

STRATEGIC RISKS				
Achievement of the CCG's programmes and priorities is at risk if:		Lead Director	Q4 2018-19 strategic risk assessment score	Q1 2019-20 strategic risk assessment score
1) inadequate funding is available to deliver the required services and the transformation programme		Nikki Rowland	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)
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 (31) including 15 RED (HIGH)				
SI026	PCC001	SI003	SI027	FBI002
	PCC002	SI009		FBI004
	PCC004	SI011		FBI007
	PCC005	SI018		ED002
	PCC013	SI019		ED003
	PCC015	SI021		NQ009
	PCC018	SI022		NQ002
	PCC019	SI023		NQ010
	PCC020			NQ011
	NQ003			
	SI024			
	SI025			

NO	PROGRAM MES/ PRIORITIES	STRATEGIC RISK	KEY CONTROLS	SOURCES OF ASSURANCE	ASSURANCE FREQUENCY	GAPS IN CONTROLS AND/OR ASSURANCE	NARRATIVE
<b>EXTERNAL ASSURANCES</b>							
1	1, 2, 3 & 5	2, 3 & 5	<a href="#">Bournemouth and Poole Health and Wellbeing Board</a>	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	<a href="#">Dorset Health and Wellbeing Board</a>	Receipt of minutes by the CCG, from the Dorset Health and Wellbeing Board	As available	None identified (Last meeting held 11.11.2019).	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	Annually	CCG assessed as 'green' for 2018/19	The performance assessment for each of the 195 CCGs in 2018/19 has now been published. This assessment was done under the auspices of the Improvement and Assessment Framework (IAF), with the overall ratings derived from CCGs' performance against the IAF indicators, including an assessment of CCG leadership and financial management. The results show a continued steady improvement in each of the four categories compared to last year, despite another challenging year.
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	Dorset HealthCare is 'Outstanding'; Poole Hospital 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.

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"> <li>• 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;</li> <li>• 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;</li> <li>• the CCG has not made proper arrangements to secure economy, efficiency and effectiveness in its use of resources ('the value for money (VFM) conclusion').</li> </ul>
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. The reports are produced annually, with the next ones being May 2020, linking in with the NHS year end of 31 March. This applies to all ISAE 3000 and ISAE 3402 reports (independent service auditor reports produced under the International Standards on Assurance Engagements).
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: Emailed Andrew G 31.07.2019	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. The reports are produced annually, with the next ones being May 2020, linking in with the NHS year end of 31 March. This applies to all ISAE 3000 and ISAE 3402 reports (independent service auditor reports produced under the International Standards on Assurance Engagements).
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. The reports are produced annually, with the next ones being May 2020, linking in with the NHS year end of 31 March. This applies to all ISAE 3000 and ISAE 3402 reports (independent service auditor reports produced under the International Standards on Assurance Engagements).
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. The reports are produced annually, with the next ones being May 2020, linking in with the NHS year end of 31 March. This applies to all ISAE 3000 and ISAE 3402 reports (independent service auditor reports produced under the International Standards on Assurance Engagements).
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. The reports are produced annually, with the next ones being May 2020, linking in with the NHS year end of 31 March. This applies to all ISAE 3000 and ISAE 3402 reports (independent service auditor reports produced under the International Standards on Assurance Engagements).

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.
16	All	3	Audit 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.

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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.
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. Always goes to the March meetings.
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.
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).

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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	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: • 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 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	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.



52	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.
53	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	All Governing Body members are on the circulation list for all SLT papers (agenda, papers and meeting minutes). To avoid duplication the Governing Body meeting no longer formally receives SLT minutes.
54	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.
<b>AUDIT AND QUALITY COMMITTEE</b>							
55	All	All	Audit 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
56	All	All	Audit 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.
57	All	All	Audit 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
58	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
59	All	1 & 3	Audit 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. 31.07.2019; a new Model Constitution & Governance Handbook (incorporating Standards of Business Conduct) had been created based on the one produced by NHSE. This went to the GB in January before going out to the membership for wider approval. As this had just been approved at the GB and then been through the membership, it was deemed unnecessary to put this to the Audit Committee for approval so soon.
60	All	All	Audit 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. A discussion is currently taking place between the Head of Primary Care, the Chair of PCCC and the Chair of the Audit Committee to determine the level of update required and whether an update is required from Primary Care for the Committee.

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61	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
62	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.
63	All	1, 3, 4 & 5	Audit 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.
64	All	All	Audit Committee	Customer Care: Quarterly report	Quarterly	None identified	Oct 2019: This assurance is now managed via the Quality Surveillance Group.
65	All	3	Audit Committee	Declarations of Interest (with particular reference to Primary Care Commissioning Committee) - review	Annual	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.
66	All	All	Audit Committee	Deep Dive into selected complaint issue (for noting)	Quarterly	None identified	Oct 2019: This assurance is now managed via the Quality Surveillance Group.
67	All	1 & 3	Audit 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
68	All	1 & 3	Audit 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"> <li>* a summary of emerging national issues and developments that may be relevant to the Clinical Commissioning Group; and</li> <li>* 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).</li> </ul>
69	All	1 & 3	Audit Committee	External Audit Governance report	Annual	None identified	Refer to the narrative for 'External audit' within the 'external assurances' section of this GBAF.
70	All	1 & 3	Audit 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.
71	All	All	Audit Committee	Follow up from any Special Audit Committee 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
72	All	All	Audit 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
73	All	All	Audit 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
74	All	All	Audit 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
75	All	All	Audit 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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76	All	All	Audit 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
77	All	1 & 3	Audit 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"> <li>• Register of Use of Company Seal</li> <li>• Register of Tenders Received</li> <li>• Register of Hospitality</li> <li>• Declaration of Interests</li> </ul>
78	All	All	Audit 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. <b>31.07.2019</b> ; this formed a part of the Workshop discussions.
79	All	All	Audit 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 was 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. The constitution (including ToRs) was approved by the Governing Body in November 2019.
80	All	1 & 3	Audit 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.
81	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 (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.
82	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							
83	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
84	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.
85	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.
86	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.
87	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.
88	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.
89	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)							
90	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.
91	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.
92	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"> <li>• due process has been followed;</li> <li>• recommendations made are based on primary care strategic objectives;</li> <li>• engagement with clinical leads and stakeholders have contributed to recommendations;</li> <li>• conflicts of interest mitigated and managed</li> <li>• recommendations support the delivery of improved quality of general practice and outcomes for patients;</li> <li>• funding allocation provides value for money and within budget;</li> <li>• services recommended will be sustainable.</li> </ul>
93	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.

94	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.
95	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.
96	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	Part 1; Progress being managed by Primary Care Operational Group, and monitored via PCCC
97	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
98	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.
99	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.
<b>CLINICAL COMMISSIONING COMMITTEE</b>							
100	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.
101	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							
102	All	All	Remuneration Committee	Agree Corporate objectives (changed from Chief Officer objectives) to recommend to Governing Body	Annually	None identified	The Remuneration Committee reviewed the Corporate Objectives on 12 February 2019.
103	All	All	Remuneration Committee	Year end reviews/performance reviews	Annually	None identified	The assurances that these reviews provide is that performance monitoring takes place.
SYSTEM LEADERSHIP TEAM MEETING (SLT)							
104	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)							
105	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
106	All	All	Operations and Finance Reference Group	System Financial Overview 2019/20 and Final Operational Plan 2019/20	Annual	None identified	Details the forward planning in relation to finance, workforce and activity.
107	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
108	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
109	All	All	Operations and Finance Reference Group	Elective Care Board report (within the Performance report)	Monthly	None identified	Details the progress/position of elective care across the system and the associated challenges.
110	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.
111	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)							
112	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							
113	All	All	Assurance survey	Receipt of a completed survey from the Chairs of Governing Body, Audit Committee, Clinical Reference Group, 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 30.09.2018 to 31.03.2019 identified no gaps in assurance.
PROVIDER CONTRACT MEETINGS							
114	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.