

West London CCG Governance Statement

Introduction & Context

West London clinical commissioning group was licenced from 1 April 2013 under provisions enacted in the Health & Social Care Act 2012, which amended the National Health Service Act 2006.

The clinical commissioning group operated in shadow form prior to 1 April 2013, to allow for the completion of the licencing process and the establishment of function, systems and processes prior to the clinical commission group (CCG) taking on its full powers.

As at 1 April 2013, the clinical commissioning group was licensed with the following conditions.

- Plans, processes and resources are in place to measure and use insight from patients, carers, partners and stakeholders to improve services.
- Effective system of internal controls to ensure CCG can maintain strategic oversight, including: Clinical risk management and patient safety.
- Systems and processes for monitoring and acting on patient feedback, and particularly identifying early quality issues including safety.

These conditions were removed in full in June 2013.

Context of the clinical commissioning group

NHS West London Clinical Commissioning Group (WLCCG) is made up of 54 member practices in Kensington & Chelsea and Queens Park & Paddington. We are one of the largest CCGs in North West London, meeting the needs of 230,000 residents. The CCG commissions healthcare activity from a wide range of providers in acute, community and mental health. The majority of acute Hospital activity is

undertaken at Imperial College Hospitals and Chelsea & Westminster Hospital, for which we are the lead commissioner.

The major provider of mental health services is Central North West London Hospital and the major provider of community services is Central London Community Healthcare. The CCG vision is to improve the quality of health care for local people and commission high quality service provision to meet local needs.

The CCG is a member of a Collaborative with four other CCGs, known collectively as CWHHE (Central London, West London, Hammersmith & Fulham, Hounslow and Ealing). The Collaborative shares a number of directors including the Accountable Officer and Chief Finance Officer. The collaborative began operation on 1st April 2013 with four CCGs and Ealing CCG joined on 1st December 2013. The collaborative enables the CCG to ensure that sufficient management resource is in place within the running costs allowance.

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in *Managing Public Money*. I also acknowledge my responsibilities as set out in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the clinical commissioning group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

Compliance with the UK Corporate Governance Code

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance with relevant principles of the Code

is considered to be good practice. This Governance Statement is intended to demonstrate how the clinical commissioning group had regard to the principles set out in the Code considered appropriate for clinical commissioning groups for the financial year ended 31 March 2014.

The Clinical Commissioning Group Governance Framework

The National Health Service Act 2006 (as amended), at paragraph 14L(2)(b) states:

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.

The CCG's constitution sets out the governance structure of the CCG. The CCG has a Governing Body which includes a majority of GP members. The GP members are elected by the member practices. It has a number of committees, details of which are described below. The CCG's Scheme of Reservation and Delegation sets out those decisions that are reserved for the Membership as a whole and those decisions that are the responsibility of the Governing Body, committees, individual members and employees.

The CCG has a Council of Members, made up of representatives of each of the member practices. This represents the views of the Members and their patients to the Governing Body.

The Governing Body

The Governing Body's purpose is to ensure that the CCG functions effectively, efficiently and economically in accordance with principles of good governance and statutory regulations. To achieve this, the Governing Body ensures that the CCG uses financial resources available to provide the most cost-effective clinical care, ensuring expenditure and resources are within allocation.

The Governing Body provides leadership to the membership and proactively engages with local people to ensure involvement in the development of services and approves consultation arrangements for its commissioning plan. It determines and develops patient focused clinical care addressing health inequalities and needs to secure continuous improvement in the quality of care as well as developing integrated community and secondary care pathways to improve the quality of health and social care provision.

Activities of the Governing Body

At its meetings in 2013/14, the Governing Body focused on a range of topics, including:

- Constitution, Policies and operational procedures, Board Assurance Framework, Equality & diversity objectives
- Local Enhanced Services (LES) Review and Commissioning Learning Set (CLS) Plan
- Ways of working
- Medium Term Financial Strategy and North West London Financial Strategy
- Business Cases, eg IT migration, Chelsea & Westminster Hospital A&E
- Commissioning intentions 2014/15, Locally Commissioned Services framework 2014/15, and Operating Plan 2014/15
- Whole Systems, Integrated Care Pilot, Integrated Health and Social Care provision, Better Care Fund
- Collaborating with CCGs, eg Ealing jointing the Collaborative, Shaping a Healthier Future project initiation document, Shaping a Healthier Future programme charter, Specialist Housing Strategy Older People, North West London CCGs - The future of collaborative working
- QIPP
- Kensington & Chelsea and Westminster City Council Joint Health and Wellbeing Strategies

- Safeguarding topics, including policies, Mid Staffordshire/ Robert Francis QC Briefing, care homes
- Commissioning Support Services
- Primary Care Co-commissioning
- Imperial College Healthcare Foundation Trust status
- Patient and Public Involvement and Engagement
- Public Health: MMR
- Community Nursing model
- St Charles development.

Member	Attendance
Fiona Butler (GP Member – Chair)	6 of 7
Naomi Katz (GP Member – Vice Chair)	7 of 7
Ike Anya (Public health)	5 of 7
Stella Baillie (Local authority representative)	6 of 7
Iain Blake (GP Member)	7 of 7
Daniel Elkes (Chief officer)	7 of 7
Yvonne Fraser (Practice Manager)	6 of 7
Rachael Garner (GP Member)	7 of 7
Alastair Gilchrist (Lay Member)	4 of 7
Alan Hakim (Secondary care consultant)	2 of 7
Richard Hooker (GP Member)	3 of 4
Philip Mackney (GP Member)	3 of 4
Clare Parker (Chief Finance Officer)	5 of 7
Puvana Rajakulendran (GP Member)	4 of 7

Carolyn Regan (Managing Director)	6 of 7
Sonia Richardson (Patient representative)	7 of 7
Simon Tucker (Lay Member)	6 of 7
Jonathan Webster (Secondary care nurse member, Director of nursing quality and safety)	7 of 7
Ben Westmancott (Director of Compliance)	5 of 7
Philip Young (Lay Member)	7 of 7
Val Dias (GP Member)	3 of 3
Ken Macdonald (Patient Representative)	1 of 3
Simon Ramsden (GP Member)	2 of 3
Andy Rose (GP Member)	3 of 3
Mark Sweeney (GP Member)	2 of 3
Afi Tork (Practice Nurse)	2 of 3

Plenary (Members meeting)

The role of the CCG's plenary meetings, held throughout the year, is to invite members to contribute to the CCG's direction and decision making processes. Attendance includes GP, Practice Nurse and Practice Manager representation from member practices.

Activities at Plenary Meetings

The activity of the plenary meetings included discussion of business items such as Constitution, Elections, Investment Plans and development of IT. Other topics discussed include:

- Local Enhanced Services / Commissioning Learning Sets Plan;

- Cancer Service Improvements at Imperial College Healthcare;
- Chelsea & Westminster referrals for trauma and orthopaedics;
- Maternity Services and Patient Experience Survey at Chelsea & Westminster.

Committees of the governing body

Audit

The audit committee is responsible for scrutinising the CCG's arrangements for risk management and internal control and supporting the maintenance of an appropriate relationship between the CCG and the auditors.

The membership consists of:

- Lay member lead for Audit & Governance (Chair);
- Secondary care consultant;
- One other lay member across the collaborative;
- CCG Governing Body representative (who is not the Chair of the CCG or one of the Officers).

The Audit committee meets in common with those of the other CCGs in the collaborative. The attendance records for West London CCG audit committee is as follows:

Philip Young (Chair)	6 of 6
Alan Hakim (Secondary Care Consultant, CWHH CCGs)	4 of 6
Alastair Gilchrist (Lay Member)	4 of 6

This is a meeting in common with the audit committees of the other CCGs in the CWHHE collaborative. Other attendees are:

John Riordan (Secondary Care Consultant, Ealing)	2 of 2
Rohan Hewavisenti (Lay Member)	1 of 6
Trevor Woolley (Lay Member)	4 of 6
Nemonique Sam (Governing Body Member)	1 of 5
Prashant Gupta (Governing Body Member)	2 of 4
Michael Morton (Lay Member)	2 of 6

Amongst the main issues considered by the Committee during the year are:

- Reports from Internal and External auditors updating on the progress of their work (at each meeting);
- Updates from the Local Counter Fraud Specialist (at each meeting);
- Approval of Prime Financial Policies and Conflict of Interest policy (May);
- Control issues relating to the Commissioning Support Unit (July);
- Procurement policy and training for Committee members (September);
- Approval of Risk Management policy (January).

Remuneration

The remuneration committee is responsible for agreeing with the Governing Body the framework for the remuneration and conditions of service of CCG staff including the Governing Body members, and reviewing the on-going appropriateness and relevance of the remuneration policy.

The membership consists of:

- Lay member lead for Audit & Governance (Chair);
- Secondary Care Consultant;
- Lay member lead for Patient & Public Participation Matters.

The remuneration committee meets in common with those of the other CCGs in the collaborative. The attendance records for West London CCG remuneration committee is as follows:

Philip Young (Chair)	5 of 6
Alan Hakim (Secondary care consultant)	5 of 6
Simon Tucker (Lay member)	0 of 5
Alastair Gilchrist (Lay member)	1 of 1

This is a meeting in common with the remuneration committees of the other CCGs in the CWHHE collaborative. Other attendees are:

John Riordan (Secondary Care Consultant, Ealing)	2 of 2
Jane Wilmot (Lay member)	3 of 6
Trevor Woolley (Lay Member)	1 of 1
Javed Khan (Lay member)	1 of 6
Nafsika Thalassis (Lay member)	4 of 6

Issues considered during the year include:

- A pay review policy for senior staff;
- Review of pay of senior managers;
- HR policies for the CCG - recommendations were made to the Governing Body on their adoption.

Commissioning Learning Sets

Role:

- To plan, direct, guide and review the development and delivery of the CLS work
- To create an open and trusting environment in the CLSs for peer support and learning, influencing and challenging clinical behaviour and discussing commissioning issues and training needs

- To act as a conduit of information from NHS West London CCG Governing Body to the CLSs and vice versa
- Providing appropriate support to CLS facilitators and speakers prior to meetings; ensuring that they have the resources and information necessary to carry out their role;
- Ensuring that the CLSs are provided with the appropriate budget and referral/ activity data in time for CLS meetings;
- Identifying the learning and support needs of the CLSs and developing and implementing a programme to meet them;
- Identifying any clinical governance issues and hot topics with the CLS members and feeding this back to the CCG Board;
- Agreeing with the respective CLS facilitators and WLCCG Board a 12 month work plan with clear targets and outcomes;
- Reviewing the work plan and identifying and mitigating any risks, issues or threats as they arise; Where they are not able to be mitigated reporting them to the CCG Board;
- Ensuring that each practice is represented at CLS meetings by a lead GP and Practice Manager;
- Ensuring that a CLS Reporting sheet and an Attendance Register are completed and returned promptly each month; keeping a record of attendance over the course of the year;
- Communicating and engaging in an interactive way with CLS members so that they have the opportunity to fully participate in meetings;
- Collecting and collating quarterly patient and user feedback relating to providers for review and recommendations, where there are quality and patient safety issues these will be escalated to CCG QPSR Committee. Feedback will not incorporate complaints and SIs as these will go through formal established procedure set up by the CCG.
- Ensuring the objectives and work of the CLSs are in line with that of the CCG's constitution.

- Maintaining a CLS Action log and feeding this back to the CLS groups on a regular basis; regularly circulating CLS newsletters to members by email or through the extranet site;
- Encouraging members to complete feedback and self-referrals forms at each meeting.

Membership:

- Facilitators for each of the 5 CLS;
- Up to two convenors of the CLSs;
- Locality Manager(s); and
- Managing Director and Vice-Chair of CCG
- Chair of the CLS Leads Group must be a CCG Governing Board member

Attendance:

Member	Attendance
Dr Rachael Garner (Chair of CLS Leads), GP member/ Vice Chair	12 of 12
Yvonne Fraser, Practice Manager representative	8 of 12
Dr Naomi Katz, GP member/ Vice Chair	7 of 12
Dr Puvana Rajakulendran, GP member	9 of 12
Dr Philip Mackney, GP member (new member)	2 of 12

Activity during the year:

- CLS plan 2013/14 and 2014/15
- Buddying scheme

- Referral peer review.

Finance & Performance

Role:

- To provide assurance to the Governing Body that financial plans are robust and that any risk to delivering financial, performance and QIPP obligations are being managed appropriately. To shape proposals for investment/ disinvestment and to review performance and data.
- To design the reporting format and agree key indicators for regular presentation to the Governing Body. This will include a systematic and consistent approach to collecting and reporting on these indicators
- To resolve outstanding contractual issues
- To approve outline proposals for investment/disinvestment prior to development of business cases
- To review and recommend high level CCG budgets to the Governing Body
- To review and recommend the financial and activity plan for the CCG to the Governing Body
- To scrutinise and recommend the CCG QIPP plan to the Governing Body
- To manage financial and performance risks, advising the Governing Body of significant risks and what is being done to mitigate risks
- To review any substantial business cases prior to approval by the Governing Body
- To recommend to the Governing Body remedial action to improve performance
- To identify and monitor risk relating to finance and performance issues, including the delivery of QIPP
- To ensure that appropriate actions to mitigate risks identified are in place and managed

- To monitor financial and activity performance reports and agree remedial action where required

- To monitor performance and agree any remedial action where required

To monitor and oversee action plans relating to the management of finance, performance and QIPP issues.

Membership:

- Chair
- 1 lay member
- 3 CCG representatives (GP members)
- Chief Financial Officer (or deputy)
- Head of Business Intelligence Unit (or representative)
- Commissioning Support Unit representative
- Public Health representative
- Managing Director/ Deputy Managing Director

Attendance:

Member	Attendance
Dr Iain Blake (Chair), GP member	12 of 12
Dr Naomi Katz, GP member/ Vice Chair	9 of 12
Clare Parker, Chief Financial Officer	7 of 12
Dr Ike Anya, Public Health representative	6 of 12
Carolyn Regan, Managing Director	9 of 12

Activity during the year:

- Financial strategy
- Risk sharing agreement
- Business cases (eg diagnostic cloud, ophthalmology).

Out of Hospital

Role:

- To provide assurance on the delivery and quality of the Out of Hospital Strategy and to promote a culture of continuous improvement and innovation with respect to out of hospital services, improving access, quality and patient experience. It supports the CCG's aim of ensuring that high quality services are commissioned for patients, and addressing health inequalities
- To adopt a programme management approach to the projects related to the Out of Hospital Strategy.
- To identify priorities and agree pathways and services of care to patients and carers for redesign, decommissioning and re-commissioning.
- To ensure alignment of the Out of Hospital implementation with co-dependent initiatives including Whole Systems Integrated Care, and Quality, Innovation, Productivity and Prevention.
- To ensure existing and new resources are deployed to maximum effect and are targeted at addressing underlying health inequalities within the CCG
- To engage and maintain on-going dialogue with stakeholders, including GP Practices, patients and the public, NHS and community providers, Local Authorities especially, but not exclusively, social care, third sector organisations as both patient advocates and service providers.
- To engage with local Trusts on the Implementation of the strategy and on individual care pathway projects.
- To ensure patient involvement within implementation of our Out of Hospital Strategy is managed via the Patient Reference Group to engage in the programme and individual projects within it.

- To monitor outcomes on an on-going basis, including reviewing ICP data
- To ensure WLCCG ambitions are being met and consider areas of further development of Out of Hospital Strategy.

Membership:

- CCG Clinical lead OOH Strategy
- GP member x 1
- Practice Manager representative
- Public Health representative
- Managing Director
- Joint CCG/LA Commissioning Representative
- Patient Representative
- Management team lead

Attendance:

Member	Attendance
Dr Fiona Butler, Chair	6 of 9
Dr Naomi Katz, GP member/ Vice Chair	7 of 9
Yvonne Fraser, Practice Manager representative	7 of 9
Carolyn Regan, Managing Director	6 of 9

Key achievements:

- Children's hubs
- Putting Patients First framework
- Primary Care Mental Health strategy

Patient and Public Engagement

Role:

- To ensure that patients, communities and the wider public are involved in and influence the planning and decision-making process of the CCG, can effectively contribute to those deliberations and any significant changes to local health services that the CCG commissions
- Developing a Patient and Public Engagement Strategy and Action Plan for the WLCCG, making sure patients and the public and other key stakeholders are engaged and consulted on the work of the WLCCG.
- Agreeing a Communication Strategy for the CCG, helping to ensure that there is effective communication with patients, the wider public, and members of the clinical commissioning group, local media and other key stakeholders.
- Reviewing an Equality and Diversity Strategy and Action Plan and ensuring that it effectively implemented and monitored and that the CCG meets its statutory duties.
- Seeking the advice of the Patient Reference Group, Healthwatch and the wider voluntary/community sector on capturing experience and feedback at practice and community level in particular from patients and communities that are generally deemed as hard to reach.
- Reviewing and putting forward recommendations for action emerging from board reports on patient engagement, experience and access gathered from primary, community and acute providers, Healthwatch and community feedback surveys. The Committee's aim will be to note any emerging issues and trends and ensure that they inform and influence future commissioning and service reconfiguration decisions
- Ensuring future commissioning decisions and related service reconfiguration plans follow best practice in consulting and engaging with the local community and key stakeholders.

- Taking into account recommendations and advice from the WLCCG Patient Reference Group about such service changes and how they can best be implemented from the perspective of patients and the wider public.
- Working with neighbouring CCGs to synchronise PPE activities, especially where changes to services cross over Borough boundaries or impact across CCGs.
- Working in consultation with the Patient Reference Group to develop, implement and evaluate the Patient and Public Engagement (PPE) Strategy.
- Leading and supporting individual WLCCG practices to set up and maintain effective Patient Reference/Participation Groups.

Ensuring that patient and stakeholder feedback on quality and safety issues is reported appropriately, and that feedback is given to patients and stakeholders about the CCG's response to this.

Membership:

- The PPE Clinical lead
- QPP GP Board member
- Practice Manager
- Patient representative (s)
- Engagement officer from the
- E&D Lead officer
- Reps from other local statutory/voluntary organisations
- The local Healthwatch Chairs from K&C and Westminster

Attendance:

Member	Attendance
Dr Puvana Rajakulendran (Chair) GP member	8 of 8
Sonia Richardson, Patient	6 of 8

Representative	
Yvonne Fraser, Practice Manager representative	4 of 8

Key Achievements:

- Primary Care Navigators
- Commissioning Intentions engaging programme
- Equality & diversity objectives

Quality, Patient Safety and Risk

Role:

- To provide assurance on the quality and safety of services commissioned and to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It supports the CCG's aim of ensuring that high quality services are commissioned for patients.
- To review issues affecting the quality of services commissioned by the CCG, or that impact on the CCG, including patient safety, clinical effectiveness, patient experience and feedback, risk and complaints. It will ensure that robust systems are in place to identify and mitigate clinical and other risks as well as processes in place to escalate matters where required.
- To review the quality of services commissioned by the CCG including acute, mental health and community providers;
- To support the development of clinical governance arrangements and assure that they comply with good practice and provide advice and assurance to the Governing Body;
- To ensure that robust safeguarding arrangements (adults and children) are in place and seek assurances that systems and processes are fit for purpose;

- To review and oversee the CCG's risk register in relation to clinical risks, and ensure that systems are in place to manage clinical risk and escalate where required;
- To review the establishment and maintenance of effective clinical governance systems to support the CCG's objectives in relation to the duties of quality including involvement and engagement;
- To use and review patient feedback and experience, care quality commission reports, serious incidents, never events, mental health incidents, independent inquiries, internal audit, and complaints in a systematic way so that lessons are learned and to ensure this informs commissioning decisions and care delivery;
- To recommend any relevant improvements to current processes and procedures, and seek assurance about the delivery of subsequent actions;
- To support the NHS Commissioning Board in discharging its responsibilities in securing continuous improvement in the quality of services commissioned from CCG constituent practices;
- To review the CCG's risk management arrangements, including policies, frameworks and protocols and risk sharing / risk pooling and provide assurance that they are fit for purpose;
- To identify key risks in terms of quality, and monitor and report progress on these themes to the governing body;
- To contribute to the development and approval of quality accounts;
- To identify and reduce risks to patients receiving NHS care by overseeing the reporting and learning from reports of patient safety incidents through the National Reporting and Learning System.

Membership:

- GP member x 2 (one of whom represents the Commissioning Learning Sets)
- Director of Patient Safety and Quality (or deputy)
- Practice Manager representative

- Practice Nurse representative (vacant)
- Public Health representative
- Patient/lay representative x 2
- Managing Director (or deputy)
- Commissioning Support Unit representative

Attendance:

Member	Attendance
Dr Rachael Garner (Chair), GP member/ Vice Chair + Chair of Commissioning Learning Sets	6 of 11
Jonathan Webster, Director of Nursing, Quality & Patient Safety	7 of 11
Sonia Richardson, Patient Representative	6 of 11
Dr Ike Anya, Public Health representative	8 of 11
Dr Richard Hooker, GP member	3 of 11
Simon Tucker, Lay member	3 of 11
Carolyn Regan, Managing Director	6 of 11

Achievements:

- C&W quality accounts
- CNWL quality accounts
- Input to CLCH – giving patient feedback to improve services

Collaborative Committees

The CCG operates as a Collaborative with four other CCGs. As part of this there are a series of Collaborative committees in which the CCG participates. These aim to share best practice across the CCGs, while leaving sovereignty with individual CCGs.

Investment

The Investment Committee provides a forum for making recommendations on decisions where the members of the CCG face conflicts of interest. Where the Governing Body or a committee of the CCG feels that it would be inappropriate for them to make a decision they can refer the matter to the Committee for their recommendation. For example, the Committee may review proposed procurement processes and take the final decision on the award of a contract where GPs are potential providers.

The committee consists of Lay members (one of whom is chair), the Secondary Care Consultant, Chairs of all the Governing Bodies in the Collaborative, the Accountable Officer, Chief Finance Officer and Director of Compliance.

During the year the Committee has considered a number of proposals for expenditure including those for the replacement of Local Enhanced Services and for longer GP opening hours.

Performance

The committee considers performance issues affecting more than one CCG in the collaborative, and recommend remedial actions. The membership consists of lay members (one of whom chairs the meeting), the Accountable Officer and Chief Finance Officer, the Secondary Care Consultant and two representatives from each CCG. During the year the committee has considered consolidated performance

reports across the CCGs and identified issues to be addressed with providers through the regular meetings that are held with them.

Quality & Patient Safety

The Committee reviews and requires assurance on issues affecting the quality of services commissioned across the CCGs in the collaboration, encompassing:

- Patient safety;
- Clinical effectiveness; and
- Patient experience.

It also acts as the Health & Safety Committee of each CCG.

The membership consists of lay members (one of whom chairs the meeting), the Director of Patient Safety & Quality and the Accountable Officer, the Secondary Care Consultant and representatives from each CCG Governing Body. During the year the committee has focussed attention on a number of quality issues that are considered of importance across the CCGs and has followed these up with providers through Care Quality Group and other meetings.

Information Strategy & Information Governance

The Committee's role is to develop and shape IT strategic developments for the CCGs, making recommendations to the respective CCGs for decision. It also acts as the Information Governance Committee for each CCG, assuring governing bodies on information governance risk management and compliance.

The membership consists of Lay members (one of whom is Chair), the IT lead from each CCG, the Senior Information Risk Officer, Caldicott Guardian and a patient representative. During the year the committee has overseen the development of an IT strategy and the development of information governance compliance across the CCGs.

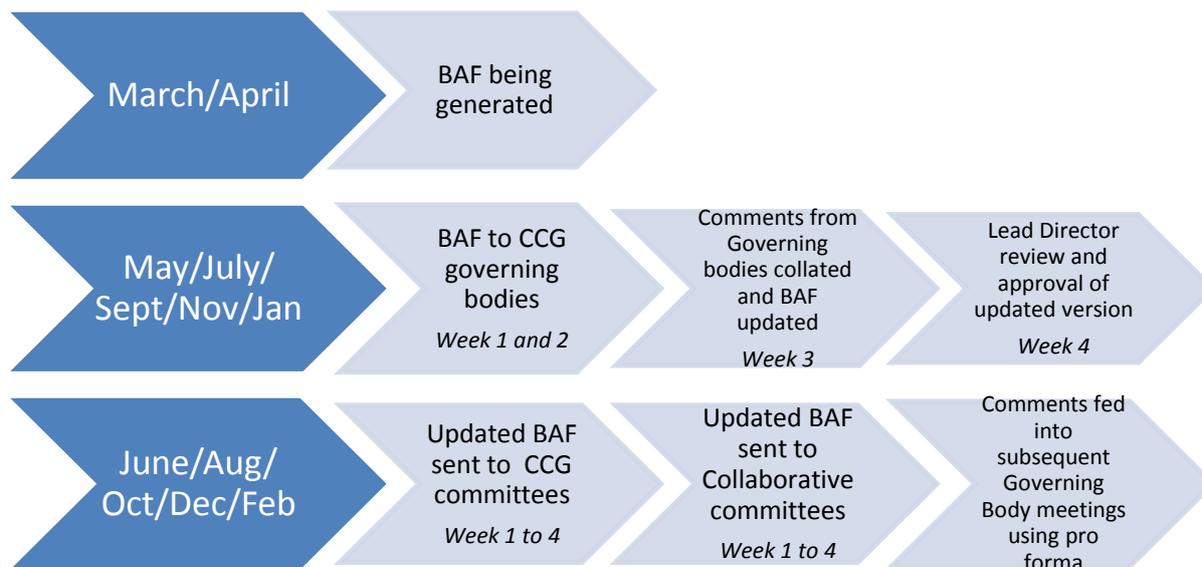
The Clinical Commissioning Group Risk Management Framework

The CCG has adopted a Risk Management Strategy. This aims to:

- ensure structures and processes are in place to support the assessment and management of risk throughout the CCG and across the Collaborative;
- achieve a culture that encourages all staff to identify and control risks which may adversely affect the operational ability of the CCG;
- assure the public, patients and their carers and representatives, staff and partner organisations that the CCG is committed to managing risk appropriately.

The strategy sets out the processes for identifying, recording, reporting, quantifying, managing and reviewing risks. Risks identified from a broad range of sources including incidents, complaints, internal audit reports and reports by external bodies are recorded on the risk register.

Risks which may affect the ability of the CCG to meet its strategic objectives are recorded on the Board Assurance Framework. The process for maintaining and developing the Board Assurance Framework is summarised in the diagram below. At the beginning of the year the Governing Body considered the main risks to the delivery of its strategic objectives, the controls that are in place to manage them and any gaps in those controls and mitigating actions that might be needed. At this point a risk appetite was set for each risk.



(BAF = Board Assurance Framework)

The Board Assurance Framework is a comprehensive view of the major strategic risks facing the organisation, covering the quality of services commissioned, safeguarding, finances and the Shaping a Healthier Future programme, amongst other issues. The relevant risks on the Board Assurance Framework were considered at each meeting of the CCG's committees and comments fed back to the subsequent Governing Body meeting using a pro-forma. The Framework and comments that have been made on it are considered at each Governing Body meeting. It is also used to drive agendas for both the Governing Body and Committees, to ensure that the activities of the CCG address the key risk that it faces.

The process of risk management is reviewed by the Audit committee and by Internal Audit.

The Governing Body has held a seminar to promote equalities and human rights awareness and to ensure that these are integrated into the core business and any risks in this area are identified and managed appropriately.

The CCG has support from an independent Local Counter Fraud Specialist. They produce an annual work plan which is approved by the Audit Committee and report on progress with its implementation to each meeting. They also highlight to the committee any issues that have arisen since the last meeting so that appropriate action can be taken.

The Clinical Commissioning Group Internal Control Framework

The system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness. However it also allows controls to be established that mitigate the risks that exist.

The Board Assurance Framework plays a key role in ensuring the effectiveness of internal control mechanisms. At the beginning of the year the Governing Body considered the main risks to the delivery of its strategy for the year. This list formed the basis of the Board Assurance Framework which was reviewed by committees and the full Governing Body throughout the year. Discussions were also held with neighbouring CCGs in the Collaborative to compare risks and actions taken to mitigate them. This process of managing risk was reviewed by the Audit committee at each of its meetings.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The Framework is supported by an online information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing processes and procedures in line with the information governance toolkit. The CCG is ensuring that all staff undertake annual information governance training and is implementing a staff handbook which includes information making staff aware of their information governance roles and responsibilities.

The CCG has adopted a series of policies relating to Information Governance including a confidentiality code of conduct, a Data Protection policy and an Information Governance Strategy.

There are processes in place for incident reporting and investigation of serious incidents. We have developed information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation.

[Pension Obligations](#)

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance

with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Equality, Diversity & Human Rights Obligations

Control measures are in place to ensure that the clinical commissioning group complies with the required public sector equality duty set out in the Equality Act 2010, including the publication of equality objectives and action plans in accordance with the Equality Delivery System (2) guidance.

An Equalities Reference Group has been established in conjunction with the other CCGs in the Collaborative which reports to the CCG Quality Committee. This includes clinical and lay representatives from each of the CCGs.

Sustainable Development Obligations

The clinical commissioning group is required to report its progress in delivering against sustainable development indicators.

We are developing plans to assess risks, enhance our performance and reduce our impact, including against carbon reduction and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning.

We will ensure the clinical commissioning group complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

We are also setting out our commitments as a socially responsible employer.

Risk Assessment in Relation to Governance, Risk Management & Internal Control

When the Governing Body considered the main risks to the CCGs objectives, particular attention was given to those relating to governance. This was re-assessed throughout the year using the process set out in the Risk Management Strategy. The major governance risks facing the CCG relate to the embedding of governance processes within the organisation and the sharing of processes across the Collaborative. Good progress was made in these areas during the year.

The CCG has robust and effective governance structures in place. The Governing Body and committees engaged effectively with fulfilling their roles, particularly with regards to performance. The Directors report to the Governing Body and its committees at each meeting. Representatives of the CCG meet regularly with those of other CCGs in the Collaborative to share best practice. The CCG met regularly with NHS England throughout the year to ensure that the CCG was complying with the terms of its licence. These meetings acted as an effective review of the CCG and agreed actions from the meetings were implemented promptly. By the end of the year the CCG has no conditions and no outstanding issues from its meetings with NHS England.

[Review of Economy, Efficiency & Effectiveness of the Use of Resources](#)

Processes have been put in place to ensure that resources are used economically, efficiently and effectively. At the beginning of the year budgets are scrutinised to ensure they represent an effective use of public funds and are signed off by the Governing Body. The QIPP and budget setting processes are reviewed by Internal Audit and reported through the Audit Committee. Best practice is followed in the compilation of business cases using the five cases model to ensure resources are used effectively in the development of new investment ideas. Detailed monthly finance reports are given to the Finance & Performance committee with a summary report going to the Governing Body.

[Review of the Effectiveness of Governance, Risk Management & Internal Control](#)

As Accounting Officer I have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group.

Capacity to Handle Risk

I have actively engaged in the risk management process and provide leadership for it. I review and comment regularly on the Board Assurance Framework and ensure that it is considered by the Governing Body at each of its meetings. I believe that there is a high level of engagement across the CCG with the risk management process. A Risk Management strategy has been approved by the Governing Body and training provided to staff on risk management processes.

Review of Effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

The *Board Assurance Framework* itself provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes of internal control are set out in the CCG's Constitution, Standing Orders, Scheme of Delegation and committee Terms of Reference. An Audit

committee has been put in place, chaired by a Lay Member and with active involvement of internal and external auditors. Reports from the auditors are examined closely and recommendations implemented. A report from the Chair of the Audit committee is provided to the Governing Body highlighting any areas of concern that may have been identified. An Investment committee has been established across the five CCGs participating in the Collaborative in order to give objective oversight to proposals where GP Governing Body members may be conflicted. Clinical issues are considered by the CCG Quality & Patient Safety committee and referred to the Governing Body as necessary. Any major issues which may affect more than one CCG are referred to a Collaborative Quality & Patient Safety committee so that input can be sought from GP and others from other CCGs and collective action taken, if necessary.

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

“Based on the work undertaken in 2013/2014, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.”

During the year the Internal Audit did not issue any audit reports with a conclusion of limited or no assurance.

Data Quality

The Directors of the Clinical Commissioning Group work closely with the Commissioning Support Unit to ensure that the data presented to all meetings is as accurate as possible.

Business Critical Models

Work is underway to build a data warehouse which will improve data quality across the CCG and enable the CCG to extract better quality information on which to make commissioning decisions. Specialist advice has been procured to ensure that the solution developed is of the highest quality.

Data Security

We have submitted a level of compliance with the information governance toolkit assessment that has been rated a satisfactory. The CCG has achieved Level 2 compliance in all areas across the toolkit. There have been no Serious Untoward Incidents relating to data security breaches during the year.

CSU Performance

The contract between the CCG and CSU runs to 30th September 2014, in advance of which the CCG was required to confirm whether it intended to extend the contract beyond that date. Throughout the year the CCG had concerns about the quality and value for money of services provided by the CSU, as a result of which contract management procedures were invoked, and service improvement notices issued. Subsequently the eight CCGs within North West London agreed not to renew the CSU contract at the expiry of its current term.

Discharge of Statutory Functions

During establishment, the arrangements put in place by the clinical commissioning group and explained within the *Corporate Governance Framework* were developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of the Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can

confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Conclusion

I can confirm that no significant internal control issues have been identified.

Daniel Elkeles

Accountable Officer

5th June 2014