

**WOLVERHAMPTON CCG  
GOVERNING BODY  
23 May 2016**

<b>TITLE OF REPORT:</b>	<b>Summary – Wolverhampton Clinical Commissioning Group(WCCG) Audit and Governance Committee (AGC) – 18 April 2017</b>
<b>AUTHOR(s) OF REPORT:</b>	Jim Oatridge – Chair, Audit and Governance Committee
<b>MANAGEMENT LEAD:</b>	Claire Skidmore – Chief Finance and Operating Officer
<b>PURPOSE OF REPORT:</b>	<ul style="list-style-type: none"> <li>To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.</li> </ul>
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain.
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>To provide an update of the WCCG Audit and Governance Committee to the Governing Body of the WCCG.</li> </ul>
<b>RECOMMENDATION:</b>	<ul style="list-style-type: none"> <li><b>Receive</b> this report and <b>note</b> the actions taken by the Audit and Governance Committee</li> </ul>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	n/a
2. Reducing Health Inequalities in Wolverhampton	n/a
3. System effectiveness delivered within our financial envelope	n/a



## 1. BACKGROUND AND CURRENT SITUATION

### 1.1 Internal Audit Annual Report

The Committee considered the Internal Audit Annual report. In particular, it discussed then draft Head of Internal Audit opinion for 2016/17 which has concluded that the draft opinion is 'Generally satisfactory with some improvements required.

### 1.2 Internal Audit Plan 2017/18

The Internal Audit plan for 2017/18 was considered and the Committee noted Executive input to construct a robust plan for the year. The plan will be reviewed mid-year to ensure that it will address the most relevant areas of risk to the CCG

### 1.3 Local Counter Fraud Annual Report 2016/17

The final version of the Local Counter Fraud Annual Report for 2016/17 was presented to the Committee.

### 1.4 LSMS Progress Report

The LSMS Progress Report was presented to the Committee showing the portfolio of work that had been completed during the year.

### 1.5 LSMS Plan 2017/18

The Committee were presented with a report outlining proposed activities for 2017/18.

### 1.6 Risk Reporting/Board Assurance Framework

The Committee received a report on Risk Reporting/Board Assurance Framework and recognised much work had been done in this area and that the Risk and Quality team were continuing to ensure that risk awareness was highlighted throughout the organisation.

### 1.7 Committee Annual Report

The Committee received and discussed a final draft of its 2016/17 annual report.

### 1.8 Losses and Compensation Payments – Quarter 4 2016/17

No losses or special payments were reported in quarter 4 2016/17.

### 1.9 Suspensions, Waiver and Breaches of SO/PFPS

There were no suspensions of SO/PFPs in quarter 4 2016/17.

### 1.10 Receivables/Payables Greater than £10,000 and over 6 months old



The Committee noted that as at 31 March 2017, there were 0 receivables and 13 payables over £10,000 and greater than 6 months old.

1.11 Draft Annual Report, Governance Statement and Accounts

The Draft Annual Statements were presented to the Committee as a working document and the Committee received assurance that they were on track to be finalised for sign off at the Audit and Governance Committee and Governing Body meetings on 23 May 2017.

**2. CLINICAL VIEW**

2.1. N/A

**3. PATIENT AND PUBLIC VIEW**

3.1. N/A

**4. KEY RISKS AND MITIGATIONS**

4.1. The Audit and Governance Committee will regularly scrutinise the risk register and the Board Assurance Framework of the CCG to gain assurance that processes for the recording and management of risk are robust. If risk is not scrutinised at all levels of the organisation, particularly at Governing Body level, the CCG could suffer a loss of control with potentially significant results.

**5. IMPACT ASSESSMENT**

***Financial and Resource Implications***

5.1. N/A

***Quality and Safety Implications***

5.2. N/A

***Equality Implications***

5.3. N/A

***Legal and Policy Implications***

5.4. N/A

***Other Implications***

Governing Body Meeting  
23 May 2017



5.5. N/A

**Name: Claire Skidmore**  
**Job Title: Chief Finance and Operating Officer**  
**Date: 19 April 2017**

**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View	<b>N/A</b>	
Public/ Patient View	<b>N/A</b>	
Finance Implications discussed with Finance Team	<b>N/A</b>	
Quality Implications discussed with Quality and Risk Team	<b>N/A</b>	
Equality Implications discussed with CSU Equality and Inclusion Service	<b>N/A</b>	
Information Governance implications discussed with IG Support Officer	<b>N/A</b>	
Legal/ Policy implications discussed with Corporate Operations Manager	<b>N/A</b>	
Other Implications (Medicines management, estates, HR, IM&T etc.)	<b>N/A</b>	
Any relevant data requirements discussed with CSU Business Intelligence	<b>N/A</b>	
<b>Signed off by Report Owner (Must be completed)</b>		

