

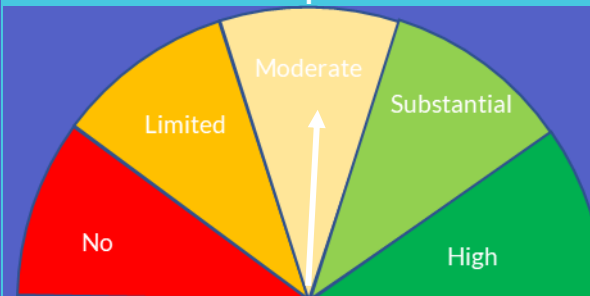
Primary Care Contracts

Assignment Report 2023/24 - FINAL

NHS Lancashire and South Cumbria Integrated Care Board

540LSCICB_2324_202

Overall Assurance Opinion



There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

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MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation and is for your sole use. If you have any queries regarding this review, please contact the Engagement Manager. To discuss any other issues then please contact the Director.

1 Executive Summary

Overall Audit Objective: The overall objective of the review was to assess whether the Lancashire and South Cumbria Integrated Commissioning Board (ICB) has primary care commissioning arrangements in place which fulfil the requirements of the delegation agreement with reference to the supporting assurance framework.

Scope Limitation: The review focussed on assessing those primary care contracts delegated to the ICB. It did not cover additional primary care investment activities.

Key Findings/Conclusion

The review identified that the ICB has implemented governance structures and arrangements to meet the requirements of the NHS England Delegation Agreement for Primary Care Services. Responsibility for General Practice was transferred to the ICB on its inception and with effect from April 2023 for Dental Pharmaceutical and Optometry services.

Governance arrangements are clearly articulated in the ICB Governance handbook including the role and remit of the Primary Care Commissioning Committee. In addition, a capital group and individual groups have been formed for the four primary care services to provide monitoring and support and to ensure that risks and issues are reported as appropriate to the Primary Care Commissioning Committee. To further strengthen these arrangements the Primary Care Quality Group has been set up which is a subgroup of the System Quality Group and reports to the ICB Quality Group.

Contractual arrangements as implemented between commissioners and providers are in place which enable enforcement of contractual obligations. The ICB approach is to promote learning and engagement with a holistic approach to quality monitoring. Service specifications follow NHS England national contracts and delivery and the ICB Primary Care team has been set up and is structured to provide support across the ICB footprint.

It is acknowledged that the transfer of responsibilities for some primary care services was recent and consequently, processes continue to evolve. Taking this into account sound progress has been made. It is recognised that the organisation still needs more time to fully embed some of its processes. In particular, finalisation of quality surveillance reporting, adoption of clear workplans for the groups to coordinate the delegation of responsibilities and assurance processes to the Primary Care Commissioning Committee and a consistent approach to risk reporting. The recommendations within this report are intended to strengthen risk management and to be included as part of future work:

Objectives Reviewed	RAG Rating
Governance Arrangements	Amber
Quality Arrangements	Amber
Finance	Green
Overall Assurance Rating	Moderate

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	0	0
High	1	0
Medium	4	0
Low	2	0
Total	7	0

Areas of Good Practice

Governance Arrangements

- Governance arrangements have been revised in 2023 to set up the Primary Care Commissioning Committee (PCCC) which replaces the previous Primary Care Group. The Committee operates under delegation from the Board – terms of reference have been developed and agreed. The Committee have introduced a Part II element to meetings and bi-monthly development sessions. These are intended to provide a forum for the discussion of private matters and focussed time for the future development of the committee.
- Individual groups have been set up for the four primary care services areas - Primary Medical, Dental, Optometry and Pharmaceutical Services. Terms of reference have been developed and meetings focus on operational issues with links to the PCCC through provision of feedback and escalation reports.
- The ICB have recently assessed themselves against the NHSE Delegated Services Assurance framework and a position report was provided to the PCCC in October 2023. Evidence to support the position has been reviewed on a sampled basis and found to be fair and reasonable.
- Membership of the PCCC and groups is appropriate to provide expert advice and challenge on subject matter.
- The Decision matrix provides for changes to primary care contracts to be approved at a senior level.
- The ICB Scheme of Reservation and Delegation has been recently amended to include delegated powers to the PCCC and groups as appropriate. Delegation allows for contracts and services to be signed off by a responsible senior officer.

- There are regular reports on the delivery of Primary Care Services through the subcommittee structure.
- Triple A escalation processes have been developed to ensure an early warning system for identified issues escalated through the ICB committee structure to the Board where appropriate.

Quality

- Contractual arrangements are in place between providers and commissioners which would enable the enforcement of contractual breaches serve notices if required or to provide necessary support. Service specifications follow national processes for Primary Care Services and performance is being monitored by the ICB team.
- During 2023/24 time has been taken to understand and harmonise practices and procedures across the ICB footprint and to develop a culture of shared learning between contractors and the ICB in relation to clinical effectiveness, patient safety and patient experience. Engagement with Clinicians is a key focus.
- The ICB are adopting a holistic approach to quality monitoring. A dashboard of informatics alongside human factors, formal reports, and softer intelligence to develop and present a holistic approach to monitoring.

Finance

- There are processes in place to ensure payments to providers are reconciled against activity expectations to ensure value for money and identify any anomalies.
- Contractors' activity performance is included in the ICB monthly Performance report which is reported to the Finance & Performance Committee.

- Primary Care financial performance information is provided at summary level at the PCCC and is discussed at Finance and Performance Committee as part of the overall ICB financial position. Associated risks are reported at quarterly intervals to the PCCC.
- Payments are approved in line with ICB governance arrangements.

	delegated responsibilities of primary care contracting should be completed.
Low	<p>1.6. Terms of reference currently in draft form for the Capital Group should be adopted as soon as possible.</p> <p>1.7. Assurance regarding financial performance and QIPP delivery provided to the PCCC would be strengthened by regular updates from operational groups.</p>

Key Findings – Issues Identified

High	1.1. The draft quality surveillance dashboard should be finalised and made operational as soon as possible. The principles used in developing the medical services dashboard should be extended to all primary care service areas.
Medium	<p>1.2. Workplans should be agreed across all Primary Care committee and groups to ensure a cohesive approach.</p> <p>1.3. The Primary Care Quality Group has recently been formed. An agreed annual workplan and clear objectives should form part of work to fully embed procedures across the ICB footprint.</p> <p>1.4. Processes to collate evidence in support of the NHSE Delegated Services Assurance Framework should continue through 2023/24. SLA documentation should be reviewed to ensure that corporate names are accurate and appropriate. A consistent approach to risk reporting is required across primary care committees and groups.</p> <p>1.5. Work to forecast and assess required resources to meet the prioritised objectives and</p>

2 Findings and Management Action

2.1. Quality Arrangements – quality surveillance		Risk Rating: High
Control Design		
<p>Key Finding – The ICB has a responsibility to ensure that quality care is delivered according to best evidence that demonstrates that the most clinically effective options are available to the patient for the primary care services under its control.</p> <p>A quality surveillance dashboard – the Primary Care Monitoring and Reporting Framework is currently under development. The tool has been developed in conjunction with clinicians and is being refined. Indicators of contractor performance are included such as access availability, practice online maturity, workforce data etc.</p> <p>Contract mechanisms are available to the ICB in the event of breaches of required standards. Given the unique geography of the ICB area and prevailing workforce availability it is impossible to implement a uniform approach to quality surveillance, therefore the ICB are focussing on learning and support to contractors where issues may be identified.</p> <p>The aim is to present quality surveillance information as a combination of informatics, human factors, and principles along with formal reports and softer</p>	<p>Specific Risk – Poor quality surveillance data may lead to inefficient or ineffective monitoring of safety events and trends which may result in misinterpretation and poor decision making.</p> <p>Failure to implement quality surveillance monitoring may result in difficulties in identifying and addressing arising issues in a timely manner leading to risk to patient safety and reduced efficiency. Inadequate monitoring may lead to breaches against required standards and regulations remaining unidentified and unchecked leading to financial and reputational risks.</p>	<p>Recommendation -</p> <p>Acknowledging work done to date, it is important to ensure that the final dashboard design process incorporates informatics and human factors to ensure that the available content meets the ICBs objectives to inform both future communication and decision making.</p> <p>It is recommended that the current approach to the development of the Primary Care Monitoring and Reporting Framework is extended to all Primary Care services as soon as practicable. Effective feedback mechanisms and engagement with contractors will be key to improving quality in the longer term.</p>

<p>intelligence to develop and present a holistic approach to monitoring.</p> <p>Similar work has begun around dental services with plans to roll out quality dashboard information for all Primary Care Service in due course.</p>		
<p>Management Response -</p> <p>Responsible Officer – Dawn Haworth - Head of Delivery – Primary Care</p> <p>Implementation Date – It is planned to produce a <i>Primary Care Monitoring and Reporting Framework</i>, which describes who monitors what and where plus associated escalation arrangements by no later than end of March 2024. The target delivery dates for the associated dashboards are:</p> <ul style="list-style-type: none"> • General Practice and PCN – complete • Dental – February 2024 (commencing with activity) • Community Pharmacy – February 2024 (commencing with consultation service) • Optometry – May 2024 (commencing with sight test) <p>It should be noted that these dashboards will be subject to a continuous process of review and improvement. In addition, the above target dates are subject to the provision of Business Intelligence support. The scope and ambition of the framework will be informed by the current available (limited) primary care team capacity. The General Practice and PCN dashboard also enables related work to develop a prioritised programme of General Practice improvement visits.</p> <p>The clinical lead is Dr John Miles and the officer leads are Sarah Squires, and Nick Barkworth, Senior Delivery Manager. The responsible group is the Data and Intelligence</p>		<p>Evidence to confirm implementation –</p> <p>Finalisation of the Primary Care Monitoring and Reporting Framework.</p> <p>Confirmation that the Framework has been presented and discussed through the ICB governance structure.</p> <p>Extension of the Framework to all primary care services.</p>

Working Group which reports to the Primary and Integrated Neighbourhood Care Transformation Group.	
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2.2. Quality Arrangements – Primary Care Groups	Risk Rating: Medium
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Control Design

<p>Key Finding – Primary Care groups and operational groups have been set up for each of the Primary Care Services – Medical, Dental, Pharmaceutical and Optometry Services. This enables appropriate and dedicated focus to the specific risks and agendas of each of the services. In addition, a Capital Group and a Primary Medical Services operational group have been set up.</p> <p>Individual workplans for the groups were not made available at the time of the review. Committee workplans ensure that Primary Care Services business planning is co-ordinated between groups and the Primary Care Commissioning Committee to avoid duplication, ensure that the appropriate level of scrutiny is delivered, and that decisions are taken in a planned and logical sequence.</p>	<p>Specific Risk – There is a risk that the work of operational and groups may be uncoordinated with the Primary Care Commissioning Committee resulting in a lack of assurance. This may also result in increased risk of inefficiency in decision making, failure to ensure that decisions are made at the most appropriate level, and risk of duplication or omission of key decisions.</p>	<p>Recommendation – As part of the ongoing development of the individual groups and operational groups, it is recommended that an annual workplan is developed for each Primary Care group and operational group.</p>
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<p>Management Response –</p> <p>Responsible Officers – Peter Tinson, Director of Primary Care (Medical), Amy Lepiorz, Associate Director of Primary Care (Community Pharmacy and Dental) and Dawn Haworth, Associate Director of Primary Care (Optometry)</p>	<p>Evidence to confirm implementation –</p> <p>Annual workplans for all primary care groups and operational groups.</p>
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<p>Implementation Date – the workplans will be produced no later than April 2024 following the completion of the annual planning and commissioning process which will inform them.</p> <p>It should however be noted that much of the work undertaken by the groups is reactive by nature and consequently cannot be planned for more than a few months in advance.</p>	
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<p>2.3. Quality Arrangements – Committee structures</p>	<p>Risk Rating: Medium</p>
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<p>Control Design</p>		
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<p>Key Finding – The ICB committee structure includes a Quality Committee. During the period reviewed there was evidence that issues relating to Primary Care delivery had been reported to, discussed, and considered by the Committee. In addition, A Primary Care Quality Group has been convened to provide specific focus to quality issues in relation to the four types of primary care services for which the ICB has responsibility. The Group was recently introduced and therefore processes and procedures have yet to be fully embedded.</p> <p>No workplan for the Primary Care Quality Group was evidenced during the review. A comprehensive workplan helps to ensure that the work of the group is coordinated, that an appropriate level of scrutiny is delivered, and that decisions are taken in a planned and logical sequence.</p>	<p>Specific Risk – Failure to fully embed required processes and procedures may result in fragmentation and a lack of assurance that risks to objectives are not monitored effectively.</p> <p>In the absence of an agreed workplan there is a risk that the work of the Primary Care Quality Group may be uncoordinated with the overarching Quality Committee. This may affect assurance which can be provided and result in increased risk of inefficiency in decision making, failure to ensure that decisions are made at the most appropriate level, and risk of duplication or omission of key decisions.</p>	<p>Recommendation - As part of the ongoing development of the Quality committee reporting structures it is recommended that an agreed annual workplan is developed for the Primary Care Quality Group.</p> <p>Ongoing work to fully embed procedures across the ICB footprint should be expedited in 2023/24.</p>
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<p>Management Response -</p> <p>Responsible Officer – Claire Lewis, Associate Director Quality Assurance</p> <p>Implementation Date – the workplan will be produced no later than April 2024.</p>	<p>Evidence to confirm implementation –</p> <p>Annual workplan in place for the Primary Care Quality Group.</p>
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<p>2.4. Governance – Delegated Services Assurance Framework</p>	<p>Risk Rating: Medium</p>
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Control Design

<p>Key Finding – Primary Care commissioning decisions should be made in line with relevant legislation, national policy and agreed processes. The NHS England Delegated Services Assurance Framework focuses on the responsibilities delegated to the ICB to ensure that the ICB is compliant. An annual self-declaration to confirm compliance is required.</p> <p>The ICB have developed, considered, and collated evidence against the domains – Medical, Dental, Pharmaceutical and Optometric Services.</p> <p>In October 2023 the Primary Care Commissioning Committee were provided with a paper describing the local approach and details of the completed assurance framework for noting and approval of the framework for the quarter ended September 2023. As part of this review a sample of the evidence which supports the framework was considered. Generally, evidence</p>	<p>Specific Risk –</p> <ul style="list-style-type: none"> a) If corporate names within an SLA are incorrect, this may increase risks associated with a lack of accountability and responsibility for the services provided leading to confusion and misunderstanding between parties. b) Failure to report risks in a consistent way may prevent the ICB from systematically reviewing organisation risk with potential for inappropriate or 	<p>Recommendation -</p> <ul style="list-style-type: none"> a) Progress made to date on the collation of evidence to support the annual self-declaration in relation to the NHS England Delegated Services Assurance Framework should continue through 2023/24. b) The current SLA between the ICB and MLCSU should be reviewed to ensure that corporate names are accurate and appropriate. It is important to ensure that SLAs are kept up to date to avoid risk or poor accountability, eliminate risk of misunderstanding and to ensure the SLA is legally binding. c) Risks which are identified in Primary Care domains should follow the ICB reporting and assessment conventions. Assessing all risks in the same way ensures that the organisation can identify and
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<p>supporting the local assessment was good. The following points were noted:</p> <ul style="list-style-type: none"> a) Medical – the ICB currently commissions a service to implement Premises Costs Directions from Midlands and Lancashire Commissioning Support Unit (MLCSU) – the SLA document describes the parties to the agreement as NHS England and MLCSU. b) Optometry – Risk issues were reported and discussed at the Optometry group. A risk log is available however, conventions to rate the risks i.e., impact and likelihood were not apparent. It was not clear how this fits into the ICB corporate risk register. 	<p>disproportionate actions. This may lead to issues when the organisation evaluates its internal control environment.</p>	<p>evaluate the risks presented within the organisation systematically. This process helps to ensure that the risks are reviewed, and actions are taken to reduce, eliminate and control identified risks.</p>
<p>Management Response – Responsible Officer – Sarah Danson, Senior Lead Primary Care Implementation Date – <i>Annual Self-Declaration</i> - the ongoing process for the committee and its groups to assess, report and escalate has recently been reviewed by the committee chair and vice-chair and the updated process communicated to groups by their chairs – complete. <i>Review of SLA</i> – the status of the SLA (and other SLAs) will be clarified (specifically whether it has formally novated) and if necessary, the corporate names updated no later than end of January 2024 <i>Risk Registers</i> – the committee chair, vice chair and group chairs, supported by governance leads recently reviewed the risk register arrangements and agreed a consistent approach for implementation no later than end of February 2024.</p>		<p>Evidence to confirm implementation –</p> <ul style="list-style-type: none"> a) Confirmation that evidence has been collated in dedicated folders to support the annual self-declaration of the NHS England Delegated Services Assurance framework. b) Completed review of SLA to ensure documentation is accurate and up to date. c) Updated risk registers following ICB risk management processes.

2.5. Quality Arrangements – Available Resources	Risk Rating: Medium	
Control Design		
<p>Key Finding – The delegation of all primary care services to the ICB is a relatively recent development. In the initial period there has justifiably been a focus on capturing good practice from predecessor organisations and standardising policies and procedures across the considerable ICB footprint.</p> <p>From discussions throughout this review some concerns have been expressed regarding the resources which are available to meet the complex primary care agenda.</p> <p>This is evidenced in the Complaints Annual Report for 2022/23 which includes complaints data for the April to September 2023 period and was presented to the Board in November 2023. The Public Involvement Engagement and Advisory Committee are to perform a deep dive into the capacity of current resources to meet future expectations around patient experience.</p> <p>Resource forecasting was not apparent across all primary care functions in evidence collated in this review.</p>	<p>Specific Risk – Lack of visibility and the absence of a resource forecasting system increases the risk of inappropriate resource planning, which may result in skill shortages and may compromise delivery of the ICB objectives.</p>	<p>Recommendation – It is recommended that consideration should be given to resource forecasting work across all departments engaged in Primary Care contracting quality and performance monitoring. This would identify potential risk areas, mitigate risk, and assist management to prioritise workplans.</p>

<p>Management Response -</p> <p>Responsible Officers – Kathryn Lord, Director of Quality Assurance & Safety and Peter Tinson, Director of Primary Care.</p> <p>Implementation Date – concerns regarding primary care team and quality team staff capacity have been raised and discussed at both the Primary Care Commissioning Committee and the Quality Committee. A workshop is taking place on 31 January 2024 to develop approaches and processes to proactive and reactive General Practice service delivery improvement. The former includes a prioritised programme of practice visits informed by the dashboard referenced earlier in this report. The agreement of these approaches will enable the quantification of the support that can be provided within existing resources (including any associated risks) to inform discussion at the Primary Care Commissioning Committee development session in March 2024.</p>	<p>Evidence to confirm implementation –</p> <p>Completed resource forecasting plan/ action plan to manage risks associated with limited staff resources.</p>
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<p>2.6. Governance – Terms of reference</p>		<p>Risk Rating: Low</p>
<p>Control Design</p>		
<p>Key Finding – Approved terms of reference are in place for the Primary Care Commissioning Committee, and for the four Primary Care Services groups. At the time of the review the terms of reference for the Capital Group remained in draft form and actions were underway to amend and finalise these.</p>	<p>Specific Risk – Without clear terms of reference, there is a risk that the committee may not have a clear focus and understanding of its role and responsibilities which may lead to ineffectiveness or inefficiency.</p>	<p>Recommendation – It is acknowledged that the Capital Group terms of reference are in draft form. Work to address ongoing changes should be completed asap and the terms of references formally approved by the PCCC.</p>

<p>Management Response -</p> <p>Responsible Officer – Peter Tinson, Director of Primary Care.</p> <p>Implementation Date – the Capital Group terms of reference were agreed at the committee meeting in December 2023.</p>	<p>Evidence to confirm implementation –</p> <p>Finalisation of terms of reference for the Capital Working Group.</p>
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<p>2.7. Finance – Financial Reporting</p>		<p>Risk Rating: Low</p>
<p>Control Design</p>		
<p>Key Finding – Primary Care financial performance is reported monthly to the Finance and Performance Committee for discussion and review. Summary financial information is provided periodically to the Primary Care Commissioning Committee.</p> <p>Review of Finance and Performance Committee papers and minutes highlighted that financial information is presented and discussed in the overall context of ICB finances and that information is at summary level including performance against cost savings schemes (QIPP).</p> <p>Operational budget financial performance is shared with delegated budget holders and discussed. Reports shared included an accompanying narrative. There was also some evidence of the financial position being discussed at the various groups.</p>	<p>Specific Risk – Inadequate financial information may result in poor decision making which may in turn increase exposure to increased financial risk.</p>	<p>Recommendation – It is recommended that management consider introducing a periodic presentation of detailed financial information to the Primary Care Commissioning Committee by service area and including performance against cost savings targets.</p> <p>This could be delegated to the relevant group/ budget holder with support from Finance colleagues to enable the committee to understand financial risk and to provide assurance around ongoing financial management.</p>

<p>Both committees receive assurance regarding the Primary Care financial position. However, there may be benefit in presenting a periodic detailed analysis of financial information including QIPP performance by service area to the Primary Care Commissioning Committee.</p>		
<p>Management Response - Responsible Officer – John Gaskins, Place & Programme Finance Lead</p> <p>Discussions are taking place between the responsible officer and the Chair and Vice-chair of the Primary Care Commissioning Committee to agree future reporting arrangements to PCCC within the context of the recommendation and wider ICB financial governance and reporting arrangements.</p> <p>Implementation Date – March 2024</p>		<p>Evidence to confirm implementation –</p> <p>Update to PCCC to confirm future arrangements Future PCCC reporting</p>

Appendix A: Engagement Scope

Scope

The review assessed the arrangements put in place by the Lancashire & South Cumbria ICB to meet the requirements specified in the NHSE Delegation Agreement.

- Governance – the ICB has effective governance arrangements in place to oversee the management of Primary Care contractors.
- Quality – the ICB manages the performance of the Primary Care contractors to secure the needs of people who use the services, improve the quality of services, and improve efficiency in the provision of the services.
- Finance – the ICB actively monitors primary care contracts to ensure value for money on behalf of NHS England and avoids making any double payments under any Primary Care contractors.

Areas within the contracts where claims for reimbursement are being made (e.g., additional role reimbursement scheme, locums, sickness, and premises costs) are supported by appropriate supporting evidence and appropriately approved.

The review focussed on the following contractors:

- General Practitioners
- Pharmaceutical Services
- General Ophthalmic Services
- Dental Services

Scope Limitations

The review focussed on assessing those primary care contracts delegated to the LSC ICB. It did not cover additional primary care investment activities.

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system

Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function, or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> the efficient and effective use of resources the safeguarding of assets the preparation of reliable financial and operational information compliance with laws and regulations.
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function, or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> has a low impact on the achievement of the key system, function, or process objectives. has exposed the system, function, or process to a key risk, however the likelihood of this risk occurring is low.
Low	Control weakness that does not impact upon the achievement of key system, function, or process objectives; however, implementation of the recommendation would improve overall control.

Appendix C: Report Distribution

Name	Title
Peter Tinson	Director of Primary Care
Kathryn Lord	Director of Quality Assurance and Safety
Elaine Collier	Deputy Director of Operational Finance
Judith Williams	Head of Finance and Business Development
John Gaskins	Place & Programme Finance Lead
Amy Lepiorz	Associate Director of Primary Care
David Armstrong	Senior Lead (Primary Care)
Sarah Danson	Senior Lead (Primary Care)
Craig Harris	Chief Operating Officer
David Levy	Medical Director
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Limitations

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Our work was completed in accordance with Public Sector Internal Audit Standards and conforms with the International Standards for the Professional Practice of Internal Auditing.