

Governing Body (public) meeting

DATE: 21 May 2015

Title	Annual Report of the Audit & Integrated Assurance Committee (AIAC)	
Recommended action for the Governing Body	That the Governing Body: NOTE the attached Report and self - assessments.	
Executive summary	<p>The Terms of Reference for the AIAC require that it carries out an annual self – assessment; Appendix A to the attached Annual Report is the self –assessment of the AIAC’s processes and Appendix B assesses effectiveness. Appendix C is the assessment of compliance with statutory duties. Each assessment is based on the templates in the current NHS Audit Committee Handbook.</p> <p>The Terms of Reference do not require the AIAC to produce an Annual Report but it is considered best practice so to do.</p> <p>The Annual Report is based on the Executive Summaries of each meeting; there are no particular matters that need to be brought to the attention of the Governing Body but it should note the issue addressed in paragraph 2.5.</p> <p>The Governing body can be assured through the work of the AIAC that:</p> <ul style="list-style-type: none"> • The system of risk management is effective in identifying risks and enabling the Governing Body to understand the management of those risks. • The AIAC has reviewed and used the assurance framework and considers it fit for purpose and supports the Governing Body’s decisions and declarations. • No significant areas of omission in the systems of governance came to the attention of the AIAC. 	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓

Clinical Commissioning Group

	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Provides assurance.
	Equality and diversity	Provides assurance.
	Patient impact	None directly.
	Financial	Provides assurance.
	Legal issues	Provides assurance.
	NHS constitution	Provides assurance.
Consultation (public, member or other)	None	
Audit (considered/approved by other committees/groups)	Approved by AIAC on 21 April 2015.	
Communications plan	N/A	
Author	Keith Wood	
	Clinical lead Graham Rehling Secondary Care Doctor	Executive sponsor Theresa Osborne Chief Financial Officer
Date	5 May 2015	

NHS BEXLEY CLINICAL COMMISSIONING GROUP

AUDIT AND INTEGRATED ASSURANCE COMMITTEE (“AIAC”)

ANNUAL REPORT

1 Introduction

- 1.1 This report is the second Annual Report to the Governing Body. The AIAC is established as a committee of the Governing Body in accordance with the Constitution approved by the membership & by NHS England
- 1.2 Every CCG is required to establish committee of the Governing Body to act as the Audit Committee. The AIAC fulfils this role and plays a central role in the organisation’s governance processes by providing the Governing Body with a source of independent and objective assurance across the full range of financial and organisational controls; the AIAC’s remit does not directly cover clinical governance activity which is overseen by the Quality and Safety Committee.
- 1.3 The AIAC has five members. It is chaired by Keith Wood FCA; the other members are Dr Nikita Kanani, Tina Khanna and Dr Graham Rehling. During the year Sandra Wakeford, Yemisi Osho, Kate King & Dr Sushanta Bhadra also served as members.
- 1.4 The Terms of Reference for the AIAC require it to undertake annual assessments of its own processes and effectiveness and these are attached at **Appendices A and B** in respect of the 2014/5 Financial Year. Although no significant issues arising from the current arrangements have been identified, the AIAC has learned from the assessments and is taking steps to improve its effectiveness.
- 1.5 The AIAC has also undertaken an assessment of the CCG position in relation to meeting or statutory duties **Appendix C**, where no significant issues were identified.
- 1.6 The Terms of Reference for the AIAC were revisited at its meeting in December 2014 and the amended Terms of Reference approved by the Governing Body on 26th March 2015.

2 Committee Work Plan 2014/15

- 2.1 The AIAC met six times during the 2014/15 financial year and intends to meet at least for times in 2015/16 in order to fulfil the requirements of its Terms of Reference. All work has been carried out in accordance with both the AIAC’s terms of reference and with Department of Health Guidance, contained in the NHS Audit Handbook.

2.2 The AIAC members have kept up to date with developments through briefings by the internal & external auditors as well as by interaction with other external bodies and have benefited from events organised by NHS England.

2.3 The AIAC has utilised a detailed rolling work plan with work streams feeding into the regular meetings held during the year.

2.4 During 2014/15, the AIAC has addressed the following issues. It has:

- Agreed annual plans for internal audit, external audit and counter fraud work and monitored progress on a regular basis, calling for specific management responses where appropriate.
- Agreed the timetable for production of the Annual Accounts and subsequently considered the draft for 2014/15 together with the Chief Officer's statement on internal controls and the draft internal auditor's assurance related to that statement. It will, in due course, consider the external auditor's opinion on the accounts.
- Overseen the appointment of Local Counter Fraud and Security specialists.
- Reviewed the work of the Local Counter Fraud Specialist on a regular basis.
- Agreed KPIs for both internal and external audit
- Received assurance on the quality control systems underpinning the work of internal and external audit
- Received and reviewed reports from the Internal Auditors covering:
 - Adult Safeguarding
 - Acute contracting services provided by the South East London (now South East) CSU
 - A national survey of CCG budget holders
 - Financial Management & reporting
 - Procurement
 - Risk Management
 - Information Governance
 - Joint Working
 - QIPP delivery
- Received a report on the adequacy of internal controls at the South East CSU from its Internal Auditors
- Regularly reviewed the accounts receivable of the CCG and was assured by the processes for their management & control.
- Undertaken "deep dives" into acute/community contract management and the process for developing commissioning intentions.
- Noted the waiver of tenders.
- Carried out a self-assessment of the AIAC's processes and effectiveness.

- Received regular reports detailing progress with audit recommendations. The AIAC was pleased to note the proactive way in which recommendations had been addressed and the high degree of satisfaction contained in the Internal Auditors reports.
- Been assured by the CCG Assurance Framework and risk management processes and initiated changes to them.
- Received assurance on the CCGs compliance with statutory requirements
- Considered the suitability of the AIAC to act as an Auditor Panel following the dissolution of the Audit Commission
- Received the Annual Report from the Integrated Commissioning Unit
- Received regular reports from those Committees which it is charged with overseeing

2.5 The Governing Body should note the following particular issues that the AIAC has addressed during the year

- Introduced a new summary heat map for the Assurance Framework
- Introduced a formal review of aged debtors and proposed write offs at each meeting
- Recommended the reporting to the Governing Body of “hard data in support of soft initiatives”
- Recommended a formal report to the Governing Body to assure it that the CCG is a good employer.
- Recommended formal feedback to the Governing Body from meetings of the Health and Wellbeing Board.
- Required formal explanation to the Governing Body of why the GP led diabetes scheme cannot be retendered.

2.6 In addition to its agenda activities associated with providing an independent assurance on internal controls such as overseeing audit activity, reviewing the annual accounts and monitoring risk management work, the AIAC will, during 2015/16, undertake specific reviews as required.

3 Committee Work Plan 2015/16

The Committee’s workplan for 2015/16 was approved at its meeting on 19th March 2015.

Keith Wood
Chair
April 2015

NHS Bexley CCG: AIAC Self – Assessment Checklist -1.Processes			
Area/question	Yes	No	Comments/Action
Composition/Establishment & Duties			
Does the Audit Committee have written terms of reference that adequately and realistically define the Committee's role in accordance with relevant guidance?	√		Terms of Reference approved by membership & NHS England; revised 26 March 2015 and approved by GB, subject to NHSE approval.
Have the terms of reference been adopted by the Governing Body	√		See above
Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?	√		
Are Committee members independent of the management team?	√		
Are the outcomes of each meeting; the actions taken and the committee's view on the organisation's systems of internal control reported to the next governing body's meeting?	√		
Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the governing body?	√		
Does the committee assess its own effectiveness periodically?	√		
Has the committee established a plan of matters to be dealt with across the year?	√		2015/16 Workplan approved 19/3/2015
Are committee papers distributed in sufficient time for members to give them due consideration?	√		
Has the committee been quorate for each meeting this year?	√		
Compliance with the law and regulations governing the NHS			
Does the committee review assurance and regulatory reporting processes?	√		
Does the committee have a mechanism to keep it aware of topical, legal and regulatory requirements?	√		
Internal control and risk management			
Has the Committee formally considered how it	√		

integrates with other committees that are reviewing risk e. g. risk management, quality and clinical governance?			
Has the Committee reviewed the robustness and effectiveness of the content of the assurance framework?	√		Standing agenda item.
Has the Committee reviewed the robustness and content of the draft annual governance statement before it is presented to the governing body?	√		
Is the Committee's role in reviewing and recommending to the governing body the annual report and accounts clearly defined?	√		
Does the Committee consider the external auditor's report to those charged with governance including proposed adjustments to the accounts?	√		
Internal audit			
Is there a formal "charter" or terms of reference, defining internal audit's objectives, responsibilities and reporting lines?	√		
Does the Committee review and approve the Internal Audit plan at the beginning of the financial year?	√		
Does the Committee approve any material changes to the plan?	√		
Is the Committee confident that the audit plan is derived from a clear risk assessment process that links closely to the assurance framework?	√		
Does the Audit Committee receive periodic progress reports from the head of Internal Audit?	√		
Does the Committee monitor effectively the implementation of management actions arising from internal audit reports?	√		
Does the Head of Internal Audit have a right of access to the Committee and its chair at any time?	√		
Is the Committee confident that internal audit is free of any scope restrictions and, if not, has it considered the impact of these on the annual Head of Internal Audit opinion?	√		
Is the Committee confident that internal audit is free from any operational responsibilities or conflicts of interest that could impair its objectivity?	√		
Does the Committee hold periodic private discussions with the Head of Internal Audit?	√		Always offered but not taken up – seen as

Appendix A

			positive.
Has the Committee evaluated whether internal audit complies with the <i>Public Sector Internal Audit Standards</i> ?		√	But the AIAC Chair has and is comfortable.
Has the Committee agreed a range of internal audit performance measures to be reported on a routine basis?	√		
Does the Committee receive and review the Head of Internal Audit's annual opinion?	√		
External Audit			
Do the external auditors present their audit plans and strategy to the committee for agreement and approval?	√		
Does the Committee receive and monitor actions taken relating to prior year reviews?	√		
Does the Committee review the external auditor's ISA 260 report (the report to those charged with governance)?	√		
Does the Committee review the external auditor's value for money conclusion?	√		
Does the Committee hold periodic private discussions with the external auditors?	√		Always offered but not taken up – seen as positive
Does the Committee assess the performance of external audit?	√		But not formally
Does the Committee require assurance from external audit about its policies for ensuring independence?	√		This could be refreshed
Has the Committee approved a policy to govern the nature and value of non – audit work carried out by the external auditors?		N/A	
Does the Committee receive information on all non – audit work undertaken by external audit?		N/A	
Does the Committee review the proportion of audit and non – audit work every time the external auditors change/		N/A	
Counter fraud and security			
Is the Committee aware of NHS Protect requirements in relation to counter fraud and security activity?	√		
Does the Committee review the planned counter fraud and security work at the beginning of the financial year and in particular its scope and coverage?	√		
Does the Committee satisfy itself that the work plan is derived from clear processes based on risk assessments and that coverage is adequate?	√		
Does the Committee receive notification of any material changes to the plan?	√		
Does the Committee receive periodic reports about counter fraud and security activity?	√		
Do those working on counter fraud and security activity have a right of direct access to the Committee and its Chair?	√		

Do those working on counter fraud and security activity have the necessary technical knowledge and experience to ensure that work is carried out as it should be?	√		
Does the Committee receive and review an annual report on counter fraud and security activity?	√		
Does the Committee receive and discuss reports arising from inspections by NHS Protect in relation to the quality of the counter fraud and security provision?	√		
Annual Report and accounts and disclosure statements			
Is the Committee's role in the approval of the annual report and accounts clearly defined?	√		
Is a Committee meeting scheduled to discuss proposed adjustments to the accounts and issues arising from the audit?	√		
Does the Committee specifically review: <ul style="list-style-type: none"> • Changes in accounting policies? • Changes in accounting practice due to changes in accounting standards? • Changes in estimation techniques? • Significant Judgements made in preparing the accounts? • Significant adjustments resulting from the audit? • Explanations for any significant variances? 	√		
Does the Committee ensure that it receives explanations for any unadjusted errors in the accounts found by the auditors?	√		
Does the Committee receive and review a draft of the organisation's annual governance statement?	√		
Does the Committee receive and review a draft of the organisation's annual report and accounts?	√		
Does the Committee receive and review the evidence required to demonstrate compliance with regulatory compliance (for example, as set by Monitor, the Care Quality Commission and the NHS Trust Development Authority)	√		
Other issues			
Does the Committee provide a summary report of its proceedings to the next available governing body meeting?	√		
Has the Committee reviewed its performance in the year for consistency with its: <ul style="list-style-type: none"> • Terms of reference? • Workplan for the year? 		√	The Chair reviews compliance with the TOR; the workplan drives the agendas but consistency is not formally confirmed.

NHS Bexley CCG: AIAC Self - Assessment Checklist -2.Effectiveness						
Area/question	Strongly agree	Agree	Disagree	Strongly disagree	Unable to answer	Comments
Theme 1 - Committee Focus						
The committee has set itself a series of objectives for the year.	√	√√√				
The committee has made a conscious decision about how it wants to operate in terms of the level of information it would like to receive for each of the items in its cycle of business.	√	√√			√	
Committee members contribute regularly across the range of issues discussed.	√√	√√				
The committee is fully aware of the key sources of assurance and who provides them in support of the controls mitigating the key risks to the organisation.	√√	√			√	
The committee clearly understands and receives assurances from third parties that the CCG uses to manage/operate key functions – e. g. financial services operated by NHS Shared Business Services, other NHS bodies, commissioning support units or private contractors.	√√√	√				
Equal prominence is given to both quality and financial assurance.	√	√√√				
Theme 2 - Committee Team Working						
The committee has the right balance of experience, knowledge and skills to fulfil the role described in the <i>NHS Audit Committee Handbook</i> .		√√√ √				There is an excellent diversity of skills but limited human Resource.
The committee has structured its agenda to cover quality, data quality, performance targets and financial control.	√√	√			√	
The committee ensures that the relevant executive director/assistant	√√	√√				

director/manager attends meetings to enable it to secure the required level of understanding of the reports and information that it receives (i. e. the right executive lead is there to discuss risk and internal matters in their area of responsibility rather than the committee having to rely on the AO to act as a conduit to the executive team.)						
Management fully briefs the committee via the assurance framework in relation to the key risks and assurances received and any gaps in control/assurance in a timely fashion, thereby eliminating the potential for "surprises".	√√	√			√	
Other committees provide timely and clear information in support of the committee thereby eliminating the potential for "surprises".		√√√			√	The AIAC is not structured in such a way that this is relevant
I feel sufficiently comfortable within the committee environment to be able to express my views, doubts and opinions.	√√√	√				
I understand the messages being given by the CCG's assurance advisors (internal audit/external audit/counter fraud specialists)	√√	√√				
Internal audit contributes to the debate across the range of the agenda and not just on the papers they present.	√	√√√				
Members hold their assurance providers to account for late or missing assurances.		√√√ √				
When a decision has been made or action agreed I feel confident that it will be implemented as agreed and in line with the timescales set down.	√√	√√				
Theme 3 - Committee effectiveness						
The quality of committee papers received allows me to perform my role effectively.		√√√ √				
Members provide real and genuine challenge – they do not just seek clarification and/or reassurance.	√√	√√				
Debate is allowed to flow and	√√	√√				

Appendix B

conclusions reached without being cut short or stifled due to time or other constraints.						
Each agenda item is closed off appropriately so that I am clear what the conclusion is; who is doing what, when and how and how it is being monitored.	√√	√√				
At the end of each meeting we discuss the outcomes and reflect back on decisions made and what worked well and not so well.		√	√√		√	We should build this into future agendas.
The committee provides a written summary report of its meetings to the governing body.	√√√	√				
The governing body challenges and understands the reporting from this committee.	√	√√	√			The GB has never challenged the AIAC
There is a formal appraisal of the committee's effectiveness each year which is evidence based and takes into account my views and external views.	√	√√			√	
Theme 4 - committee engagement						
The committee actively challenges both management and other assurance providers during the year to gain a clear understanding of their findings.	√√	√√				
The committee is clear about the complementary relationship it has with other governing body committees that play a role in relation to clinical governance, quality and risk management.	√	√√			√	
The committee receives clear and timely reports from other governing body committees which set out the assurances that they have received and their impact (either positive or not) on the CCG's assurance framework.		√√√			√	These reports may go directly to the GB and AIAC members get their assurance via that route
I can provide two examples of where the committee has focused on improvements to the system of internal control as a result of assurance gaps identified.	√	√			√√	HWBB minutes. Heat Map LES Tender. Hard data for soft initiatives. Aged debtors
Theme 5 - committee leadership						
The committee Chair has a positive impact on the performance of the committee.	√√√	√				
Committee meetings are chaired	√√	√√				

Appendix B

effectively and with clarity of purpose and outcome.						
The committee Chair is visible within the organisation and approachable.	√√	√√				Approachable but does not seek a high profile.
The committee Chair allows debate to flow freely and does not assert his views too strongly.	√√	√√				
The committee Chair provides clear and concise information to the governing body on the activities of the committee and the implications of all identified gaps in assurance/control.	√√	√√				

Statutory obligations - 2014/5

Introduction

This report is in response to a request from the Audit and Integrated Assurance Committee to provide assurance that the CCG is meeting its statutory obligations. Bexley CCG was set up to commission certain healthcare services for the population in LB Bexley under the Health and Social Care Act 2012. The CCG is a clinically led membership organisation made up of general practices. The members of the CCG are responsible for determining the governing arrangements for the organisation, which they have set out in the constitution.

The duties the CCG is responsible for are set out in the 2006 Act as amended by the 2012 Act. The duties are contained in the Dept. of Health's Functions of CCGs and summarised in the report:

NHS Bexley CCG in the performance of its duties has delegated these duties to the Governing Body through its scheme of Delegation and Reservation. Through the delegation the CCG has granted the Governing Body the power to further delegate these duties to any committee, sub-committee or individuals. In addition the delegation includes the granting to the CCG GB the power to issue guidelines and policies that a committee, sub-committee or individual must take into consideration when exercising such duties and/or holding development events with providers, the third sector and the local authority with a view to obtaining their input into the commissioning plan and improving health outcomes.

Duties of NHS Bexley CCG

	Duties of the CCG	Assurance	AIAC Comments/evidence
1.0	Commissioning certain health services (where NHS England is not under duty to do so) that meet the reasonable needs of: <ul style="list-style-type: none">All people registered with Member GP practices andPeople who are usually resident	NHS Bexley CCG has a commissioning plan which was put in place before the start of the financial year in accordance with the Act (the "Commissioning Plan"). The commissioning plan set out	Assured. The five year Plan was approved by the Governing Body in January 2014 and published in May 2014; a key

	Duties of the CCG	Assurance	AIAC Comments/evidence
	within the area and are not registered with a member of any CCG	commissioning intentions of the CCG and how the CCG proposes to exercise its functions during the relevant Financial Year. The CCG published the Commissioning Plan and supplied a copy to NHS England and Health and Wellbeing Board.	driver of the plan is the Joint Strategic Needs Assessment developed with the London Borough of Bexley. The AIAC has considered a paper setting out the proposals and timescales for a 2015/6 update.
2.0	Commissioning emergency care for anyone present in the geographical area of the CCG.	Emergency care is available to the local population in QE, PRUH and DVH in addition to urgent care services at QMH and Erith hospital.	Assured. Service level agreements include emergency care and performance reports show activity against plan
3.0	Determining the remuneration and travelling or other allowances of members of its GB, members and any committee or Sub-Committee of the GB.	The CCG's GB has established a Remuneration Committee which has responsibility for determining the remuneration and travel allowances of members of the GB and its sub-committees including senior managers. The majority of employees are on National AFC contracts.	Assured. Minutes of the Remuneration Committee which are considered by the Governing Body confirm this in respect of members of the Governing Body. The remuneration of any (Sub) Committee members who are not on the Governing body is determined by the Governing Body.
4.0	Paying its employees remuneration, fees and allowances in accordance with the determinations made by its GB (Remuneration Committee) and determined by any other terms of conditions of service of the CCG's	The Remuneration Committee does not deal with employees other than those on the GB	Assured. These matters are delegated to the Accountable Officer by the Scheme of Reservation and Delegation. Compliance with that Scheme is addressed by the Head of Internal

	Duties of the CCG	Assurance	AIAC Comments/evidence
	employees		Audit to the satisfaction of the AIAC.
5.0	Commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS Commissioning Board through the mandate published by the Secretary of State before the start of each financial year;	<p>The CCG prepared a commissioning plan before the start of each Financial Year in accordance with the Act (the “Commissioning Plan”). The commissioning plan which set out the intentions of the CCG was reviewed by the EMC and then the Governing Body.</p> <p>The plan which was approved by the CCG GB was submitted to and approved by NHS England.</p>	Assured as stated.
6.0	Meet the public sector equality duty	<p>The CCG has at all times observed such generally accepted principles of good governance” in the way it conducts its business. These include the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.</p> <p>The CCG has also observed the Good Governance Standard for Public Services; the standards of behaviour published by the Committee on Standards in Public</p>	<p>Assured.</p> <p>All Committee papers and those considered by the Governing Body have a front sheet that addresses the equality implications.</p> <p>The Governing Body receives an Annual Report on compliance with equality issues.</p>

	Duties of the CCG	Assurance	AIAC Comments/evidence
		<p>Life (1995) known as the 'Nolan Principles', the seven key principles of the NHS Constitution and the 2010 Equality Act.</p> <p>The CCG holds regular public meetings and has presented a number of reports on EDS and EDS2 to the CCG GB.</p>	
7.0	Work in partnership with its local authority to develop joint strategic needs assessments and joint health and wellbeing strategies	<p>The CCG is engaged with LB Bexley partners, in the development of the borough's Health and Wellbeing Board's objectives/strategy. The CCG is represented at Health and Wellbeing Board meetings and all decisions making sessions of the Board.</p> <p>LBB and the CCG have developed a Joint Commissioning Team.</p>	<p>Assured.</p> <p>The Governing Body is fully involved in the development of the Joint Needs Assessment and the strategic direction of commissioning emanating from that.</p> <p>Assurance could be further enhanced if a Report back from a CGG representative at HWBB meetings was a standing item for GB meetings.</p>
8.0	Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.	<p>The CCG regularly holds events attended by members of the public and GPs within the borough where they are consulted on proposals and revisions of the commissioning intentions of the CCG.</p>	<p>Assured.</p> <p>Proposals for approval by the Governing Body indicate the extent & nature of public involvement and the Patient Council/Lay member for public involvement are represented on appropriate committees and report regularly to the Governing Body.</p>

	Duties of the CCG	Assurance	AIAC Comments/evidence
9.0	Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution	The CCG promotes local health services with a robust communications and engagement strategy, supported by patient focused campaigns, e.g., 'Not Always A&E'.	Assured. The CCG's Communications strategy is approved by the GB. The standard template for Governing Body papers indicates the implications in respect of the NHS Constitution.
10.0	Act effectively, efficiently and economically	<p>The CCG has joint arrangements with LB Bexley to improve economy, efficiency and effectiveness in delivering its statutory duties and required functions, including in respect of joint commissioning.</p> <p>The CCG GB and appointed representatives work in collaboration with other CCGs, NHS England and local authorities to commission and contract for services, with joint providers, where it would be beneficial to the local health economy and promote economy, efficiency and effectiveness. Examples of this are specialist services commissioned by the National and Specialist Commissioning Boards. Where joint arrangements are in place, the CCG takes joint responsibility for commissioning and contracts with partners.</p>	Assured. This is addressed by the work and report of the External Auditor which is considered by the Membership, Governing Body & AIAC.

	Duties of the CCG	Assurance	AIAC Comments/evidence
11.0	Act with a view to securing continuous improvement to the quality of services	<p>The CCG's Commissioning Plan which was approved by the GB has regard for a proper process in procurement and adheres to the CCGs Procurement Policy. It also took into consideration the Procurement Guide for Commissioners of NHS-funded Services' published on 30 July 2010;</p> <ul style="list-style-type: none"> Operational Guidance to the NHS - Extending Patient Choice of Provider' published on 19 July 2011 and any document which supersedes it; and Any other documentation setting out how the AQP model is to function. <p>When commissioning services from those providers are qualified to do so under the national list of services the CCG ensured that those qualified met the requirements.</p>	<p>Assured.</p> <p>The CCG has a robust QIPP strategy which has been complimented by a number of external organisations (NHSE, PWC) and pursues innovative commissioning models the outcomes of which are reported to the Governing Body and Executive Management Committee and monitored by the Finance Committee.</p>
12.0	Assist and support NHS England in relation to the Board's duty to improve the quality of primary medical services.	<p>The CCG has created a Primary Care Developmental Team with interests in Kite mark / Primary Care Improvement Funds</p> <p>The Medicines Management team support primary care in the quality of</p>	<p>Assured.</p> <p>The Governing Body receives reports on this and is actively involved in the development of a pan South East London strategy as well as pursuing the best model of co- commissioning</p>

	Duties of the CCG	Assurance	AIAC Comments/evidence
		their prescriptions.	for Bexley.
13.0	Have regard to the need to reduce inequalities	<ul style="list-style-type: none"> • EDS2 underway • BME group to engage with all Bexley residents • Learning Disability Groups • Patient Council representative on the CCG's GB. 	Assured. The reduction of inequalities is fundamental to the Joint needs assessment and commissioning strategy and, as stated above, addressed by both GB involvement in its development and approval as well as regular formal reports.
14.0	Promote the involvement of patients, their carers and representatives in decisions about their healthcare	<ul style="list-style-type: none"> • Patient Council • Outreach engagement • Supporting local groups, e.g., Forums, Patients Groups, Voluntary organisations, Youth Groups etc. • Communication activities, e.g., On-line, Social media, print media, Stakeholder relations • Participatory budgeting, CHC Team. 	Assured. Numerous initiatives are in place and the GB receives regular reports from the Patient Council representative as well as an annual report from the Head of Patient Experience and Stakeholder Engagement.
15.0	Act with a view to enable patients to make choices	<ul style="list-style-type: none"> • Participatory budgeting, CHC Team. 	Assured – see above. Assurance could be further enhanced if there was data to support the success of some of the “softer “initiatives e. g. secret shopper.
16.0	Obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health.	The CCG engages with a broad range of professionals in addition to GP practice representatives, locality Leads and Locality Representatives, a number of other GPs / primary care health professionals from member practices to support the work of the	Assured. Papers presented to the Governing Body confirm the involvement of appropriate external persons/organisations in the development of proposals.

	Duties of the CCG	Assurance	AIAC Comments/evidence
		CCG and / or represent the CCG rather than represent their own individual practices. Professional leads for example include children, mental health and public health	
17.0	Promote innovation	<ul style="list-style-type: none"> • Revised CCG constitution • CCG values • Report Front sheets • OD Strategy • MSK Services 	Assured. See comments on QIPP above.
18.0	Promote research and the use of research		Assured. The use of research is evidenced in reports to the Governing Body as is the promotion of research.
19.0	Have regard to the need to promote education and training for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health services in England so as to assist the Secretary of State for Health in the discharged of his related duty.	<p>The CCG has a staff training programme. This includes mandatory training courses for all employees and from time to time training courses which senior managers believe would assist staff in the performance of their duties.</p> <p>The CCG in addition has a grant scheme for staff who wish to pursue relevant professional qualifications as part of their career development.</p>	<p>A staff training Report for the Governing Body is being developed which will provide evidence in support of this.</p> <p>However staff training is part of the personal development and appraisal process and there is a training log. A training needs assessment has been carried out.</p>
20.0	Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities.	The CCG through the GB has entered into joint arrangements with other clinical commissioning group(s), as necessary to improve economy, efficiency and effectiveness in delivering its statutory duties and	<p>Assured.</p> <p>The Governing Body receives regular and frequent reports that evidence integration of health and social services with both the London Borough</p>

	Duties of the CCG	Assurance	AIAC Comments/evidence
		<p>developing shared commissioning intentions in relation to shared NHS providers. Current arrangements are with:</p> <ul style="list-style-type: none"> • NHS Bromley CCG; • NHS Greenwich CCG; • NHS Lambeth CCG; • NHS Lewisham CCG; and • NHS Southwark CCG. <p>The CCG has established the South East London Clinical Strategy Group that reports into the GB.</p> <p>In addition there is a Joint Commissioning unit with the Bexley local council</p>	<p>of Bexley & other health bodies</p>
21.0	<p>Ensure its expenditure does not exceed the aggregate of its allocations for the financial year.</p>	<p>The CCG has appointed a Chief Finance Officer who is the GB's professional expert on finance and has ensured, through robust systems and processes, the regularity and propriety of expenditure has been fully discharged;</p> <p>The Chief Finance Officer and her staff have made appropriate arrangements to support and monitor the CCG's finances through;</p>	<p>Assured by robust monthly financial reports that there are systems in place to evidence the reporting and control of expenditure in pursuit of this duty and the CCG achieved it in 2013/14 and expects to achieve it again in 2014/5; however the financial challenge facing the CCG is such that there is a risk that this duty might not be achieved without securing in year support.</p> <p>The degree of assurance is such that the Governing Body can be confident</p>

	Duties of the CCG	Assurance	AIAC Comments/evidence
		<ul style="list-style-type: none"> Overseeing robust internal and external audit and governance arrangements put in place. Has advised the GB on the effective, efficient and economic use of the CCG's allocation to remain within allocation and deliver required financial targets and duties through regular financial statements to the EMC and the GB and Producing 2013-14 financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England. 	that proactive steps will be taken to remedy the situation should it appear possible that this duty might not be achieved.
22.0	Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year.		Assured by robust monthly financial reports that compliance with this duty is well evidenced and controlled but see above.
23.0	Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by the NHS England.		Assured by robust monthly reports that expenditure in respect of specified types of resource are carefully & effectively managed to meet this duty.
24.0	Publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS England.	Not Applicable	NOT APPLICABLE