

NHS Dorset CCG – Assurance confirmation

Time period for review	30.09.2018 – 31.03.2019				
	A&Q	RemCom	CCC	GB	PCCC
Are you assured, as Chair, that the Terms of Reference fully reflects the remit of the Committee?	Yes	Yes	Yes	Yes	Yes
Is this remit correctly reflected in the Annual Planner which details the frequency in which sources of assurance are scrutinised?	Yes	Yes	Yes	Yes	Yes
Are you, as Chair, confident that between 30.09.2018 and 31.03.2019 the remit for which you have delegated responsibility have either shown: <ul style="list-style-type: none"> - No significant lapses in assurance or/ - Lapses/gaps in assurance which are being addressed and monitored via action plans? 	Yes	Yes	Yes	Yes	Yes
Are you, as Chair, confident that the mechanisms by which you receive assurance are acceptable?	Yes	Yes	Yes	Yes	Yes
Is there anything else you wish to report?	No	These are the views of the Committee rather than just Chair	No	No	No
Dated	19/06/2019	03/07/2019	03/07/2019	03/07/2019	19/06/2019