



SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP

Stakeholder Management

Internal audit report 1.21/22

Final

24 November 2021

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EXECUTIVE SUMMARY

With the use of secure portals for the transfer of information, and through electronic communication means, remote working has meant that we have been able to complete our audit and provide you with the assurances you require. It is these exceptional circumstances which mean that 100 per cent of our audit has been conducted remotely. Based on the information provided by you, we have been able to sample test, or complete full population testing using data analytics tools.

Why we completed this audit

This review was undertaken to give assurance that South East London (SEL) Clinical Commissioning Group (CCG) has controls in place to actively engage with all its stakeholders, and act in accordance with the NHSE guidance and legislative Regulations.

The CCG is a membership organisation, meaning that all practice staff, whether GPs, practice managers, or practice nurses, are members of the CCG. This presents specific challenges in both communicating to and engaging with the membership. The CCG sees practices playing a full part in activities as vital to its success, providing the unique clinical view on which clinical commissioning is founded.

The CCG has a 'CCG self-assessment on engagement' paper, a document which is part of the Stakeholders Communication & Strategy Plan. Throughout the strategy there are several mentions of NSHE Guidance and compliance with statutory duties.

The plan defines the organisation's stakeholders and outlines how the CCG will engage with and listen to individuals and community groups as part of its decision-making process.

The CCG must meet a number of legal requirements with regard to patient engagement. Every borough has either a Head or an AD of Engagement and a manager in addition to the three engagement people in the central team.

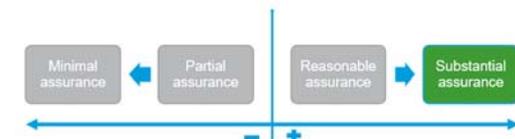
The team provide support on engagement and this has mainly been around vaccine related work.

Conclusion

Within the confines of this review and considering the limitations due to the ongoing pandemic, we have deemed the stakeholder engagement arrangements in place at the CCG to be well designed and consistently applied. We have raised one action around developing a consolidated stakeholder map, however we do acknowledge the various engagement activities evidenced across the programmes of work.

Internal audit opinion:

Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.



Key findings

Design of the Control Framework:

We have raised one 'Low' priority actions in relation to:



The CCG do not have a formal consolidated stakeholder map in place, in part due to the delay of NHSI guidance. The guidance has recently been issued in September 2021 and we understand that the CCG have begun work on this since. We acknowledge that the CCG does evidence engagement with stakeholders through the various programmes in place, which is captured/accessible at a South East London and ICS level. (**Low**)

Notwithstanding the above, we noted the following instances of well-designed and complied with controls:

The development of a stakeholder engagement strategy

We obtained the document 'CCG self-assessment on engagement', as this document is part of the Stakeholders Communication & Strategy Plan. Throughout the strategy there are several mentions of NSHE Guidance and compliance with statutory duties. We noted that the four task and finish groups referenced were:

- Covid-19 impact on South East London's communities
- Digital engagement
- Non-digital engagement
- Engagement Assurance Committee (EAC)



Three of the four task and finish groups finalised their work in August 2020. The CCG's Engagement Assurance Committee (EAC) task and finish group continued to meet into September 2020.

Membership of the groups was drawn from existing engagement contacts within each of the six boroughs in South East London and included people from a range of ages, ethnicities, genders and experiences.

This work resulted in the principles for engagement being approved by the CCG's Governing Body in September 2020, followed by a robust, open, transparent and independently facilitated recruitment process of the public membership to the Engagement Assurance Committee, which reflects the demographics of South East London in its constitution. The new committee reviewed and accepted the recommendations from the task and finish groups at its first meeting, which have been used to inform the engagement approach of the CCG and will subsequently inform the engagement approach of the Integrated Care System (ICS). An evaluation of the task and finish process was carried out which revealed that the majority of respondents felt able to actively participate and that their opinions were listened to.

Alignment to the wider organisational strategy and ICS development

We reviewed the engagement activities, specifically those linked to the new Integrated Care System (ICS). We also reviewed engagements that have a more collaborative approach. We noted that the South East London Recovery Plan outlines some of this work, but is focussed specifically on Covid-19 recovery. The CCG expects the relationships between the CCG and stakeholder groups to become more consolidated in the transition to ICS.

The Communications and Engagement steering group are waiting on NHSE guidance on ICS'. The Senior Communications Consultant is working to map processes and channels across the partners and to pull this together into an overarching engagement framework, patient engagement strategy and approach, with reporting into the ICS.

At the March EAC 2021 meeting, the committee had a verbal briefing followed by a discussion on the Integration and Innovation White Paper and shared the King's Fund written submission on the Health and Care Committee inquiry into the White Paper. At the May meeting, the CCG had a paper on and discussed developing an engagement strategic framework which outlined what the CCG has developed to date, how they have worked with partners during the pandemic and how they can build on this as they develop the ICS. Furthermore, they shared the NHS Confed Building Common Purpose paper on communication and engagement in the ICS.

The CCG had hoped to have a more in depth discussion at the July 2021 meeting and to share the NHSE guidance on patient and community engagement for ICSs, but as the guidance has not yet been published, the committee will aim to do this at the September 2021 meeting instead.

Stakeholder groups

We confirmed, as to be anticipated, that the CCG's key groups are Hospitals, GPs, other local authorities, staff, patient groups, and primary care networks. It was highlighted in the self-assessment plan how the CCG will engage with the Key Members. Where a service needs to be commissioned, the targeted group who uses the service is considered, and where possible engagement takes place, prior to the commissioning of the service. Furthermore, we noted that publications around commissioning plans are listed on the CCG's external web page.

As mentioned earlier, three of the four task and finish groups finalised their work in August 2020. In conversation with the Assistant Director of Engagement, we learned that they were short-term task and finish groups for particular tasks and therefore will not be reinstated as standing groups after the completion of their prescribed remit. The CCG now has the EAC in place instead which has diverse membership to provide advice as well as assurance on engagement.

Engagement activities

We reviewed examples of engagement activities per stakeholder group, particularly planned activities, how the CCG monitors progress, and how the CCG is involved in the activities. Predominantly, we examined key communications, staff restructure process, and possible changes to diagnostic pathways.

SEL CCG has also run webinars and open sessions regarding vaccinations for people to join (SL Listens). Review of the webinars and sessions showed that the CCG has good involvement in the activities and that the activities are effective and well-designed.

The CCG has engaged widely across the diverse communities of South East London. However, the CCG is still working on the stakeholder mapping and engagement with staff (we have raised a management action in relation to a stakeholder map).

Examples with regards to the engagement plan

We noted that the CCG has set up activities with regards to the point discussed in the EAC meeting: *Insights from research into people's attitudes towards the Covid-19 vaccine*. Some examples are:

The CCG has engaged widely across the diverse communities of South East London to promote confidence in Covid-19 vaccination and support take up of the vaccines. At a South East London level, this has included putting on a series of webinars for faith leaders, community champions, local people and the voluntary and community sector to provide information, answer questions as a means of promoting confidence in the vaccine.



The CCG has also commissioned research and insight gathering through the Impact on Urban Health programme which works with other organisations such as TSIP, ClearView Research, Rooted by Design and Comuzi to gather insight from across diverse communities who would not normally feedback directly to the NHS or other statutory institutions to inform the delivery of the Covid-19 vaccination programme. They have also run focus groups with local people to gather insight and inform the development of messaging and resources around promoting the vaccine.

We reviewed examples of communication material that have been informed by such insight such as the vaccine facts resource and campaign and 'the Over 18? Don't miss your vaccine campaign'.

The CCG has commissioned the Beacon Project, part of the Ascension Trust, to reach local communities where they have existing networks, with a particular focus on Black African and Black Caribbean communities and carers, to promote confidence in the vaccine. This work is shared and discussed at the Vaccine Inequalities Taskforce with representation from partners across the system. This is in addition to the intelligence that other partner organisations have collected and shared across South East London.

Stakeholder feedback in relation to ICS activities

The CCG is in the process of transitioning to the Integrated Care System (ICS) structure, which will be formally in place from April 2022.



An SEL ICS Development Plan is in place. We reviewed the version updated in June 2021. It provides a high-level summary of the ICS priorities and how it aims to achieve them. This includes plans to broaden engagement in system change and involving communities in the work of the ICS. Both these areas have actions identified for implementation over the next 12 months from the date of the Development Plan to support their achievement. The actions include developing an ICS communications and engagement strategy and developing a network of people with lived experience, peer leaders and experts by experience across the ICS.

The public go through the CCG to provide feedback on the ICS. There are the public questions at the GB meetings, which the Assistant Director of Engagement and the Director of Communications and Engagement have been dealing with. There were several questions put to the ICS by the public in the January 2021 meeting.

There is also an ICS communication workstream on the vaccination programme. The workstream has met weekly since last December/January. Furthermore, there are several Communications leads from partner organisations.

Stakeholder engagement feedback and outcomes of the task and finish groups

The annual stakeholder survey is a key part of the Improvement and Assessment Framework. The survey would normally start in January and the results would be available from the end of April. However, the above survey has not occurred for the last two years due to Covid and mergers.



Instead we reviewed the assessment of the task and finish group the CCG completed, which included feedback from the members to confirm how the CCG has taken forward the recommendations made in the '*Report-and-Recommendation-of-Task-and-finish-group-feedback*'. It was explained that the background to the task and finish groups, that were held across South East London as part of the merger to develop an engagement strategy for the SEL CCG, was subsequently put on hold in March 2020 when the pandemic arrived but resumed in June 2020.

Our review learned that the recommendations from the task and finish groups support the stakeholder engagement objectives.

Three of the four task and finish groups produced a series of recommendations to be put before the first meeting of the EAC. The EAC task and finish group continued to meet into September 2020. The recommendations formed the development of the CCG's engagement strategy.

See Appendix A for the recommendations of the tasks and finish groups.

Task and finish groups engagement and self-assessment results



We reviewed the self-assessment results, included in the Stakeholders Communication & Strategy Plan, to identify any additional concerns which the CCG should focus on. For the task and finish groups we noted the following: Engagement work since Q2 2021 was mainly focussed on Covid recovery and the vaccination programme, with all local care partnerships setting up communications and engagement groups as part of their structures. At the beginning of the pandemic, much engagement activity was refocussed on working with partners across local authorities, Primary Care Networks (PCN) and the voluntary and community sector to ensure that vulnerable and frail people were kept safe, had food and medicine delivered, and had their health and wellbeing supported. The South East London Recovery Plan outlines some of this work.

Self-assessment follow up



The follow up on the above self-assessment has been limited, and most sessions related to the Covid-associated activities, for example the vaccine hesitancy groups. The CCG also worked with health professionals and faith leaders to make a series of short video clips, which were used on social media and encouraged participants to use on their own social media channels. These films can be seen on the CCG's YouTube channel.

We were informed that these sessions were well received, and the CCG carried out an evaluation of the webinars in April 2021 titled 'The summary of evaluation of SEL Covid-19 vaccination briefings.' Some key learning from this evaluation was that having a team of experts at the briefings was highly valued. The briefings helped to address concerns about the vaccine as providing clear, accurate and consistent information is crucial to increase confidence. Information resources were shared widely across community and networks.



Although there is no formalised engagement training programme in place, stakeholder engagement training needs are identified through the PDP process, with specific training arranged where consistent themes are identified. In addition, for those within the Communications and Engagement team, staff are well experienced and for those outside of the communications and engagement team, informal training is on offer.

Communication, engagement and social media monitoring

The CCG are actively using the following accounts: SEL CCG LinkedIn, SEL CCG Facebook, SEL CCG Twitter, and six borough-focused Twitter accounts. The CCG also have two ICS accounts - one on Twitter and an Instagram account. The CCG review these accounts several times a day, looking for how the CCG are being mentioned, replying to comments and Direct Messages (DMs), sending out posts, and ensuring the account information is up-to-date.



We have reviewed an example of a social media report the CCG completed in March 2021. We were informed that this work had been paused between April – July 2021 because of the pressures and workload of the Covid-19 vaccine programme. We learned that generally, this sort of data only gets shared within the Communications team and sometimes with the Senior Management team.

Review of the Monthly Digital Comms Overview 'March 2021' shows a comprehensive, clear report consisting of headlines of the month, website traffic, Twitter, Facebook, YouTube and LinkedIn stats, followed by the top performers content. However, LinkedIn appears to fall behind, but the CCG acknowledged that this social media channel doesn't get as much attention as it probably should.

Our review found that the SEL CCG does include social media information in the weekly staff newsletters. However, this is more about how they can support the CCG with sharing information across the SEL community.

Terms of Reference EAC



We were provided with the Terms of Reference (ToR) for the Engagement Assurance Committee. These were dated 17 December 2020 and were ratified by the Governing Body of the CCG in May 2021. The ToR clearly identifies the purpose of the Committee and its accountabilities. The ToR also identifies the roles and responsibilities of the Committee. The Committee will monitor and provide assurance to the Governing Body that the CCG is engaging patients, the public and other key stakeholders in developing its plans and commissioning services and ensuring statutory duties and best practice are met in CCG engagement. We confirmed that the Governing Body discusses the minutes of the EAC and takes action if and when appropriate.

Engagement Assurance Committee

We reviewed if the Engagement Assurance Committee reports into the Governing Body and selected three meetings. We were provided with three EAC minutes which covered meetings on 11 January 2021, 15 March 2021 and 19 July 2021.

We noted that the Engagement Assurance Committee, per the terms of reference indeed reports to the Governing Body. The meeting dated 11 January 2021 was the first meeting of this committee.

There were several key points noted in the three meeting minutes such as:

- Approval of the Terms of Reference
- Insights from research into people's attitudes towards the Covid-19 vaccine
- Presentation on Engagement in SEL Covid-19 vaccination programme
- Verbal briefing on the White Paper: Working together to improve health and social care for all
- Update on vaccinations programme: The more recent focus has been on communications rather than engagement.
- Communications & Engagement (C&E) ICS workstream
- Update from Healthwatch for discussion
- Feedback from the Equalities Committee.
- CCG self-assessment 2020/2021
- Engagement risk

Furthermore, the committee makes active use of an action log and we confirmed that the top three actions from 11 January 2021 and 15 March 2021 were agreed to be closed. We also noted that for the action, arising from the 17 May 2021 meeting, on adding methods of monitoring engagement to the engagement development paper, it was directed that this action should remain open. Comments continued to be welcomed and as the paper on the ICS approach to engagement is produced methods of monitoring should be included.



Reporting mechanisms in place

There are a number of mechanisms in place for reporting on the outcomes of engagement, dependent on the type of activity and the planned outcome stated in the planning.

The Engagement Assurance Committee

This is a sub-committee of the Governing Body and provides advice and assurance on patient engagement. It is chaired by the Lay Member for Patient and Public Involvement and membership includes the Clinical Lead for Engagement, Healthwatch, the Assistant Director of Engagement and two local members from each borough, following an open recruitment process.

Healthwatch

Healthwatch organisations are independent from health and social care services. Their role is to ensure that local people's views are heard in order to improve the experiences and outcomes for people who use services.

There is a Healthwatch organisation in each of the six South East London boroughs and a South East London Healthwatch Director who are a representative on the committee. There is also a Healthwatch representative on the Equalities Committee, who also ensures close working between the two committees.

Public member role

The public members will bring knowledge of the boroughs and the diverse communities in the boroughs as well as ideas on the best ways to engage these communities. Members will use their experience to review and assess engagement plans and delivery of engagement.



Reporting outcomes of engagement

We were informed by the Assistant Director of Engagement that the CCG have not yet completed a full reporting programme as, due to Covid, the CCG has not run regular engagement activities in the last year.

The CCG has, however, reported back to EAC about engagement activity around the vaccination programme and this was in the form of a power point report at the last March and May 2021 meetings, which we reviewed to confirm that engagement activities were discussed.

Moving forward the CCG have now developed an engagement plan template. Review of this template found the following details :

- 
- Proposal and purpose of engagement.
 - Aims and objectives of engagement.
 - What do we already know?
 - What do we need to know or design in more detail?
 - What can be designed, developed and influenced and what is fixed.
 - An Equality Analysis.
 - Who you are engaging?
 - Identifying your stakeholders.
 - Key messages.
 - How are you engaging and when – methods and tools.
 - Online digital platform.
 - Resources.
 - Activity plan.
 - Risks and mitigations.
 - Monitoring and evaluation.
 - Decision making.

Governance arrangements in place



The Primary Care Commissioning Committee (PCCC) is responsible for making collective decisions on the review, planning, and procurement of general practice services. Meetings of the PCCC are held in public every month. There is dedicated time to enable members of the public to ask questions before each meeting.

We reviewed three PCCC meeting minutes which covered meetings from 7 April 2021, 5 May 2021 and 2 June 2021. We furthermore found that the minutes of the Committee are also presented to the Governing Body at their next available meeting, with discussion of the minutes being a standard Governing Body meeting agenda item.

DETAILED FINDINGS AND ACTIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Area: Production of a stakeholder map				
Control	Within the CCG self-assessment on engagement document, there is a listing of stakeholders. However, a current full consolidated detailed map is absent. The plan also identifies specific groups which have a more detailed plan, for example the Vaccine Hesitancy groups.	Assessment:		
		Design		x
		Compliance		N/A
Findings / Implications	<p>We reviewed the CCG self-assessment on engagement document, there was a list of targeted audiences stated but this was a more generic list. It was not possible to see an overarching stakeholder map. We were informed that a Stakeholder map has not been produced due to the lack of NHSI guidance.</p> <p>The NHSI guidance indicates that there should be a mapping of stakeholders to assist in prioritising the needs for each stakeholder. As new guidance on this topic is imminent, the CCG would prefer to wait with this exercise until this guidance is available to them.</p> <p>Without a map in place the CCG will not have an understanding of gaps in engagement with stakeholders, may not correctly identify all stakeholders and their needs and therefore engagement activities may be ineffective.</p>			
Management Action 1 (MA1)	<p>The CCG will carry out a stakeholder mapping exercise in line with the recently issued NHSI guidance.</p> <p>We were informed during the debrief that the CCG has recently started with the stakeholder mapping exercise.</p>	<p>Responsible Owner: Rosemary Watts - Assistant Director of Engagement</p>	<p>Date: 31 March 2022</p>	<p>Priority: Low</p>

APPENDIX A: RECOMMENDATIONS TASK AND FINISH GROUPS

The recommendations from the Covid-19 task and finish group are:

- Prime focus should be on overcoming the barriers to accessing health and care services rather than focussing on clinical conditions as the former approach is more likely to make sure that the engagement mechanisms set up will recognise the impact that Covid-19 has had in terms of health inequalities.
- Approach to addressing the issues of where and how to engage local communities and the importance of empowering people and communities to have their own access to health and care knowledge and information, rather than the CCG managing this for them.
- Importance of addressing existing behaviours that may be preventing people wanting to seek health and care support, from not wishing to burden the NHS due to fear of Covid-19 infection.
- Importance of working with and through partners, especially in the voluntary sector – such as food banks and community support groups – to deliver engagement opportunities as they are often embedded and more trusted by local people, including seldom heard groups. Following such approach, this may help get around problems of trust, especially in organisations such as the CCG.
- Importance of working with GPs, nurses and staff in surgeries as they know their patient population.
- Need for the engagement assurance committee to review and monitor the effectiveness of the CCG's engagement plans and activities.

The recommendations from the digital task and finish group are that:

- The CCG should continue to develop its digital framework for engagement to support the recovery planning for Covid-19 and should in the short term:
 - a. Continue to use existing digital methods of engagement including hosting virtual (video) meetings and workshops through Microsoft Teams.
 - b. Utilise existing well-established social media channels and fora, such as Facebook, Instagram and Twitter, to promote its engagement work with a focus on developing these further.
 - c. Extend and diversify the CCG engagement team mailing list to increase its reach.
- The CCG should explore options for digital platforms that will support the CCG to deliver its digital offering in the intermediate, examples of these include Bang the Table and Hop in.
- The CCG should identify sources of support for people to access digital technology.
- Set out how the impact of digital engagement will be reviewed, both in terms of how it complements non-digital engagement, but also where gaps may exist that need to be addressed going forward. It is recommended that such a review should take place every six months and be considered by the engagement assurance committee.

The recommendations from the non-digital task and finish group are that:

- The CCG should continue to work in partnership with local organisations to understand feedback and intelligence already received by organisations.
- The CCG should continue to work in partnership with local organisations to understand which organisations have face to face contact with different groups and communities and can be used to deliver information, surveys, diaries, postcards and encourage feedback and the CCG should develop such material as needed.

- When the easing of lock down progresses the CCG should work with local organisations where face to face activity starts to take place and explore the opportunities for socially distanced outreach to engage on and understand experience of Covid and develop solutions to inform recovery planning where there are communities and people who are digitally excluded.
- The borough based teams, working in partnership with other organisations at a local level including local councils, general practice and Primary Care Networks, voluntary and community sector organisation, libraries and mutual aid groups faith-based groups, food banks and others working directly with local people, should explore how engagement can support the development of community capacity, cohesion and a sense of wellbeing.

APPENDIX B: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Objective of the area under review	Control design not effective*		Non Compliance with controls*		Agreed actions		
	Low	Medium	High	Low	Medium	High	
Development of a stakeholder engagement strategy.	0	(4)	0	(4)	0	0	0
Key stakeholder groups	0	(1)	0	(1)	0	0	0
Alignment to its wider organisational strategy	0	(1)	0	(1)	0	0	0
Production of a map of stakeholder engagement activities	1	(2)	0	(2)	1	0	0
Stakeholder engagement feedback	0	(7)	0	(7)	0	0	0
Assigning of responsibilities for engagement to appropriate staff and groups.	0	(3)	0	(3)	0	0	0
Communication and engagement with staff	0	(3)	0	(3)	0	0	0

Staff training	1	(3)	0	(3)	0	0	0
Maintenance of documentation of stakeholder engagement activities.	0	(5)	0	(5)	0	0	0
Mechanisms in place for reporting on the outcomes of engagement activities.	0	(4)	0	(4)	0	0	0
How stakeholder feedback is being reported incorporated within ICS activities.	0	(1)	0	(1)	0	0	0
Governance arrangements in place.	0	(1)	0	(1)	0	0	0

Total					0	1	0
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* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

APPENDIX C: SCOPE

The scope below is a copy of the original document issued.

Scope of the review

The scope was planned to provide assurance on the controls and mitigations in place relating to the following risks:

Objective of the area under review	Risks relevant to the scope of the review
SEL CCG has effective engagement strategies in place.	The CCG does not seek feedback from stakeholders, resulting in dissatisfied stakeholders.

The following areas will be considered as part of the review:

- The development of a stakeholder engagement strategy for the CCG and the approval of the documents.
- How CCG have identified key stakeholder groups.
- How the individual engagement strategies for the CCG is aligned to its wider organisational strategy.
- The production of a map of stakeholder engagement activities and systems in place to ensure that the CCG is able to engage with the whole range of stakeholders.
- The extent to which the CCG have used stakeholder engagement feedback, including its management of actions or outcomes arising from engagement activities.
- The assigning of responsibilities for engagement to appropriate staff and groups across the CCG.
- The communication and engagement with staff to ensure that engagement activities are embedded across the CCG.
- Staff trained on stakeholder engagement.
- The maintenance of documentation of stakeholder engagement activities.
- The mechanisms in place for reporting on the outcomes of engagement activities and reporting to appropriate governance groups.
- How stakeholder feedback is being reported to, and incorporated within, ICS activities.
- Governance arrangements in place, including Patient Involvement Groups, and how updates on stakeholder engagement activities are reported to the respective groups/committees.

The following limitations apply to the scope of our work:

- The audit will review the processes in place within the CCG for how it engages with stakeholders and ensures the implementation of its Engagement Strategy.
- It will not provide assurance that all appropriate stakeholders have been engaged with.
- We will not provide an opinion on the appropriateness of any decisions taken as a result of stakeholder feedback or the accuracy of the feedback received.
- Any testing will be undertaken on a sample basis.
- Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

FURTHER INFORMATION

Debrief held 14 September 2021
Draft report issued 22 October 2021
Responses received 24 November 2021

Final report issued 24 November 2021

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