All	ISAE 3402 Type II Report on NHS Business Services Authority Prescription Payments Process	An annual report (written by KPMG) is submitted to the CCG, via NHS England.	Annual	See 'narrative' column	Any gaps or omissions (if indeed identified) are known to the Chief Finance Officer. Service auditor reports are provided in strict confidence. Relevant details are available on request through Finance and are not to be shared except where required by law or regulation.
17	All	All	ISAE 3402 Type II Report on NHS Digital's Description of its Control System for GP Payments	An annual report (written by KPMG) is submitted to the CCG, via NHS England.	Annual	See 'narrative' column	Any gaps or omissions (if indeed identified) are known to the Chief Finance Officer. Service auditor reports are provided in strict confidence. Relevant details are available on request through Finance and are not to be shared except where required by law or regulation.
GOVERNING BODY MEETING							
12	1 & 2	All	Governing Body meeting	Adult Safeguarding: Annual report	Annual	None identified	Key issues: Mandatory training, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), PREVENT and domestic abuse. The CCG is well represented on the Safeguarding Adults Boards. The report is also submitted to the Audit and Quality Committee.
13	1 & 2	All	Governing Body meeting	Adult Safeguarding: Update report	Annual	None identified	Key issues: Mandatory training, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), PREVENT and domestic abuse. The CCG is well represented on the Safeguarding Adults Boards. The report is also submitted to the Audit and Quality Committee.
14	All	1 & 3	Governing Body meeting	Approving Annual Accounts	Annual	None identified	Approval of the Annual Accounts is also a standing item at the Audit and Quality Committee special meeting, annually.
15	All	All	Governing Body meeting	Approving Annual Report and Accounts (including Annual Governance Statement)	Annual	None identified	The Annual Report and Accounts 2017/18 was published on the CCG public website on 28 May 2018 together with the Annual Audit Letter. The report is also submitted to the annual special Audit and Quality Committee each May.
16	All	3	Audit and Quality Committee	Award of contracts without competition	Quarterly	None identified	Part 2; The award of contracts without competition identifies any single tender actions that have been authorised and the rationale for not seeking competition. The report is also submitted to the annual special Audit and Quality Committee.
17	All	All	Governing Body meeting	Governing Body Assurance Framework (GBAF)	Bi-monthly	None identified	The GBAF (this document) provides assurance to the Governing Body of the documents being submitted for scrutiny, and the submission frequency. The framework is also submitted to Audit and Quality Committee (quarterly) and Director's Performance meeting (monthly)
18	All	All	Governing Body meeting	Chief Officers update	Bi-monthly	None identified	Includes link to Health and Wellbeing Board papers (which includes Better Care Fund updates)
19	1 & 2	All	Governing Body meeting	Children's Safeguarding: Annual report	Annual	None identified	Key issues: Special Education Needs and Disabilities (SEND) and Child Sexual Exploitation and general exploitation (county lines) The CCG is well represented on the LSCBs. This report is also submitted annually to Audit and Quality Committee.
20	1 & 2	All	Governing Body meeting	Child Safeguarding: Update report	Annual	None identified	Key issues: Special Education Needs and Disabilities (SEND) and Child Sexual Exploitation and general exploitation (county lines) The CCG is well represented on the LSCBs. This report is also submitted annually to Audit and Quality Committee.

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21	1 & 2	All	Governing Body meeting	Children's and Adult's Safeguarding report - Serious Case Reviews (inc Domestic Homicide Reviews)	Biannual	None identified	This report provides assurance to the Governing Body that there are robust investigation process and there is sharing of learning across the system. The report is also submitted to Audit and Quality Committee (biannually).
22	All	All	Governing Body meeting	Commissioning Support Services: Annual report	Annual	None identified	This report provides assurances to the Governing Body on the performance and contribution of its commissioning support services. This is the last 'stand alone' annual report that will be produced as as the CCG, moving forwards, will focus increasingly on a 'system based approach' with our staff members working alongside other support services staff in Dorset. Relevant content demonstrating the contribution of the commissioning support will be integral to the CCG Annual Report and Accounts publication. The CCG will continue to look to drive improvement and report any matters to the Governing Body as appropriate.
23	All	All	Governing Body meeting	Corporate Risk Register	Bi-monthly	None identified	This report provides assurances to the key committees/groups that the CCG is identifying and managing risk. The Corporate Risk Register is submitted to Part 2 of the Governing Body meeting. The Register is also submitted to Audit and Quality Committee (quarterly) and Director's Performance Meeting (monthly)
24	All	All	Governing Body meeting	Customer Care: Annual report	Annual	None identified	This report provides assurance to the Governing Body that the CCG manages complaints according to the NHS Constitution, and that 'deep dives' are taking place quarterly in main Provider organisations. The report is also submitted annually to the Audit and Quality Committee.
25	All	3	Governing Body meeting	Declarations of Interest: Annual review	Annual	None identified	All Governing Body members up to date with mandatory Conflict of Interest training (May 18)
26	1, 2, 3 & 5	2, 3 & 5	Governing Body meeting	Dorset Health and Wellbeing Board and Bournemouth and Poole Health and Wellbeing Board updates (included in Chief Officer's report)	Bi-monthly	None identified	Inclusion of the Health and Wellbeing Boards progress/updates in the Chief Officers update is the mechanism for keeping the Governing Body informed of matters arising from the Boards.
27	2, 3, 4 & 5	All	Governing Body meeting	Emergency Preparedness Resilience and Response (EPRR) Assurance Report	Annual	None identified	The annual report was presented to the January 2018 Governing Body Meeting. This was subject to approval by both the Accountable Emergency Officer and Non-Executive Director for EPRR
28	All	All	Governing Body meeting	Engagement and Communications Framework	Annual	None identified	The Governing Body receive progress reports on objectives and how the CCG has fulfilled its statutory duties; this included the CSR in the relevant reporting periods.
29	All	All	Governing Body meeting	Engagement and Communications Framework: update	Annual	None identified	The update reports progress and exceptions for assurance purposes.
30	All	1 & 3	Governing Body meeting	External Audit: Interim and Final report on Annual Accounts and Annual Report by Grant Thornton	Annual	None identified	The external audit is also detailed within the 'External assurances' section above
31	All	1 & 3	Governing Body meeting	Finance report	Bi-monthly	None identified	The finance report is submitted to Part 2 of the Governing Body meeting. The report is also submitted to the Audit and Quality Committee (quarterly) and the Director's Performance meeting (monthly)
32	All	All	Governing Body meeting	Governance Documents: Annual review	Annual	None identified	Governance review of the Integrated Care System is currently being undertaken which may impact on CCG governance

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33	All	All	Governing Body meeting	Governing Body self-assessment report	Annual	None identified	Part 2. This self-assessment demonstrates that the Governing Body is complying with good governance practice relating to the consideration of its own performance.
34	1, 2, 3 & 4	4	Governing Body meeting	Infection control: Annual report	Annual	None identified	Report is also submitted annually to Audit and Quality Committee. Key issues are C Difficile targets, MSSA and E Coli
35	4	3 & 4	Governing Body meeting	Data Security and Protection Toolkit (formerly the Information Governance toolkit): Annual review	Annual	None identified	The Data Protection Act 2018 was enacted in May 2018. The Information Governance Toolkit is now obsolete and in its place is the Data Security and Protection Toolkit. The Data Security and Protection team are working to ensure all the requirements of the new toolkit are met and will report compliance at year end.
36	1, 2, 4 & 5	1 & 2	Governing Body meeting	Looked After Children: Annual report	Annual	None identified	Key issues: Timeliness of Initial Health Assessments, particularly within the DCC area. The report is also submitted annually to the Audit and Quality Committee.
37	All	All	Governing Body meeting	NHS Constitution: Annual update	Annual	None identified	Report is also submitted annually to Audit and Quality Committee. Some constitutional standards not being met eg RTT
38	All	1, 2 & 3	Governing Body meeting	Opening budget	Annual	None identified	Part 2; The Clinical Commissioning Group is formally required to set a balanced budget for the forthcoming year, approved by the members of the Governing Body for delegation to Officers in recognition of the funds delegated by NHS England for the commissioning of a portfolio of services for the population.
39	All	All	Governing Body meeting	Integrated Care System (ICS) Operating Plan update (<i>formally known as the Operational Plan</i>)	Annual	None identified	
40	5	3 & 5	Governing Body meeting	Organisational Development Framework: Annual report	Annual	None identified	The Organisational Development Framework sets out the way in which the CCG will continue to evolve and develop as an organisation, ensuring that the capacity and capability is in place to meet the strategic and system wide challenges. The framework is reported on bi-annually to the Governing Body to facilitate progress reports on the work programme; this includes the CCG's staff survey programme and and those leadership interventions that develop the ability of the CCG to lead system transformation.
41	5	3 & 5	Governing Body meeting	Organisational Development Framework: progress update	Annual (mid-year)	None identified	An update on the Organisational Development Framework was presented at the May 2018 Governing Body meeting, providing an overview of progress against the objectives and the priorities for 2018/19. It has been identified by the Governing Body that the May report provides a more timely
42	All	All	Governing Body meeting	Performance report	Bi-monthly	None identified	Includes Better Care Fund, Delayed Transfers of Care, Quality Premium, Contract Queries and Four Hour Emergency Department waits. The report is also submitted to the Director's Performance meeting (monthly).
43	5	4 & 5	Governing Body meeting	Patient and Public Participation: Annual report	Annual	None identified	The PPI annual report is not statutory; it is optional good practice. The CCG chooses to produce the annual report and it clearly sets out how the CCG fulfils its statutory duties and provides a means of added assurance on engagement matters.

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44	All	4 & 5	Governing Body meeting	Quality report	Bi-monthly	None identified	Key issues: Never Events, compliance with the WHO checklist, Serious Incidents in urgent and emergency services, CHC assessment timescales and impact of operational pressures on overall performance. The report is also submitted to the Director's Performance meeting (monthly).
45	5	4 & 5	Governing Body meeting	Staff Survey: Annual report	Annual	None identified	The CCG has taken the results from the 2017 Staff Survey to form the basis of a 'People and Culture' Programme. The Programme has three phases (Discovery, Design and Delivery) and will report back to CCG Directors and the Governing Body on the progress of each phase. The programme includes the creation of 'Culture Champions' across all Directorates to ensure actions are in line with the requirements of employees of the CCG. This paper, and these update reports, given assurance that the CCG is listening to staff and is committed to creating an empowering and supportive working environment.
46	All	1 & 3	Governing Body meeting	Integrated Care System (ICS) delivery update (<i>formally System and Transformation update</i>)	Bi-monthly	None identified	
47	All	All	Governing Body meeting	Urgent and Emergency Care Delivery Board: Report	Bi-monthly	None identified	The Board comprises of NHS England, CCG and provider experts from the wider Acute network Key issues: Service capacity and procurement of new services
48	5	5	Governing Body meeting	Workforce Race Equality Standard Report	Annual	None identified	This report is a national, mandatory requirement. The 2017 report was overseen by the Equality and Diversity Steering Group and presented to Governing Body in September 2017, with a summary published on the CCG website. The 2018 report is being developed. Assurance is being developed to a high quality, and to the agreed timeframe, and is being managed through the Equality and Diversity Steering Group. The final report is to be presented to the Governing Body in September 2018.
49	All	All	Governing Body meeting	360° stakeholder survey	Annual	None identified	
50	All	All	Governing Body meeting	Audit & Quality Committee minutes	As available	None identified	The minutes from the Audit and Quality Committee are submitted to the Governing Body to demonstrate that the Committee is operating within the delegated remit documented within the Terms of Reference.
51	All	All	Governing Body meeting	Clinical Commissioning Committee minutes	As available	None identified	The minutes from the Clinical Commissioning Committee are submitted to the Governing Body to demonstrate that the Committee is operating within the delegated remit documented within the Terms of Reference.
52	All	All	Governing Body meeting	Primary Care Commissioning Committee minutes	As available	None identified	The Primary Care Commissioning Committee receives regular updates on all fully delegated primary care commissioning activity undertaken by the CCG and approves all plans for the sustainability and transformation of primary care in line with the Primary Care Commissioning Strategy and primary care plans in relation to Integrated Care System delivery.

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53	All	All	Governing Body meeting	Remuneration Committee minutes	As available	None identified	The minutes from the Remuneration Committee are submitted to the Governing Body to demonstrate that the Committee is operating within the delegated remit documented within the Terms of Reference.
54	All	All	Governing Body meeting	System Leadership Team (SLT) minutes, to include updates from: Prevention at Scale Board Integrated Community and Primary Care Services Board One Adult Network Board Digitally Enabled Board Leading and Working Differently Board Reference Groups Right Care	As available	None identified	The submission of the SLT minutes (as detailed in the 'sources of assurance' line) provides assurance to the Governing Body of any issues and actions taken elsewhere in the system.
55	All	All	Governing Body meeting	System Partnership Board (SPB) minutes	As available	None identified	The submission of the SPB minutes to the Governing Body provides assurance relating to the 'matters escalated' to the SPB.
AUDIT AND QUALITY COMMITTEE							
56	All	All	Audit and Quality Committee	Annual Audit letter (for noting)	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
57	All	All	Audit and Quality Committee	Annual Governance Statement: update/progress	Quarterly	None identified	The progress relating to the Annual Governance Statement is reported to the Audit and Quality Committee in Q4 and Q1 and the final version is submitted to the special Audit and Quality Meeting in May. These updates/progress reports demonstrate to the Audit and Quality Committee that the Annual Governance Statement is being drafted as per the mandatory guidelines and provides opportunity for feedback on the proposed content.
58	All	All	Audit and Quality Committee	Annual Report and Accounts preparation: Progress update	Three times per year	None identified	Assurance is given to the Audit and Quality Committee that the report's development complies with the guidance set out by NHSE and that it will be produced to a high quality and to deadlines consistent with the committee and Governing Body, ahead of approval and publication.
59	1, 2, 4 & 5	1 & 3	Audit and Quality Committee	Better Care Fund update report	Quarterly	None identified	Part 1; Key risk, particularly in Dorset Health and Wellbeing area, to the Improved Better Care Fund investment into the Council if Delayed Transfers of Care targets not achieved.
60	All	All	Audit and Quality Committee	Biannual meeting without management present: Internal audit, external audit and local counter fraud service	Biannual	None identified	October and May (special) meetings This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
61	All	1 & 3	Audit and Quality Committee	CCG Standards of Business Conduct: Annual approval	Annual	None identified	Part 1. This annual approval provides assurance that the CCG policy is current and fit for purpose.
62	All	All	Audit and Quality Committee	Clinical Commissioning Local Improvement Plan (LIP) - feedback report at year end	Annual	None identified	Links to RightCare/Demand Management programme
63	All	All	Audit and Quality Committee	Corporate Risk Register: annual approval	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
64	All	1, 3, 4 & 5	Audit and Quality Committee	Counter Fraud workplan approval	Annual	None identified	Refer to the narrative for 'Local Counter Fraud Specialist - annual report' within the 'external assurances' section of this GBAF.
65	All	1, 3, 4 & 5	Audit and Quality Committee	Counter Fraud Interim report	Quarterly	None identified	Refer to the narrative for 'Local Counter Fraud Specialist - annual report' within the 'external assurances' section of this GBAF.

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66	All	All	Audit and Quality Committee	Customer Care: Quarterly report	Quarterly	None identified	This report provides assurance to the Governing Body that the CCG manages complaints according to the NHS Constitution. The majority of complaints to the CCG relate to Continuing Healthcare.
67	All	3	Audit and Quality Committee	Declarations of Interest (with particular reference to Primary Care Commissioning Committee) - review	Quarterly	None identified	Submissions of declarations of interest provides assurance that appropriate declarations have been made and that persons concerned are not able to influence decisions that may conflict with their own.
68	All	All	Audit and Quality Committee	Deep Dive into selected complaint issue (for noting)	Quarterly	None identified	The paper relating to 'deep dives' provides assurance to the Audit and Quality Committee that main NHS Providers are managing their complaints in accordance with the NHS Constitution.
69	All	1 & 3	Audit and Quality Committee	External Audit plan approval	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
70	All	1 & 3	Audit and Quality Committee	External Audit update	Quarterly	None identified	Part 2; This paper provides the Audit and Quality Committee with a report on progress by external audit in delivering their responsibilities. It also includes: <ul style="list-style-type: none"> • a summary of emerging national issues and developments that may be relevant to the Clinical Commissioning Group; and • includes a number of challenge questions in respect of these emerging issues which the Audit and Quality Committee may wish to consider (these are a tool to use, if helpful, rather than formal questions requiring responses for audit purposes).
71	All	1 & 3	Audit and Quality Committee	External Audit Governance report	Annual	None identified	Refer to the narrative for 'External audit' within the 'external assurances' section of this GBAF.
72	All	1 & 3	Audit and Quality Committee	External Audit effectiveness - Annual Review	Annual	None identified	Part 2; Under the terms of reference of the Audit and Quality Committee, the committee has responsibility to undertake a review of the effectiveness of both internal and external audit (ToR 6.1.20). For 2018/19, only external audit was reviewed, as BDO were only appointed as internal auditors from 1 April 2018.
73	All	All	Audit and Quality Committee	Follow up from any Special A&Q meetings that have taken place	Quarterly	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
74	All	All	Audit and Quality Committee	Governing Body Assurance Framework report: annual approval	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
75	4	3 & 4	Audit and Quality Committee	Information Governance Group report	Quarterly	None identified	Part 1; This quarterly report provides oversight and assurance of all data security and protection issues. The Data Security and Protection Group assesses all Data Protection Impact Assessments and Data Sharing protocols as well as advising on any data issues.
76	All	All	Audit and Quality Committee	Internal Audit: Annual opinion/annual report	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
77	All	All	Audit and Quality Committee	Internal Audit update report	Quarterly	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
78	All	All	Audit and Quality Committee	Internal Audit - note and review audit recommendations	Quarterly	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
79	All	All	Audit and Quality Committee	Internal Audit effectiveness - Annual Review	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee

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80	All	1 & 3	Audit and Quality Committee	Note Register of Losses, Compensation Payments and Implementation of Standards of Business Conduct Policy by members of staff (Inspection of Registers)	Annual	None identified	Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of Parliament. They are divided into different categories, which govern the way each individual case is handled. This guidance is not applicable to any losses or special payments that arise from inter NHS transactions. In accordance with the Corporate Governance Framework the CCG maintains several registers and members and staff declarations to support appropriate governance arrangements. These are made available for inspection annually to the Audit and Quality Committee: <ul style="list-style-type: none"> • Register of Use of Company Seal • Register of Tenders Received • Register of Hospitality • Declaration of Interests
81	All	All	Audit and Quality Committee	Note and review the effectiveness of the committee	Annual	None identified	This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee
82	2, 3, 4 & 5	4 & 5	Audit and Quality Committee	Quality Group paper	Quarterly	None identified	The minutes from the Quality Group are submitted to the Audit and Quality Committee to demonstrate that the Group is operating within the delegated remit documented within the Group's Terms of Reference.
83	All	All	Audit and Quality Committee	Review and Recommend for Approval Changes in Constitution, Standing Orders and Standing Financial Instructions and Terms of Reference for Committees (<i>note changes to Constitution will require membership approval</i>) (Annual Review of Governance Documents)	Annual	None identified	This annual approval provides assurance that the CCG policy is current and fit for purpose.
84	2	1, 2 & 5	Audit and Quality Committee	Special Educational Needs and Disabilities (SEND) reforms – Children's and Families Act 2014: Update of CCG compliance	Quarterly	None identified	The CCG is working through a detailed action plan to address the issues identified in relation to CCG compliance with SEND reforms.
85	All	1 & 3	Audit and Quality Committee	Transformation Programme Assurance Report (including minutes from the Quality Assurance Group)	Quarterly	None identified	Part 1
86	2, 3 & 5	3, 4 & 5	Audit and Quality Committee	Freedom to Speak Up Policy - note of review (including investigations following instigation of the policy)	Annual	None identified	This paper provides assurance to the Audit and Quality Committee on the level and type of issued being raised (collq. 'whistleblowing') from CCG staff and the major providers in Dorset. The paper also provides assurance that the CCG promotes the Freedom to Speak Up Policy to staff.
87	All	All	Audit and Quality Committee	NHS Counter Fraud Authority: Review of action plan produced by the NHS Counter Fraud Authority following their assessment of anti-fraud work at the organisation in the following key areas of activity: Strategic Governance and Inform and Involve (17/18 April 2018)	Ad hoc	None identified	Review in April 2018 was 'good' with no resulting action plan.

DIRECTOR'S PERFORMANCE MEETING							
88	1, 2, 4 & 5	1, 2 & 5	Director's Performance Meeting	Continuing HealthCare briefing on Adults and Children	Quarterly	None identified	Predicted overspend, not achieving Quality Premium for 28 day assessment target
89	1, 2 & 3	1 & 2	Director's Performance Meeting	Medicines Management report	Quarterly	None identified	This report provides details to the Directors relating to the forecasting for the primary care prescribing budget, medicine/pharmacy initiatives and any financial pressures.
90	5	5	Director's Performance Meeting	Organisation workforce scorecard	Monthly	None identified	This paper is provided on a monthly basis to give information and assurance on all aspects of the CCG workforce including sickness absence, turnover, appraisal completion and statutory and mandatory training. The report highlights areas of progress or concern to allow action to be taken under the collective direction of the Chief Officer and Executive Team.
91	1, 2, 4 & 5	1, 2 & 5	Director's Performance Meeting	Primary Care report	Monthly	None identified	Key risks; One GP practice is rated by the CQC as inadequate; financial pressure on delegated budget, particularly for 18/19; workforce and resilience in practices.
92	2, 3, 4 & 5	All	Director's Performance Meeting	Resilience report (verbal update)	Monthly	None identified	An overarching system wide Winter plan for Dorset was submitted to NHS England on 01.12.2017. The plan will consider our pressures, capacity and what is in place that is different to last year. It also considers where the gaps are which will support any bids for winter monies. 'Perfect Week' ran across Dorset w/c 04.12.2017.
93	All	2 & 5	Director's Performance Meeting	Elective Care Collaboration reports (<i>formally RightCare Performance reports</i>)	Monthly	None identified	
94	All	1 & 3	Director's Performance Meeting	Transformation update	Monthly	None identified	
PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)							
95	1, 2 & 3	1 & 2	Primary Care Commissioning Committee	Medicines Optimisation Group Report	Bi-monthly	None identified	The Medicines Optimisation Group reports the meeting minutes and any financial arrangements such as audit or quality payments to practices for approval. It is also a statutory requirement that medicines safety and antimicrobial resistance is also reported at Board level. A controlled drugs report is included annually, which is a delegated commissioning requirement.

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96	2 & 5	5	Primary Care Commissioning Committee	GP Satisfaction survey	Annual	None identified	The results of the GP satisfaction survey are used to influence the GP Forward View and Primary Care transformation programmes.
97	1 & 2	1, 2 & 5	Primary Care Commissioning Committee	Primary Care commissioning intentions	Annual	None identified	This paper provides assurance that: <ul style="list-style-type: none"> • due process has been followed; • recommendations made are based on primary care strategic objectives; • engagement with clinical leads and stakeholders have contributed to recommendations; • conflicts of interest mitigated and managed • recommendations support the delivery of improved quality of general practice and outcomes for patients; • funding allocation provides value for money and within budget; • services recommended will be sustainable.
98	1, 2 & 5	5	Primary Care Commissioning Committee	Workforce support to vulnerable practices (if applicable)	Bi-monthly	None identified	Part 2. The papers to PCCC around workforce support provide assurance that the CCG is providing support, guidance and development to Primary Care in Dorset to ensure provision of service is maintained in vulnerable areas. Members of the PCCC can question workforce on the provision of support to provide further assurance.
99	1, 2 & 5	4 & 5	Primary Care Commissioning Committee	Primary Care Quality and Practice Profiling update	Bi-monthly	None identified	Part 2. Key risks: One GP practice is rated by the CQC as inadequate Since the inadequate rating was issued by CQC, oversight meetings are in place. Unfortunately despite the support provided, the practice have not been able to improve the areas of concern and following a follow up CQC visit, CQC have issued a requires improvement with further recommendations to be implemented by the practice. There continues to be concerns regarding the 'well led' domain which continued to be identified as inadequate.
100	2, 4 & 5	1, 2 & 5	Primary Care Commissioning Committee	Primary Care Risk Register	Bi-monthly	None identified	This report provides assurances to the Primary Care Commissioning Committee that the CCG is identifying and managing risk in relation to Primary Care. This paper is submitted to Part 2 of the meeting.
101	1, 2, 4 & 5	2 & 5	Primary Care Commissioning Committee	Primary Care Update paper, to include: <ul style="list-style-type: none"> - Contract and performance of primary care - Horizon scanning (as and when) - Primary Care Clinical Commissioning Local Improvement Plan - Primary Care Strategy update - Review of Enhanced Frailty Initiatives - Estates and Technology Transformation Fund update - Primary Care Quality and Profiling update - Primary Care Finance update 	Bi-monthly	None identified	Progress being managed by Primary Care Operational Group, and monitored via PCCC

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102	1	2	Primary Care Commissioning Committee	Public Health update	Bi-monthly	None identified	Public health expertise is being strengthened at locality level to inform transformation plans
103	2	1 & 3	Primary Care Commissioning Committee	NHS England – Plans for strengthening assurance of delegated commissioning: Self-reported assessment of compliance with published primary medical care policies from each lead commissioner	Annually	To be confirmed – the first report will be submitted during 2018/19 – date to be confirmed. To check progress in April 2019.	NHS England has requested this assessment as whilst NHSE delegates its primary care functions to CCGs, it retains overall responsibility for their discharge. NHSE is therefore responsible for obtaining assurances from CCGs that its primary medical services functions are being discharged effectively and legally.
104	2	1 & 3	Primary Care Commissioning Committee	NHS England – Plans for strengthening assurance of delegated commissioning: Published report covering the outcomes achieved through primary care delegated responsibilities and the way the assurances have been gained	Annually (frequency beyond the initial baseline year 2018/19 will be on a risk assessed basis)	To be confirmed – the first report will be submitted during 2018/19 – date to be confirmed. To check progress in April 2019.	NHS England has requested this assessment as whilst NHSE delegates its primary care functions to CCGs, it retains overall responsibility for their discharge. NHSE is therefore responsible for obtaining assurances from CCGs that its primary medical services functions are being discharged effectively and legally.
CLINICAL COMMISSIONING COMMITTEE							
105	1, 2 & 3	1 & 2	Clinical Commissioning Committee	Dorset Medicines Advisory Group (DMAG) report	Bi-monthly	None identified	DMAG is an advisory group that allows for the CCG statutory NICE and drug decision making functions to be delivered. A DMAG CCC relating to NICE Technology Appraisals and drugs recommended to be added or removed from the Dorset Forumulary.
106	All	2 & 5	Clinical Commissioning Committee	RightCare Performance reports	Bi-monthly	None identified	

REMUNERATION COMMITTEE							
107	All	All	Remuneration Committee	Agree Chief Officer objectives to recommend to Governing Body	Annually	None identified	In March 2017, the Chief Officer objectives were agreed for 2017-18 and 2018-19
108	All	All	Remuneration Committee	Year end reviews/performance reviews	Bi-annually	None identified	
SYSTEM LEADERSHIP TEAM MEETING (SLT)							
109	All	All	System Leadership Team Meeting	Involvement of Dorset Provider organisations	Monthly	None identified	
OPERATIONS AND FINANCE REFERENCE GROUP (OFRG)							
111	All	All	Operations and Finance Reference Group	System Update on Finance and Cost Improvement Programme (CIP) progress (within SLT paper)	Monthly	None identified	Monthly templates completed by all providers and discussed at meeting noting concerns, risks and issues.
112	All	All	Operations and Finance Reference Group	System Quality Update (within SLT paper)	Monthly	None identified	A summary of the System Quality paper is discussed. Directors of Nursing from all Providers attend the quarterly Quality Surveillance Group meeting which formulates the basis of this paper.
113	All	All	Operations and Finance Reference Group	System Update on Performance and Activity Growth	Monthly	None identified	Key performance and activity growth data is presented as a system. COO's from all providers are present to discuss concerns raised.
114	All	All	Operations and Finance Reference Group	System Leadership Team - Paper for approval	Monthly	None identified	OFRG members agree the Collaborative Agreement Implementation Progress Report before submitted to SLT
115	All	All	Operations and Finance Reference Group	Dorset Health System Collaborative Agreement Highlight Report and plans	Monthly	None identified	Workstream leads produce assurance templates which update on areas relating to demand management
116	All	All	Operations and Finance Reference Group	OFRG - Risk Register	Monthly	None identified	OFRG members decide if any risks need to be escalated to SLT. [Part 1]
117	All	All	Operations and Finance Reference Group	Dorset Health System Collaborative Agreement (Two year plan)	Biennially	None identified	To be updated in 2019/20
NHS ENGLAND (WESSEX) QUALITY SURVEILLANCE GROUP (QSG)							
118	All	4 & 5	NHS England Quality Surveillance Group	Regular reporting, enhanced reporting and themed reporting as per meeting agenda	Quarterly	None identified	
ASSURANCE SURVEY							
119	All	All	Assurance survey	Receipt of a completed survey from the Chairs of Governing Body, Audit and Quality Committee, Clinical Commissioning Committee, Primary Care Commissioning Committee and Remuneration Committee.	Six monthly	None identified	An assurance survey is sent to the committee chairs to ascertain compliance with terms of reference and receipt of adequate assurances. The assurance survey for 01.10.2017 - 31.03.2018 identified no gaps in assurance.
PROVIDER CONTRACT MEETINGS							
120	All	All	Contract meetings with key NHS Acute, Community and Mental Health Providers	Undertaking of quarterly assurance meetings with RBCH, DCHFT, PHFT, DHC and SWASFT	Quarterly	None identified	Confirmation that quarterly contract meetings have taken place will be monitored via the Nursing and Quality Leadership Team meeting, and reported to the GBAF if a gap is identified.