

| STRATEGIC RISKS | | | | | |
|---|---|---|--|--|---|
| Achievement of the CCG's programmes and priorities is at risk if: | | Lead Director | Q3 2018-19 strategic risk assessment score | Q4 2018-19 strategic risk assessment score | |
| 1) | inadequate funding is available to deliver the required services and the transformation programme | Stuart Hunter | High 16 (Likely x Major) | High 16 (Likely x Major) | |
| 2) | unprecedented rise in demand on services occurs | Sally Sandcraft | High 16 (Likely x Major) | High 16 (Likely x Major) | |
| 3) | the Integrated Care Partnership breaks down | Phil Richardson | Moderate 12 (Possible x Major) | Moderate 12 (Possible x Major) | |
| 4) | there is significant, sustained failure of a major provider | Vanessa Read | Moderate 12 (Possible x Major) | Moderate 12 (Possible x Major) | |
| 5) | there are insufficient skilled and qualified staff within the system | Charles Summers | High 20 (Almost certain x Major) | High 20 (Almost certain x Major) | |
| PROGRAMMES AND PRIORITIES | | | | | |
| 1. PREVENTION AT SCALE | | 2. INTEGRATED COMMUNITY AND PRIMARY CARE SERVICES | 3. ONE ACUTE NETWORK | 4. DIGITALLY ENABLED DORSET (ENABLING PROGRAMME) | 5. LEADING AND WORKING DIFFERENTLY (ENABLING PROGRAMME) |
| 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 (28) including 9 RED (HIGH) | | | | | |
| | | PCC001 | SI003 | PC012 | PCC008 |
| | | PCC002 | SI005 | | FBI002 |
| | | PCC004 | SI009 | | FBI004 |
| | | PCC005 | SI011 | | FBI007 |
| | | PCC013 | SI018 | | ED001 |
| | | PCC015 | SI019 | | ED002 |
| | | PCC016 | SI021 | | SI012 |
| | | PCC017 | | | NQ009 |
| | | NQ002 | | | |
| | | NQ003 | | | |
| | | NQ005 | | | |
| | | SI020 | | | |

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| NO | PROGRAM MES/ PRIORITIES | 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 09.10.2018) | 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. Review of the minutes from the HWB demonstrates knowledge of the discussions and decisions made by the HWB. |
| 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 (Last meeting held 26.06.2019. No future dates announced) | 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. Review of the minutes from the HWB demonstrates knowledge of the discussions and decisions made by the HWB. |
| 3 | All | All | NHS England South Assurance Review | Evidence supplied to NHS England and attendance at assurance meeting | Quarterly | CCG assessed as 'good' for 2017/18 | The Improvement Assurance Framework (IAF) assessment ratings for four of the clinical priority areas were published by NHS England for 2017-18 in December 2018: Mental health (good), dementia (requires improvement), learning disability (requires improvement) and diabetes (inadequate). |
| 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. Reports are submitted to provide assurance to the panel on the progress of the STP specifically in relation to health and social transformational plans. |
| 6 | 1, 2, 3 & 5 | 2, 3 & 5 | Health and Adult Social Care Overview and Scrutiny Panel (formerly the 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. Reports are submitted to provide assurance to the panel on the progress of the STP specifically in relation to health and social transformational plans. |

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| 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. Reports are submitted to provide assurance to the panel on the progress of the STP specifically in relation to health and social transformational plans. |
| 8 | 1, 2, 3 & 5 | 2, 3 & 5 | Joint Advisory 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). The Joint Advisory Overview and Scrutiny Committee can review or scrutinise any issue that affects the area, residents or services provided across two or more of the councils making up the Dorset Councils Partnership (North Dorset District Council, West Dorset District Council and Weymouth and Portland Borough Council). |
| 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. |
| 10 | All | All | External audit | An annual report is submitted to the CCG from the appointed external auditors (Grant Thornton) | Annual | None identified | 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 | None identified | 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. |

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| 12 | All | All | Local Counter Fraud Specialist - annual report | An annual report is submitted to the CCG from the Local Counter Fraud Specialist | Annual | None identified | 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. |
| 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 | Part 1: 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. |

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| 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 | Part 1; 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 | Part 1; 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 | Part 1: 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 | Part 1; 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. |
| 21 | 1 & 2 | All | Governing Body meeting | Children's and Adult's Safeguarding report - Serious Case Reviews (inc Domestic Homicide Reviews) | Biannual | None identified | Part 2; 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 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 | Part 2; 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. |

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| 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 for 2018-19. Undergoing training is an annual requirement and completion for the following 12 months must be completed by 28 June 2019. |
| 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 | Part 1; 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 Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal major and critical incidents while maintaining safe and quality services. NHS England publishes EPRR minimum standards, which NHS organisations and providers of NHS funded care must meet. This paper provides assurances to the Governing Body of the status of NHS Dorset CCG following self-assessment of the core standards. |
| 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 | Part 1; 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 |
| 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 | Part 1; In 2018/19 it was agreed that the NHS Constitution update will be contained within the Annual report and Accounts, and no longer a separate document. This will be submitted to the Special May meeting, each year. |

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| 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>formerly known as the Operational Plan</i>) | Annual | None identified | The Operating Plan details how partners within the system will drive forward transformation and deliver the STP, deliver the national priorities, improve health and wellbeing, improve quality of care and improve efficiency and productivity, whilst ensuring robust and sustainable financial performance. |
| 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 window to report the national staff survey results with an initial narrative on a planned response. |
| 42 | All | All | Governing Body meeting | Performance report | Bi-monthly | None identified | Part 1: 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. |
| 44 | All | 4 & 5 | Governing Body meeting | Quality report | Bi-monthly | None identified | Part 1; 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. |

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| 46 | All | 1 & 3 | Governing Body meeting | Integrated Care System (ICS) delivery update (formally System and Transformation update) | Bi-monthly | None identified | Part 1: The bi-monthly delivery update provides assurance to the Governing Body members of progress against the ICS Operating Plan. |
| 47 | All | All | Governing Body meeting | Urgent and Emergency Care Delivery Board: minutes | As available | None identified | Part 2: The Board comprises of NHS England, NHS Improvement, CCG and providers. Key issues: ED attendances and admissions; ambulance conveyances; conveyance reductions including alternative services; Stranded patients; IUC service contract agreement and mobilisation. In May 2018, a decision was made to cease a separate Urgent and Emergency Care paper to Governing Body and to submit the papers from the Board meeting to Part 2 of the Governing Body, as available. |
| 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 was presented to the Governing Body in September 2018. |
| 49 | All | All | Governing Body meeting | 360° stakeholder survey | Annual | None identified | The 360 degree stakeholder survey serves two purposes: <ul style="list-style-type: none"> • provides the CCG with insight into key areas for improvements in our relationships with stakeholders and provides information on how stakeholders' views have changed over time; • contributes towards NHS England's statutory responsibility to conduct an annual assessment of each CCG, through the CCG Improvement and Assessment Framework. The outcomes from the survey provides assurance to NHS England and the Governing Body that the CCG has strong relationships with a range of health and care partners in order to be successful commissioners within our local health and care systems and to improve quality and outcomes for patients. |
| 50 | All | All | Governing Body meeting | Audit & Quality Committee minutes | As available | None identified | Part 2: 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. The Committee also provides assurance of matters discussed and validates any recommendations made to the Governing Body. |
| 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 | Part 2; 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 | Part 1; 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. This is presented to Audit and Quality in October, February and the May Special Meeting |
| 59 | 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 |
| 60 | 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. |
| 61 | All | All | Audit and Quality Committee | Clinical Commissioning Local Improvement Plan (LIP) - feedback report at year end | Annual | None identified | This report provides the Committee with assurance about the clinical commissioning local improvement plan which aims to improve quality and reduce variation. |
| 62 | All | All | Audit and Quality Committee | Corporate Risk Register: annual approval | Annual | None identified | Part 1: This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee |
| 63 | 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. |
| 64 | All | 1, 3, 4 & 5 | Audit and Quality Committee | Counter Fraud Interim report | Quarterly | None identified | Part 2; Refer to the narrative for 'Local Counter Fraud Specialist - annual report' within the 'external assurances' section of this GBAF. |

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| 65 | All | All | Audit and Quality Committee | Customer Care: Quarterly report | Quarterly | None identified | Part 1: 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. |
| 66 | All | 3 | Audit and Quality Committee | Declarations of Interest (with particular reference to Primary Care Commissioning Committee) - review | Quarterly | None identified | Part 1: 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. |
| 67 | 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. |
| 68 | All | 1 & 3 | Audit and Quality Committee | External Audit plan approval | Annual | None identified | Part 2: This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee |
| 69 | 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). |
| 70 | 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. |
| 71 | 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. |
| 72 | 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 |
| 73 | 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 |
| 74 | 4 | 3 & 4 | Audit and Quality Committee | Data Security and Protection Group (formerly the 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. |
| 75 | 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 |
| 76 | All | All | Audit and Quality Committee | Internal Audit update report | Quarterly | None identified | Part 2: 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 - note and review audit recommendations | Quarterly | None identified | Part 2: This report is submitted to demonstrate adherence to the Terms of Reference of the Audit and Quality committee |

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| 78 | 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 |
| 79 | 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 |
| 80 | 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 |
| 81 | 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. In early 2019 a new constitution is being drafted and was submitted to the Feb 19 meeting as 'new constitution'. | This annual approval provides assurance that the CCG policy is current and fit for purpose. |
| 82 | 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 | Part 1: The CCG is working through a detailed action plan to address the issues identified in relation to CCG compliance with SEND reforms. |
| 83 | All | 1 & 3 | Audit and Quality Committee | Transformation Programme Assurance Report (including minutes from the Quality Assurance Group) | Quarterly | None identified | Part 1. The purpose of this report is to provide assurance to the Audit and Quality Committee on process, the four key tests, value for money for associated public spend and patient benefits. |
| 84 | 2, 3 & 5 | 3, 4 & 5 | Audit and Quality Committee | Freedom to Speak Up (part of the Whistleblowing 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 issues being raised (colloq. '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. |
| 85 | 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 | | | | | | | |
| 86 | 1, 2, 4 & 5 | 1, 2 & 5 | Director's Performance Meeting | Personal Health Commissioning (PHC) briefing on Adults and Children (formerly CHC) | Quarterly | None identified | Predicted overspend, not achieving Quality Premium for 28 day assessment target |
| 87 | 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. |

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| 88 | 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. |
| 89 | 1, 2, 4 & 5 | 1, 2 & 5 | Director's Performance Meeting | Primary Care update | Bi-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. |
| 90 | 2, 3, 4 & 5 | All | Director's Performance Meeting | Urgent and Emergency Care update (<i>formerly Resilience report (verbal update)</i>) | Monthly | None identified | The report details current pressures, capacity and solutions. |
| 91 | All | 2 & 5 | Director's Performance Meeting | Elective Care update (<i>formerly Right Referral, right care reports</i>) | Monthly | None identified | Monthly narrative for high priority clinical pathways, ERS and CBAPS. Identifying key work underway, risks and issues and escalation |
| 92 | All | 1 & 3 | Director's Performance Meeting | Transformation update | Monthly | None identified | This paper, which is also submitted to the Governing Body and SLT, provides assurance to the CCG Directors regarding the progress of the transformation plans within the STP. |
| PRIMARY CARE COMMISSIONING COMMITTEE (PCCC) | | | | | | | |
| 93 | 1, 2 & 3 | 1 & 2 | Primary Care Commissioning Committee | Medicines Optimisation Group Report | Bi-monthly | None identified | Part 1; 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. |
| 94 | 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. |
| 95 | 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. |
| 96 | 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. |

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| 97 | 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. |
| 98 | 2, 4 & 5 | 1, 2 & 5 | Primary Care Commissioning Committee | Primary Care Risk Register | Bi-monthly | None identified | Part 2; 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. |
| 99 | 1, 2, 4 & 5 | 2 & 5 | Primary Care Commissioning Committee | Primary and Community Care Update paper, to include: - 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 |
| 100 | 1 | 2 | Primary Care Commissioning Committee | Public Health update | Bi-monthly | None identified | Part 1; Public health expertise is being strengthened at locality level to inform transformation plans |
| 101 | 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 | Annual | None identified | NHS England requested this assessment. 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. |
| 102 | 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 | Annual | No significant gaps identified. Recommendations are being addressed via an action plan. | 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 | | | | | | | |
| 103 | 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 Formulary. |
| 104 | All | 2 & 5 | Clinical Commissioning Committee | Elective Care update (formerly RightCare Performance reports) | Bi-monthly | None identified | Monthly narrative for high priority clinical pathways, ERS and CBAPS. Identifying key work underway, risks and issues and escalation |

| REMUNERATION COMMITTEE | | | | | | | |
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| 105 | All | All | Remuneration Committee | Agree Chief Officer objectives to recommend to Governing Body | Annually | None identified | The Remuneration Committee reviewed the Corporate Objectives on 12 February 2019. |
| 106 | All | All | Remuneration Committee | Year end reviews/performance reviews | Bi-annually | None identified | The assurances that these reviews provide is that performance monitoring takes place. |
| SYSTEM LEADERSHIP TEAM MEETING (SLT) | | | | | | | |
| 107 | All | All | System Leadership Team Meeting | Involvement of Dorset Provider organisations | Monthly | None identified | The assurances that these meetings provide is that a system approach is being undertaken and the meeting evidences issues and resolution. |
| OPERATIONS AND FINANCE REFERENCE GROUP (OFRG) | | | | | | | |
| 108 | All | All | Operations and Finance Reference Group | SLT Collaboration Agreement - Finance Progress report | Monthly | None identified | A summary of the financial position across the STP footprint |
| 109 | All | All | Operations and Finance Reference Group | System Financial Overview 2019/20 and Final Operational Plan 2019/20 | Monthly | None identified | Details the forward planning in relation to finance, workforce and activity. |
| 110 | All | All | Operations and Finance Reference Group | SLT Collaboration Agreement – Performance Progress Report | Monthly | None identified | A report detailing performance and quality within the system |
| 111 | All | All | Operations and Finance Reference Group | Potential service closures (within operational risks and issues section) | Monthly | None identified | Details problems within the system and specialities and any expected/potential service closures |
| 112 | All | All | Operations and Finance Reference Group | Elective Care Board report | Monthly | None identified | Details the progress/position of elective care across the system and the associated challenges |
| 113 | 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. |
| 114 | All | All | Operations and Finance Reference Group | Dorset Health System Collaborative Agreement (Two year plan) | Annually | None identified | The Collaborative Agreement was discussed at OFRG in May 2019, with an initial annual renewal and then for a refresh over a longer period (to be agreed). |
| DORSET QUALITY SURVEILLANCE GROUP (QSG) | | | | | | | |
| 115 | All | 4 & 5 | NHS England and Dorset Quality Surveillance Group | Regular reporting, enhanced reporting and themed reporting as per meeting agenda | Bi-monthly | None identified | Membership of the QSG is made up of representation from NHSE, NHSI, CCG, CQC, HEE, Healthwatch, Primary Care, Local Authorities, Acute Trust, Community/Mental Health Trust, Ambulance Trust. The group is the mechanism to receive and discuss information in relation to quality and safety across the Dorset system; it fulfils the requirement of the National Quality Board to hold a QSG, assurance of system oversight on quality to NHSE/I, assurance to CCG GB on oversight and actions being taken in relation to quality and safety. |
| ASSURANCE SURVEY | | | | | | | |
| 116 | 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 01.04.2018 to 30.09.2018 identified no gaps in assurance. |
| PROVIDER CONTRACT MEETINGS | | | | | | | |
| 117 | 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. |