

Date:	21 st June 2018
Meeting:	Governing Body
Item Number:	Item 8.7
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Financial planning, control and governance for CCGs self-assessment questionnaire for NL CCG
Decisions to be made:
For information

Author: <i>(Name, Title)</i>	Emma Sayner Chief Finance Officer
GB Lead: <i>(Name, Title)</i>	Emma Sayner Chief Finance Officer
Director approval	Emma Sayner
Director Signature	

Continue to improve the quality of services	<input type="checkbox"/>	Improve patient experience	<input type="checkbox"/>
Reduced unwarranted variations in services	<input type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input type="checkbox"/>
Deliver the best outcomes for every patient	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	To note <input type="checkbox"/>
			Decision <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):	
Board members are asked to note the contents of the completed financial planning, control and governance for CCGs self-assessment questionnaire for NL CCG (which will be tabled at the meeting)	
Sign off of this document will be by the Audit Chair and Accountable Officer	
Recommendations	Board members are asked to note the contents of the self-assessment questionnaire for N Lincs CCG
Report history	
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	Date		N/A	Y	N	Date
Patient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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