

	Title of Meeting:	Audit & Quality Assurance Group for the <i>Rotherham Clinical Commissioning Group Committee</i>
	Time:	9.30am
	Date:	Wednesday 25th September 2013
	Venue:	Elm Room (G.04), Oak House
	Reference:	JG/LGa
	Chairman:	Mr John Gomersall

Present:

Mr J Gomersall, CCG Governing Body Lay Member and CCG Committee Lay Advisor and **Chair**

Dr R Cullen, CCG Lead GP on Governance

Dr L Jacobs, Chair of GP Members Committee

In Attendance:

Mrs S Cassin, Chief Nurse

Mrs K Firth, Chief Finance Officer

Mrs S Whittle, Assistant Chief Operating Officer

Mr G Roe, Local Counter-Fraud Service Manager

Ms L Gash, Secretariat

Mr K Watkins, Audit Manager, NHS Assure

Mr G Lonsdale, Manager, KPMG

Apologies

Dr R Carlisle, Deputy Chief Officer

Ms S Lockwood, CCG Governing Body Lay Member

Dr J Page, Commissioning Executive GP (leading on prescribing)

Mr T Thomas, NHS Assure

Action
74/13 Declaration of Pecuniary or Non-Pecuniary Interests

No specific declarations were made.

The standard declaration for GPs, (Dr Cullen and Dr Jacob) was acknowledged.

75/13 Minutes of meeting held 12th June 2013

The full¹ minutes of the Group's meeting held on 12 June 2013 were agreed as a correct record with the correction of:

P.2, 50/13 – change “Mr” Cullen to “Dr” Cullen.

76/13 Matters Arising from meeting held 12th June 2013

- a. **49/13 – NHS 111 directory of Services Update** – Mr Gomersall updated that the visit planned for June did not take place and problems were being encountered re-arranging the visit. Wendy Commons is liaising with NHS111 to book a visit for October. Agreed to feedback at November meeting.
- b. **52/13 - AQuA Annual Report 2012-13** – Mr Gomersall updated that the AQuA report for 2012-13 had been submitted and approved and was now available to view on the internet.
- c. **58/13 - RDASH Quality Accounts** - Mr Gomersall confirmed that action points from the June meeting had been taken forward, as a

Mr Gomersall
Mr Jacobs

¹ ie including text not shown in the public record

result of which a Board to Board Meeting will take place in November. It was suggested that a representative attend an RDASH Audit Committee meeting to see if auditors themselves were assured of quality. Dr Jacob felt immediate action should be taken and not wait until Board to Board takes place due to concerns raised. Mr Gomersall explained that actions are in hand but that the Board to Board would provide a further opportunity to ensure the RDASH Governing Body fully understand the extent of operational problems.

d. **55/13** – Mrs Firth confirmed the Draft Annual Governance Statement had been amended accordingly.

e. **59/13** – E-mail Policy and Information Governance Policy – Mrs Whittle confirmed recommendations by the group had been incorporated into the policies and approved.

f. **66/13 – Internal Audit Outstanding Recommendations Report** – Bring forward to November meeting with action for Mr Gomersall to “ask Mrs Whittle to provide updates for first two points. Chase response from Kathy Wakefield regarding point 3”

Mr Gomersall

g. **66/13 – Internal Audit Draft Audit Plan for the CSU** – Mrs Firth reported the plan was still in progress with discussions taking place nationally regarding auditing of all CSUs by NHS England’s recently appointed auditors, Deloitte. With national issues still to be addressed, overall it was felt national audit days would not provide enough support and assurance and local audit would cover gaps to provide assurance on local issues.

Mrs Firth assured members that the current scheme of delegation appears to be working locally however strongly recommended that 360 Assure undertake an additional audit over and above the national work.

Mr Gomersall requested careful monitoring of progress as this was a new area both nationally and locally.

h. **70/13** – Mr Gomersall updated members that Dr Julie Kitlowski had been elected Chair of the Governing Body and would take up the post officially on 1st October. Dr Jacob confirmed this appointment received full support from GP Members.

77/13 Internal Audit

Mr Watkins reported no overall concerns at present.

a) **Quality Monitoring in Secondary Care by CCGs (Benchmarking and Best Practice Report)**

Mr Watkins presented the above report to members, reporting a substantial amount of good practice across the area with key themes emerging. Members made the following comments:

P.5 – Lay Members designated as quality lead – Mr Gomersall explained Lay Member roles were distinguished specifically in terms of Patient and Public Engagement and Quality Assurance. Mr Gomersall stated he would meet with Dr Kitlowski and ask her to include this in her 1:1 discussions with lay members. It was noted that Mr Gomersall also attends the Operational Risk, Governance & Quality Group meetings at least once per year for assurance.

Mr Gomersall

P.5 – GP Clinical Lead for Quality – Mrs Cassin confirmed the GP Lead

from contracting takes on this role. Dr Jacob enquired if there was enough focus on quality in job descriptions. Mrs Cassin confirmed job descriptions were very specific and was assured of executive responsibility for quality.

P13 – Dr Jacobs expressed concern that almost a third of CCGs did not know whether they had a right to participate in quality visits. Mrs Cassin responded RCGG did understand and were quite clear of our remit. Mr Gomersall stated a lot of focus on quality was placed on big contract providers and asked that smaller providers were not forgotten and should be routinely invited to present their quality and provide assurance.

P.18 – Triangulation of quality data – summary of best practice. Mr Gomersall felt this was a good indicator to compare against and members were assured by all elements except the Local Authority Safeguarding Statistics which should be addressed. Mrs Cassin agreed to discuss with Alun Windle/Catherine Hall.

Mrs Cassin

P.24 – Quality Indicators - Dr Jacobs enquired what reports are taken into account, eg board level or ward “operational” level. It was confirmed that triangulation of all data was required for assurance on performance data. Mrs Cassin explained that Datix reports were presented by providers at contract monitoring meetings, recording all internal incidents that aren’t reportable.

Dr Cullen explained that specialist providers are at arm’s length, eg prisons where CCGs work collaboratively. Links are still being developed along with monitoring provisions.

Dr Cullen enquired if enough quality monitoring provision was in place as RCGG give more money to the local authority. Mr Gomersall felt this should be backed up by a contract or memorandum of understanding. Mrs Firth confirmed that each service provided is covered by a specification. Mr Gomersall asked if RCGG internal auditors could look into this. Mrs Firth explained latest guidance suggested KPMG would need to undertake more detailed audits on behalf of CCGs for 2013/14 expenditure. Mrs Firth agreed to look into further.

Mrs Firth

Mr Gomersall felt this was a helpful document, very informative and thanked Mr Watkins.

b) Internal Audit Progress Report

Mr Watkins presented the above report to members, providing comment on key areas:

Finalisation of 2012/13 Audits

- Payroll – finalised - significant assurance
- IT inventory – finalised - limited assurance as insufficient detail on inventory available to enable effective verification of equipment. Management Action Plan attached to the report. It was confirmed that RCGG now have a full inventory register.
- Pharmacy Contract –draft report issued.
- CHC Retrospective claims – draft report issued.
- Domiciliary Care – post-audit meeting held yesterday.
- Long term Conditions – meeting to be held tomorrow.

Delivery of 2013/14 Plan

30 days allocated in the plan for patient safety and provider quality. Mr Watkins advised he had met with Mrs Cassin and Mrs Firth to consider the potential for utilising available resources to undertake reviews in

alternative areas, including CCG statutory responsibilities and functions that are being reviewed at other CCGs. These include:

Patient and Public Engagement – members agreed it would be interesting to know how we compare against other CCGs.

GP practice member engagement

Procurement/Conflicts of Interest – members felt RCCG had good processes in place and agreed it would be good to have an independent check on the position.

Mr Watkins invited views from members on any other reviews they may wish to see in the Plan. Mrs Cassin agreed she had asked the Quality Team for their input and suggested a review of enhanced services for GP practices.

Mrs Cassin

Dr Jacob commented on care home reviews, reported as being the responsibility of the local authority for quality monitoring. Dr Jacobs felt RCCG had obligations to see audit reports from the local authority auditors, gain a baseline of quality and monitor any improvements required.

At present it was felt the process was not fit for purpose and too fragmented. Agreed there should be uniform specifications in contracts and clear accountability recognised. Mrs Firth reported the CSU (Cath Stamp) is in the process of procuring a recognised NHS Standard Contract for Care Homes.

Mrs Firth

Mrs Firth agreed to follow this item up.

Mr Gomersall felt the format of the report was concise, very informative and thanked Mr Watkins on behalf of the members.

78/13 Counter Fraud

a) Applying appropriate sanctions consistently

Members received and noted the contents of the above policy statement with the following comments.

P5. Suspension or removal from NHS lists – Mr Jacob expressed concern that if a medical professional had been removed from the list in Rotherham it should also apply nationally (eg cannot go on to undertake duties for another NHS area or independent provider of NHS services).

Mr Gomersall agreed this needs to be dealt with at a national level and agreed to raise the issue with the appropriate body (Board or NHS England area team) regarding cross-boundary NHS standards and performance lists.

Mr Gomersall

b) Fraud, Corruption & Bribery Policy

Members received the above policy and noted it was an update of an existing policy which was deemed fit for purpose. Members approved the policy with the recommendation that a paragraph be inserted to include pharmaceutical gifts / hospitality. Recommended that the Governing Body adopt the revised Policy.

Gary Roe

c) Protocol for Counter Fraud Specialist and HR Staff Co-operation

Members received the above protocol. Mrs Firth enquired if the protocol was just for HR Staff. Mr Roe confirmed in the main it was HR staff who liaised with counter-fraud specialists but not limited to. It was agreed the

protocol be approved with the recommendation that the ultimate signing page should read "Chief Operating Officer" instead of HR Lead.
Recommended that the Governing Body adopt the revised CCG Protocol.

Gary Roe

d) Counter Fraud Progress Report

Members received and noted the above report for information. Mr Gomersall thanked Mr Roe for the report and interesting relevant news articles therein.

79/13 Risk Register and Assurance Framework Summary

Members received and noted the above documents and were assured of the process. Mr Gomersall explained to members that the group are mainly interested in changing risks as some risks will always remain on the register due to the nature. Noted:

Risk Register:

62 risks on register

14 risks retired

9 significantly high risks

2 reduced risks

1 increased score risk - 008 – Financial allocations reduced by government. Potential to lose £20m after review of allocations by NHSE. Mrs Firth reported this risk will remain high until uncertainty is removed.

Another significantly high risk will be added for breach on 52 week wait. Report will go to Governing Body next week.

Assurance Framework

23 risks on framework

2 risks retired

6 significantly high risks

2 reduced risks

0 increased risks

1 risk added – AF23 - Financial allocations reduced by government (as above)

Mr Gomersall asked Mrs Whittle to pass on thanks to Mrs George for continued work in keeping the Risk Register and Assurance Framework up to date and for providing a helpful summary.

Mrs Whittle

80/13 External Audit

a) External Audit Technical Update

Members received and noted the above document. Mr Gomersall felt it provided good assurance that themes in the update provided a cross over with internal audit and shows how the process is joined together.

P.3 & P.6 – Need to gain assurance on red elements with high level of impact and list how we are interfacing with other groups and relationships.

P.14 – Seminars – Mr Lonsdale agreed to re-send invites out for the health seminars and include details of suggested relevant audiences.

Mr Lonsdale

Mr Gomersall confirmed the update will be shared with OE who capture elements and officers take away to look into further.

b) Revised Fee Letter

Mr Lonsdale presented the revised fee letter to members explaining the requirement to submit a revised "net" letter. Members noted the revisions.

Mrs Firth stated that the 40% reduction had been delivered by KPMG.

c) Annual Audit Letter

Members received and noted the above report. Items in the report for discussion dealt with under agenda.

Mr Gomersall asked Mr Lonsdale to pass on thanks for the quality and timeliness of staff work which is recognised through the report.

Mr Lonsdale

81/13 Emergency Preparedness Update

Mrs Whittle reported that the September Governing Body were assured of NHSE plans as a First Responder. RCCG as second responders are looking at responder plan and business continuity. All plans will be available by the end of the year. Members agreed that Emergency Preparedness and supporting documents should be brought forward to the March meeting (before March if available).

82/13 HR Policies

Mrs Whittle explained the policies under agenda item 9 had been removed from this meeting due to required internal changes. Bring forward to next meeting.

83/13 Safeguarding Vulnerable Clients Policy

Received and noted by the Group with no comments. Mrs Cassin reported RCCG is the first CCG to have this policy and it has been adopted as good practice by other areas. Policy is an updated policy reflecting new national guidance documents.

Recommended this Policy be adopted at Governing Body.

84/13 Francis Report – Update

Mr Gomersall gave a verbal update on the Francis report. Noted there is a CQUIN element attached to this which is monitored through provider contracts. Mrs Cassin reported the quality team have been undertaking a mapping exercise of the Francis, Keogh, Berwick and Winterbourne reports. Helen Wyatt has drafted a useful diagram collating information and is in the process of creating an action plan which will come to AQUA once complete. Agreed the diagram could be shared with members and comments welcomed.

Ms Gash

85/13 Quality Accounts

a) Rotherham NHS Foundation Trust -

The above quality accounts were accepted by members with the following comments. Mrs Firth explained that providers had a statutory obligation to produce yearly quality accounts and a commissioner statement should be included with feedback from contract quality meetings and GP Leads. Noted the accounts are subject to external scrutiny.

Dr Cullen, Dr Jacob and Mrs Firth felt the report was hard to understand in places with colour coding being noted as a particular issue, not being consistent or misleading (eg green arrows pointing up where should be red). Graphs were not easily readable. Some information in the accounts suggests figures are inconsistent compared to other data available, eg Peer reviews suggested staff are not happy but accounts state otherwise. Patient satisfaction was also felt not

	reflective of other data. Triangulation of all available reports would be helpful and sight of auditor's report would provide assurance. Mr Lonsdale agreed to check if this would be possible.	Action Mr Lonsdale
	Members agreed to e-mail Mrs Cassin any comments and she agreed to collate and pass on comments.	All / Mrs Cassin
	b) Care Fertility Sheffield	
	Members received and noted the above quality accounts. It was noted the report showed good data and positive feedback. Members look forward to next year's accounts to see if projected targets had been met.	
	c) Rotherham Hospice	
	The above accounts were accepted and noted by members who felt that Rotherham Hospice is ahead on quality and are assured about quality within the hospice.	
86/13	Integrated Risk Management Policy	
	Received and noted by the Group with no comments. Recommended that Governing Body adopt this policy.	
87/13	Equality, Diversity and Human Rights Policy	
	Received and noted by the Group. Mrs Whittle advised the group this policy was identified as good practice and was to be rolled out across the patch. Mr Gommersall asked Mrs Whittle to pass on thanks to Elaine Barnes for preparing the policy.	Mrs Whittle
88/13	Serious Incidents and Complaints Committee Minutes	
	Members received and noted the contents of the minutes of the meeting held on 10 th July 2013. Mr Gomersall welcomed minutes from this group as it provided direct evidence of discussions and how closely everything fits in.	
89/13	Operational Risk, Governance & Quality Group Minutes	
	Members received the minutes of the meeting held on 22 nd August 2013, noting in particular Information Governance issues regarding Caldicott 2 highlighted.	
90/13	Clinical Commissioning Group Governing Body Minutes	
	Members received and noted the contents of the minutes of the meetings held on 5 th June, 3 rd July and 7 th August 2013.	
91/13	Digest – CCG Audit Committees Survey 2013	
	Members received and noted the above draft survey results for information. Mr Watkins clarified that this was now seen as a final draft and the information in the report will be used by HFMA for the handbook.	
92/13	Information Governance Toolkit (IGT) Projected Scores and Action Plan	
	Members reviewed and approved the above Plan. Noted that RCCG have applied to be an accredited safe haven (ASH) for patient identifiable data and are working with the CSU to gain information governance toolkit level 2 to progress. Noted we are currently in a good position and all ambers will turn green by October. Noted that an audit will be needed in the future but	

	there is a lack of clarity at present. Mr Watkins informed members that an audit brief was being done earlier (in quarter 3) for Nottingham CCG. Mrs Firth and Mrs Whittle agreed to discuss with Mr Watkins to apply this process in the absence of government advice.	Action Mrs Firth Mrs Whittle Mr Watkins
93/13	Personal Health Budgets Members accepted and noted the paper presented by Mrs Firth, updating on RCCG's readiness to offer personal health budgets (PHB) to patients in receipt of domiciliary continuing healthcare packages from 1 st April 2014, when patients will have a right to ask. Mrs Firth reported the CCG is working closely with RMBC and the SCU to implement PHBs through the UCMC sub-group. Reported that patient views were positive. Issues highlighted include financial implications, cost of a SLA to deliver the service, risk of potential liabilities to CCG. Questions arose around monitoring of outcomes on health and improvements and safeguarding of vulnerable people cared for in own home. Mr Jacob questioned extra cost to the CCG of £80-£100k – Mrs Firth explained this was an indicative figure but agreed that it would present a problem. Mr Gomersall felt this process would be a step change providing a catalyst for strategic direction. Agreed this item should be brought back to AQuA in March. Noted that responsibility of Governing Body to make a decision.	
94/13	Payment by Results Members received and noted the Audit Commission Payment by Results data assurance framework report on the local audit programme for TRFT. presented by Mrs Firth. Members noted the work undertaken to follow external auditor's remarks.	
95/13	Concerns that officers wish to raise. None.	
96/13	Other Business Sound Bites for Parliamentary Group – Mrs Cassin will pick this up with Dr Cullen	Mrs Cassin
97/13	Issues for Risk Register or to alert/assure CCG Governing Body <i>Audits - care homes/residential homes – quality monitoring</i> <i>Suspension or removal from NHS lists – cross-boundary and independent contractors.</i> <i>Personal Health Budgets – Financial implications</i> <i>Quality Monitoring in Secondary Care by CCGs – Local Authority</i> <i>Safeguarding Statistics</i>	Mrs Firth Mr Gomersall Mrs Firth Mrs Cassin
98/13	Future agenda items Case Management Pilot Update (November), CCG Assurance Framework (November, Q2 information), Audit of Committee Effectiveness (January 2014), NHS CCG Draft Code of Governance (January 2014), Emergency Preparedness (March 2014), Personal Health Budgets (March 2014)	

99/13 Dates of Future Meetings

Next meeting: 20 November 2013, 9.30am, Birch Room

Members agreed the proposed meetings for 2014:

22 January 2014, 9.30am – 12.30pm, Elm Room

19 March 2014, 9.30am – 12.30pm, Elm Room

21 May 2014, 9.30am – 12.30pm, Birch Room

16 July 2014, 9.30am – 12.30pm, Birch Room

17 September 2014, 9.30am – 12.30pm, Birch Room

19 November 2014, 9.30am – 12.30pm, Birch Room

**ALL TO NOTE
AND DIARISE**