

**CCG Assurance – 2015/16 Annual Review
Well Led Organisation**

Governing Body meeting

D

3 March 2016

Author(s)	Margaret Saunders, Head of Governance and Planning
Sponsor	Rachel Gillott, Deputy Director Delivery and Performance
Is your report for Approval / Consideration / Noting	
Consideration and approval.	
Are there any Resource Implications (including Financial, Staffing etc)?	
Nil	
Audit Requirement	
<u>CCG Objectives</u>	
5. Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment</i> - No	
<i>If not, why not?</i> – N/A	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> N/A	
Recommendations	
The Governing Body is asked to consider the initial assessment and current content of the Well Led Organisation self assessment and to delegate authority to the Accountable Officer to submit the final version of the self-assessment by 31 March 2016 taking into account any further information and validation.	

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1. Introduction / Background

Under the current national CCG Assurance process, each CCG has an Annual Review meeting with NHS England. Sheffield CCG's is in April 2016. It is designed to enable reflection on progress, challenges and achievements during 2015/16. This is in conjunction with looking at planning for 2016/17 and the development of the Sustainability and Transformation Plan. The meeting will also formally discuss the annual CCG assurance outcome against the five domains in the CCG Assurance Framework 2015/16; Well Led Organisation, Delegated Functions, Finance, Performance and Planning. In preparation the CCG has been asked to provide a self assessment against the 'Well Led' Organisation template. Appendix 1 sets out our current self assessment against the 15 criteria. Appendix 2 sets out the NHS England's Assurance categories for a well led organisation

2. Process for Completion and Validation

The self assessment template was circulated to relevant lead directors/managers for completion resulting in an initial assessment of Good against all 15 Criteria. We have now started a process of validation of the assessment and supporting evidence.

Governing Body is requested to consider the current content and provide any further comments or observations no later than 21 March 2016 to support the validation process prior to submission.

3. Recommendations

The Governing Body is asked to consider the initial assessment and current content of the Well Led Organisation self assessment and to delegate authority to the Accountable Officer to submit the final version of the self-assessment by 31 March 2016 taking into account any further information and validation.

Paper prepared by: Margaret Saunders, Head of Governance and Planning

On behalf of: Rachel Gillott, Deputy Director Delivery and Performance

25 February 2016

Key Indicator	CCG Governing Body Self-Assessment				
	Assurance	Gaps in Assurance (identify any residual gaps in assurance)	Mitigating Action (identify the mitigating action to close any identified gap)	Action Deadline	Examples of Best Practice
1 The CCG leadership communicates a compelling and credible picture of what everyone is working towards in a clear, consistent and honest way	Good				
2 They are accountable for ensuring the organisation operates with openness, transparency and candour	Good				The CCG utilises the UK Corporate Governance Code and the best practice available to report on Corporate Governance arrangements. The CCG Governing Body reviews its own performance and that of its committees annually, with findings and recommendations being formally reported in its public facing meetings.
3 A range of stakeholders, and especially clinicians, are involved in service re-design and improvement	Good				The CCG encourages public involvement in service re-design via a systematic, bespoke three phase approach. The first phase involves subject data collection from NICE, complaints, compliments, research, trend analysis, social media sentiment analysis, VCF and provider sector information, together with completion of an Equalities Impact Assessment. The second phase targets patients, carers and the public with direct experience to fill gaps in knowledge and are actively involved in service change around the commissioning cycle. The third phase involves service implementation for improvement with maintained links to local people who contributed as a sense-check. From a governance perspective, this process is overseen by the Public Equalities, Engagement and Experience Group.
4 Learning and capability development is championed so that the leaders and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential and learn from both success and failure	Good				OD Strategy and Action Plan, OD Steering Group attended by senior organisational leads, Coaching and Talent Development, Clinical Leadership Programme
5 The CCG maintains a robust risk management framework covering clinical, financial, performance and corporate risk, including business continuity, managing potential conflicts of interest, adherence to CCG code of conduct policies and EPRR	Good				Robust Integrated Governance Framework Comprehensive Governing Body Assurance Framework/Corporate Risk Register and operational processes in place in respect of risk management
6 It has effective systems and processes for monitoring and acting on a range of information about quality, from a variety of sources, including patient feedback, so that the CCG is able to identify early warnings of a failing service	Good				Fully assured Internal Audit with regard to quality monitoring of providers. Service visits whenever concerns are raised.
7 There is a focus on quality at governing body level, with frequent and regular reports to the governing body and discussing focusing on driving improvements in quality and outcomes	Good				Published GB minutes monthly, quarterly and ad hoc to both public and private GB meetings
8 The CCG uses a range of public engagement techniques to understand and build robust relationships with their local communities – enabling their effective and inclusive participation in the commissioning process	Good				Governance arrangements via PEEEG, Healthwatch involvement in PEEEG + monthly operational discussions re: patient engagement and experience, Involve Me mechanism offers information and engagement opportunities, Readers Panel - direct influence on "You said, We Daid"
9 It puts patients at the heart of everything it does and involves patients in both their own care and commissioning	Good				Bespoke, proportionate engagement plans developed for projects, programmes and strategy development. Co-production utilised e.g. MSK ambassadors. Communities with experience targetted in strategy development e.g. respiratory. Kings Fund patient experience conference - presented 3 phase approach i.e. what do we already know, what are the gaps, 'you said, we did'.
10 Effective and active collaboration arrangements are in place with a range of NHS, local government, community and voluntary providers, with strong links with the health and wellbeing board, evidenced by the production of a credible joint strategic needs assessment and joint health and wellbeing strategy	Good				The 2013 JSNA was co-produced through significant collaboration with all partners in the city, and will be refreshed in early 2016 using a co-production method again. The CCG plays a key role in facilitating this. The Chair of the CCG is co-chair of the Health and Wellbeing Board, alternating with the Leader of the Council. The Health and Wellbeing Board oversaw the production of the 2013 Health and Wellbeing Strategy, and will refresh the Strategy after the refresh of the JSNA. The CCG and the council have a regular executive group meeting to oversee the sizeable Better Care Fund programme in the city, and there are numerous other collaborative arrangements in place such as the Children's Health and Wellbeing Board. In addition, the partnership board structure includes cross-organisational representation - the CCG has responsibility for the Mental Health Partnership Board and VCF organisations such as Mind are active partners. Within the CCG, portfolios have relationships with relevant VCF sector partners e.g. Chilypep, British Lung Foundation, MacMillan Cancer Support, Cancer Resource Centre etc.
11 The CCG works pro-actively with providers and other partners to address issues and protect patients where problems are identified, including responding to CQC inspection reports and ratings, reports from other reviews and agencies and being active participants in risk summits when they are called	Good				Published GB minutes monthly, quarterly and ad hoc to both public and private GB meetings

12 For all support services, whether provided in-house or by an external supplier, the CCG has a process for assessing value for money and quality	Good			Support services previously provided by CSU have been tested and business cases for alternative provision approved by NHS England. Includes shared delivery model for specific services.
13 It can show how it has worked with other CCGs, NHS England and local authorities to maximise the impact of their combined spending on commissioning support services	Good			Collaborative approach with SY&B CCGs on commissioning of support services from CSU and agreement of business cases for revised operational model post CSU
14 The CCG can demonstrate compliance with its statutory functions. There are a number of functions which will require a particular focus because of the complexity of the issues or the degree of risk involved. These are:	Good			
<ul style="list-style-type: none"> •NHS Continuing Healthcare 	Good			<p>Details of the CCG's processes and procedures for CHC can be found at http://www.sheffieldccg.nhs.uk/Your-Health/information-for-health-and-social-care-staff.htm</p> <p>Sheffield CCG invests significantly in quality assurance of CHC providers, working closely with the LA. Joint working processes aim to to identify providerws at risk of failure and support them to improve, whilst taking contractual action where necessary.</p> <p>The CCG has invested significantly to ensure that all service users living in thier own home who are at risk of a DOL, have this authorised by the Court of Protection.</p> <p>The CCG, LA and FTs have agreed processes for prioritising assessments of people ready for discharge from hospital.</p> <p>The CCG and LA are close to agreeing a definitive approach to s117 of the MHA.</p>
<ul style="list-style-type: none"> •Safeguarding of vulnerable patients 	Good			<p>Whilst not required the CCG employs a Designated Dr for Safeguarding Adults. Additionally we have a full time MCA DoLS lead and within the CHC team a DoLS lead. The CCG employs the Designated Nurse for Looked After Children rather than them being based within a Provider Trust that is the usual model of other CCGs. The CCG has supported all its GP practices to identify a named GP for for both Safeguarding Children & Adults. The CCG is committed to Safeguarding training and provides numerous in house training opportunities for GPs as well as seperate safeguarding PLI's on an annual basis. The CCG has developed assurance self assessments for all its commissioned services including provider trusts, GPs, pharmacists, optometrists and independent providers.</p>
<ul style="list-style-type: none"> •Equality and health inequalities 	Good			<p>Robust approach to equality and diversity, including Equality & Diversity Mangager, regular Strategic and Operational meetings to ensure cross-organisational approach, dedicated section of public website including all key documentation, Lead for equality & diversity around the table in organisational decision making forums</p>
<ul style="list-style-type: none"> •Learning disability 	Good			<p>This is work in progress as part of the Transforming Care Partnership (Sheffield, Rotherham, Doncaster and North East Lincolnshire) led by NHS Doncaster CCG. Draft plan submitted 8 February 2016, second submission due 24/2/16.</p>

<p>•Use of research</p>	<p>Good</p>			<p>Research</p> <p>Executive Director Responsible For Research and Education – Chief Nurse</p> <p>Executive Director responsible for Innovation – Director of Transformation</p> <p>Part Time Research Manager in post (0.5 WTE) funded via RCF income</p> <p>Small Audit and Effectiveness team as part Quality team supports Commissioning Managers with identification and inclusion of Evidence including NICE Guidance and other evidenced Best practice.</p> <p>Research Governance Arrangements for Primary Care supported via partnership with Sheffield Health and Social Care Trust</p> <p>Excess Treatment Costs (ETCs) consideration panel in place made up of Chief Nurse, Medical Director and Director of Finance, supported by Clinical Directors and Head of Medicines Management as appropriate. Small budget to support Primary Care Drug ETCs in place.</p> <p>CCG already actively supports research community, having well established relationships with the CRN, CLARHC, AHSN, NCSEM as commissioners of research.</p> <p>The CCG also has close working relationship with both Sheffield University (Dept of Academic General Practice, SchARR and School of Nursing) and Sheffield Hallam</p>
<p>•Special Educational Needs and Disabilities</p>	<p>Good</p>			
<p>15 As part of the guidance on compliance with statutory duties, CCGs will have regard to the regulations on procurement, patient choice and competition.</p>	<p>Good</p>			<p>Utilise the advice of and contribute to shared expert procurement resource and have regard to their advice in shaping our commissioning decision following local and national good practice.</p>

Overall assurance assessment for this element:

Good

Assurance Categories:

- Not Completed
- Outstanding
- Good
- Limited - Requires Improvement
- Not Assured

Appendix 2

NHS England CCG Assurance Framework 2015/16 Operating Manual

Assurance categories for a well led organisation

Outstanding	Good	Limited assurance	Not assured
<ul style="list-style-type: none">•A resilient leadership team is performing beyond expectations.•High quality OD plan in place and talent development and succession planning is strong.•Governance arrangements are regularly reviewed and robust systems are in place to meet its statutory duties.•PPI is innovative and proportionate. There is a clear 'golden thread' from engagement to output. Patient panels may have been set up with involvement in pathway development.•Takes a strategic approach to its commissioning support requirements rather than just focusing on contractual detail. It leads the relationship and proactively manages issues.•Has a strong, effective relationship with its HWB and other partners.•The CCG has strong engagement with its member practices	<ul style="list-style-type: none">•CCG is meeting its legal duties in a proportionate and appropriate manner, although there is room for improvement.•Demonstrates the insight to recognise the need for governance review, or does so with little prompting; has undertaken and implemented review.•Has adequately articulated its commissioning support needs and has shown the ability to deal with problems.•Has functioning, productive working relationships with key partners.•OD plan is fit for purpose and is delivering.•Has a grip on its situation. Whilst it may have problems to address it is doing so in a timely manner and producing credible improvement plans.	<ul style="list-style-type: none">•Lacks insight in to problems and doesn't recognise emerging problems early enough.•Insularity is evident. CCG doesn't challenge its thinking through external dialogue and review.•Overly complex or insufficient governance arrangements are in place, which aren't reviewed.•May have some unproductive and difficult working relationships with partners.•OD plan doesn't address the significant challenges the CCG is facing.•Hasn't adequately articulated its commissioning support needs and doesn't proactively manage the relationship.	<ul style="list-style-type: none">•Has very serious leadership capability and capacity issues which may be due to ongoing senior team vacancies.•Significant system and governance weaknesses are not being addressed.•CCG is a passive partner with its commissioning support provider, which leads on issues.•Has failing or non-functioning partner and patient and public relationships