

	Title of Meeting:	Audit & Quality Assurance Committee
	Time:	09.00am
	Date:	Friday 15 th January 2016
	Venue:	Birch Room, Oak House
	Reference:	JB/LGa
	Chairman:	Mr John Barber

QUORUM: 2 x Governing Body members

Present:

Mr J Barber, Lay Member Governance (Chair)
 Mr P Moss, Lay Member Patient & Public Engagement, RCCG
 Dr R Cullen, RCCG Lead GP on Governance
 Dr S Holden, GP Members Committee

In Attendance:

Mrs A Tudor, 360 Assurance Internal Audit
 Mrs S Whittle, Assistant Chief Officer, RCCG
 Mrs K Firth, Chief Finance Officer, RCCG
 Mrs S Cassin, Chief Nurse, RCCG
 Mrs T Hey, 360 Assurance, Internal Audit
 Mr A Clayton
 Mr I Atkinson
 Mrs W Allott
 Ms M Robinson, Secretariat, RCCG

Apologies:

Ms C Croft, 360 Assurance, Counter Fraud
 Ms L Gash
 Mr R Khangura, Director, KPMG
 Ms S Younis, KPMG
 Dr R Carlisle, Lay Member Primary Care

Action

SESSION A : INTRODUCTION

15/158 Declaration of Pecuniary or Non-Pecuniary Interests

The standard declaration for GPs (Drs Cullen and Holden) as providers was acknowledged overall. GPs had an interest in items 11 and 12 on the agenda. Noted KPMG would have an interest item 7.

15/159 Minutes of meeting held Friday 20th November 2015

The full minutes of the Group's meeting held on Friday 20th November 2015 were agreed as a correct record of proceedings.

15/160 Matters Arising from meeting held Friday 20th November 2015

Actions Status for matters arising recorded on Actions Log. To be updated at next meeting (standard agenda item).

15/161 Actions Log

Members to provide RAG ratings against actions and provided current updates for next meeting.

ALL

15/162 Financial Matters Report

Finance Report

Mrs Allott updated members on key issues of the report.

Mrs Allott reported to the meeting that the performance report had been presented at the January Governing Body meeting and assurance was given to the meeting by Mrs Firth to the members that the 1% surplus the CCG is under obligation to meet would be met.

Mrs Firth informed the meeting that TRFT are reporting a different financial position to the CCG. Mrs Firth has written to the Financial Director at TRFT requesting detailed workings so they can understand the difference. No response has been received.

Mrs Firth reported to the meeting that the TRFT levels of uncoded activity have reduced by 1% to 11% on average with non elective activity also improving from 15.6% to 14.5% within that total. Month 7 contract monitoring data received from the Trust shows a £0.2m over-performance against plan. We have adjusted this month 7 data by £1.2m to show a £1.0m underspend as TRFT's contract monitoring system calculates the income due for un-coded activity at an average price and all uncoded activity is costed as an emergency admissions.

Summary of Standing Financial Items

Mrs Firth updated members:

- (i) No losses, special payments, waivers or standing orders. No concerns over debtor balances and no debts over £5k in value or over 6 months outstanding.

Creditors over £5k in value and over 6 months outstanding - no significant issues.

Declaration of gifts/hospitality

Members noted the content of the paper.

AQuA members noted the contents of the finance reports.

15/163 CSU Year End Reporting

Mrs Firth explained to the meeting that the self-explanatory letter sets out the process and conclusion regarding CSU Service Auditor Reporting for 2015/16.

AQuA duly noted the contents of the letter regarding the approach to Service Auditor reporting of the CSU.

15/164 Planning for Commencement of the Local Audit Arrangements

Mrs Firth explained from the 2017/18 financial year CCGs will assume the power to appoint their own external auditors. The appended letter to audit chairs sets out the approach to planning for the commencement of the local audit arrangements.

Mrs Firth directed members to the briefing at Appendix B prepared by KPMG providing a helpful summary regarding the approach to appointing External Auditors in the future.

Mrs Firth will review the guidance received from the Department of Health and work through the toolkit provided by the HFMA. Mrs Firth will then review the outcomes with Mr Barber and prepare a recommendations paper for the next AQuA.

Mrs Firth

AQuA note the contents of the briefing and acknowledge the next steps.

15/165 Financial Control Environment Assessment Review

Mrs Firth advised All CCGs were asked to complete and submit a self-assessment of its Financial Control Environment in August 2015. Formal feedback was provided by NHSE (Appendix A) showing the position of Rotherham compared to the other Yorkshire and Humber CCGs. Mrs Firth reported to the meeting that the CCG periodically review the financial reports and are developing the Governing Body Financial report to include more information.

AQuA note the contents of the report and note the next steps/ planned actions.

15/166 External Audit Technical Update and Progress Report

Noted External Audit is a standing item, however there is nothing further to update at this meeting from the previous meeting.

15/167 Counter Fraud Progress Report

Mrs Tudor informed the meeting the CFS continues to progress work in line with the agreed work plan and action plan produced following completion of the self review tool (SRT).

Mrs Tudor reported to the meeting that the following work has been undertaken since the previous report to AQuA:

The CFS has provided Fraud Alerts to the communications team for dissemination to all CCG staff as part of the Fraud Awareness month.

The 360 Assurance Counter Fraud Team's Twitter account has been regularly updated with topical NHS Fraud News.

The roll out of the Fraud e-learning module in January 2016 to all budget holders and authorised signatories.

Face to face fraud awareness training to 5 members of the Continuing Health Care Team.

Mrs Firth informed the meeting that there are currently 3 live cases and enquires are ongoing.

Mrs Firth reported to the meeting that the CFS continues to progress the SRT action plan alongside the CCG and Claire Croft is now the nominated lead CFS at the CCG.

Mrs Tudor reported to the meeting that the fraud, bribery and corruption work as required by NHS Protect Standards for Commissioners and the related Counter Fraud, Bribery and Corruption Operational Work Plan continues to progress in accordance with planned activity and the CFS can confirm that there are no further issues that need to be brought to the attention of the committee at this time.

Update report received for information.

SESSION C : QUALITY

15/168 CQC Inspections Update

Mrs Cassin informed the meeting that there were no CQC Inspections to report on. The CCG is awaiting the report from the RDaSH inspection.

15/169 CQC GP Reviews

Mrs Cassin presented the above review report, providing an update on current CQC visits and progress of Peer Review visits.

Mrs Cassin reported to the meeting that positive moves have come out of the peer review visits with Safeguarding and Infection Control being brought into practices and planning strategies being put in place.

Mrs Cassin informed the meeting that appendix two gives an overview of the practices visited and appendix 3 gives an overview of the two practices which have been classed as requires improvement. One of the two practices has been visited as part of the peer reviews and some actions agreed and the other will be visited within the next 6 weeks. The peer review visits are intended to be a supportive visit for practices.

AQuA note the contents of the report and actions being taken.

15/170 Multi-Agency Safeguarding Hub (MASH) – Review

Mrs Cassin presented the above report and informed the meeting that the report gives an overview of the journey to date of the CCG's commitment to be an active partner in developing an effective Rotherham Multi Agency Safeguarding Hub (MASH) for children and young people.

Mrs Cassin reported to the meeting two members of staff had been seconded from the CCG to be part of the MASH Team.

Mrs Cassin informed the meeting that the MASH Team have produced an Evaluation Report (Appendix 1). The report has been discussed at the Operational Executive and the decision was made to continue MASH and recruit to the two roles.

AQuA:

- **Acknowledge receipt of the report and the direction RCCG is taking in leading this critical work stream.**
- **Agreed to continue to challenge and hold to account the 'health contribution' to a Rotherham MASH.**
- **Confirm continued support and commitment to developing a MASH for Rotherham.**

15/171 Contract Quality Exception Report – A&E Performance

Mrs Firth updated members on the rationale for issuing a Contract Performance Notice to TRFT and the process followed to monitor progress.

Mrs Firth reported to the meeting that the next Performance Notice meeting will be held on 20 January 2016 to review current A&E position and assure the CCG that actions are on track for delivery against planned timescales. Continuation of daily and weekly monitoring of position is ongoing, the Trust has since failed Quarter 3 target and will not recover year-end trajectory but is working towards achievement of Quarter 4. Meetings are planned into diaries until at least the end of March.

AQuA note and support the process being followed in respect of the issue of the Contract Performance Notice for A&E failure to achieve target.

15/172 Contract Quality Meeting Minutes

Mr Barber informed the meeting this is the first time the minutes from the Contract Quality Meeting have come to this meeting.

The minutes were received by AQuA for information.

15/173 Serious Incidents and Complaints Committee Draft Minutes dated 11th November 2015.

Mrs Hey raised a concern over the length of time for an investigation of a serious incident. (page 3 17334).

Mrs Cassin gave assurance to the meeting that she had no concerns regarding the length of time of the investigation.

AQuA noted the minutes for information.

SESSION D : INTERNAL AUDIT AND GOVERNANCE

15/174 Internal Audit

a. Progress Report

Mr Watkins joined the meeting.

Mrs Hey presented the progress report. Two reports have been issued following the last meeting; Adult Safeguarding, Emergency Care Centre – Governance Arrangements.

Members noted the above report and in particular:

- Work in progress noted:- CHC Payment Mechanism, Information Governance, Budgetary Control and Key Financial Reporting, Review of Embeddedness of controls for Gifts and Hospitality and declaring potential conflicts of interest, and Governing Body Assurance Framework.

Other developments:- Audit and Governance Workshop will take place on 26 January 2016 and will be hosted by Browne Jacobson at their offices in Nottingham

Conflicts of Interest Benchmarking Report – as part of the Internal Audit Network (TIAN) 360 Assurance have developed a survey on how CCGs are responding to the latest guidance on Conflicts of Interest and how they have managed conflicts. The results of the survey are included within the report.

Planning for 2016/17 – 360 Assurance to meet with Mr Barber, Mrs Firth and Mrs Whittle following this meeting to discuss the plan and planning framework. The final plan will be reported to AQuA meeting in March 2016 following further discussion within the CCG.

AQuA note the progress to date of the Progress Report.

b. Technical Update

Mrs Tudor informed the meeting that they have reviewed documents and items of interest from national and local media publications over the last quarter from a range of sources including regulatory bodies, Department of Health, NHS England and Care Quality Commission and have summarised pertinent issues within the update.

Mrs Tudor reported to the meeting that Dr Steven Kell, Deputy Chair of Commissioners will be presenting at one of the Audit Governance Workshops.

AQuA noted the Technical Update

c. Safeguarding Adults Final Report

Report withdrawn on the request of RMBC as they would like sight of the document prior to the discussion.

Mrs Cassin has discussed away forward with Mrs Hey and Mr Watkin.

d. Emergency Care Project Governance Review Final Report

Mr Watkins presented the above report and informed the meeting that the CCG appointed 360 Assurance to provide Project Assurance support for the Emergency Centre Project. In addition to attending Project Board (now the Emergency Centre Assurance Group) meetings, this support involves the periodic issuing of reports summarising more detailed review of governance arrangements for the Project.

Mr Watkins informed that significant progress has been made in the project's delivery in a number of key areas such as workforce, preparation of the Emergency Centre website, the development of the Outline Business Case for the IT solution and construction of the centre is underway. Ms Martin, Project Manager, RCCG is now based at TRFT.

Mr Watkins reported to the meeting the recommendations made within the report:

- 1) Consideration needs to be given to the adoption of the 'Managing Successful Programmes' (MSP) method of management of the Emergency Centre's construction and service delivery. This would mean establishing project management roles within the Task & Finish Groups as appropriate, providing support to the overall Project Manager.
- 2) Consideration should be given to whether the membership of the TRFT Emergency Centre Transformation Board should be increased to include all roles required by PRINCE2 for a Project Board. At the very least, responsibilities for making key decisions within the structure need to be clearly defined. Note that depending on the outcome of this consideration, it may be appropriate for the Project Assurance role to be delivered routinely through the Transformation Board with occasional presentations to the Assurance Group in future.
- 3) Terms of Reference for all groups need to be produced/updated and shared across the structure. It is important that each group understands what its responsibilities are in relation to the other groups. Closely connected to this is the need to formally establish responsibilities of the key organisations involved in the project/programme, particularly now that it has moved to amore

operational phase, being based predominantly at the TRFT site.

- 4) The Assurance Group's Groups Terms of reference need amending from their current state of referring to the Group as the Project Board and membership of the Group needs to be reviewed and formally agreed.
- 5) Arrangements need to be agreed on how effective deliveries of the governance arrangements are to be monitored, covering issues such as quoracy of meetings and identification and clearance of actions.
- 6) Attendance at Task & Finish Group meetings by their membership needs to improve in order to significantly improve achievement of quoracy and more generally ensure that the right people are 'round the table' to make decisions. Membership of all Groups should be reviewed to ensure that the appropriate officers are being required to attend.
- 7) Recommendation 1 above has suggested reflection on whether construction and subsequent operation of the Emergency Centre should be considered to be a Programme of projects rather than as a single project. If this is decided it will naturally have an impact on the level of documentation in areas such as Project Risk Registers & Project Plans. If the proposal to adopt Programme Management is rejected, actions will still be necessary at T&F Group level to improve the management of risk and monitoring delivery of key tasks on a timely basis.
- 8) A standard approach should be adopted to the recording of T&F Group meetings which, whilst being pragmatic, nevertheless ensures that actions identified in meetings are being monitored for their implementation and clearance.
- 9) A decision needs to be taken in respect of whether Assurance Logs are to be required and if so, how their completion will be monitored.
- 10) Terms of Reference for all Task & Finish Groups need to be reviewed and updated.

Mr Barber asked if the Governance Analysis (pg 19) within the report is effective.

Mr Watkins explained to the meeting that mechanisms are in place but we are unable to bring the assurance we want to bring.

Mrs Firth reported to the meeting the CCG welcome the report and will work through the recommendations in partnership with TRFT.

Mrs Firth

AQuA received the report and noted required actions

e. Conflicts Of Interest Survey—Final Report

Mr Watkins presented the above report to the meeting. The members of the meeting noted the report and required actions.

AQuA received the report and noted required actions

a. HR Policies

Mrs Whittle presented a cover paper explaining minor changes made to the attached existing policies.

(i) Policy and Procedure on Complaints Management

Details of amendments:- No legislative changes, Contact details, PALs to Healthwatch, Inclusion of the new complaints leaflet.

AQuA approved the policy and recommend the same is supported at Governing Body.

(i) Talent Development and Staff Retention Strategy

Details of Amendments: Taken out reference of CSU

AQuA approved the policy and recommend same is supported at Governing Body.

(ii) Access To Learning & Development Opportunities Policy

Details of Amendments: Taken out reference to CSU

AQuA approved the policy and recommend the same is supported at Governing Body.

b) Information Governance Policy and Management Framework; and Confidentiality Code of Conduct

Mr Clayton reported no major changes to the content of the IG Policy from last year, all mandatory requirements are included and documented plan for raising IG awareness across the organisation has been added as an appendix for the purposes of the toolkit. The policy has been reformatted and is consistent with other CCGs in the area.

Mr Clayton advised that the Confidentiality Code of Conduct was reviewed in light recent changes in legislation and addition of a seventh Caldicott principle regarding information sharing. No significant changes have been made to the content of the Code of Conduct.

AQuA approved the policies and recommend the same are supported at Governing Body.

c) Information Asset Risk Management Plan

Mr Clayton advised there have been no significant changes to this document since last year as the requirements in the toolkit remain the same.

AQuA approved the policies and recommended the same are supported by the Governing Body

d) Fair Processing Notice

Mr Clayton explained the fair processing notice has been updated to reflect recent changes, details of changes are detailed in the cover paper.

Mr Barber asked for the policy to be tidied up regarding the CSU aspects. Subject to the changes the policy was approved

AQuA approved the Fair Processing Novice and recommend the same is supported at Governing Body.

15/176 Commissioning Data Retention Recommendation

Mr Clayton directed members to the cover paper which informs of the levels of data the CCG will retain for commissioning purposes.

AQuA duly note the agreed levels for data retention contained within the briefing paper.

15/177 Risk Register / Assurance Framework

Mr Ian Atkinson joined the meeting and Mr Moss gave apologies for his early departure from the meeting.

Mr Atkinson informed the meeting of the key changes within the report:-

Assurance Framework

Risks Added:

- Equipment provided by RCCG via IFR/CHC – failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.
- Failure to deliver the National IAPT waiting times standards.
- Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan (LTP)
- Inability of the service to reconfigure and re-organise
- Delayed coding mis-represents HSMR position of TRFT

Mr Atkinson informed the meeting that 1 risk retired, 3 risks reduced and 2 risks increased.

Mr Atkinson reported to the meeting that 6 new risks has been added to the Risk Register and these are:

Risk Register

Risks Added:

- Equipment provided by RCCG via IFR/CHC – failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.
- Failure to meet the National cut-off date of 1 March 2017 for Previously Unassessed Periods of Care – previously known as CHC Retrospective Claims
- Failure to deliver the National IAPT waiting times standards.
- Delivery of the CAMHS Local Transformation Plan (LTP)
- Inability to deliver CAMHS reconfiguration in a timely manner
- Delayed coding mis-represents HSMR position of TRFT

Mr Atkinson informed the meeting that 3 risks retired, 4 risks reduced and 3 risks increased.

Mrs Firth informed the meeting that the risk of delivery of corporate/running costs savings whilst taking on new services and hosting shared services may have a negative impact on corporate performance therefore this risk has been increased.

Mr Atkinson informed the meeting of the risks from the transition and closure of CSU.

The Risk Register and the Assurance Framework will be going to Governing Body as part of the Corporate Assurance Report.

AQuA received for information and recommend to Governing Body

November and 2nd December 2015

AQuA Noted the minutes from the CCG Governing Body Meeting held on 4 November and 2 December 2015.

There are no items for escalation.

15/179 Other Business

No other business to note

15/180 Issues for escalation to Governing Body

Summary of GP Peer Review.

KF/PM

Follow-up Action for Mrs Firth and Mr Moss – Emergency Centre

15/181 Forward Planner (*for information*)

Noted for information.

Additions/amendments:

- Audit Opinion – March Agenda, final in May
- Audit Assurance Framework moved from January to Early March will pick up with Ms Gash on her return

15/182 Next meeting:

18th March 2016, 9.00am, Cedar Room

15/183 Future meetings (*For information*):

20th & 27th May 2016 (extra meeting for annual accounts?)

22nd July 2016

23rd September 2016

25th November 2016