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|  | <b>Title of Meeting:</b> | <b>Audit &amp; Quality Assurance Committee</b> |
|  | <b>Time:</b>             | 09.00am  |
|  | <b>Date:</b>             | Friday 18 <sup>th</sup> September 2015         |
|  | <b>Venue:</b>            | Birch Room, Oak House                          |
|  | <b>Reference:</b>        | JB/LGa   |
|  | <b>Chairman:</b>         | 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:**

Ms L Gash, Secretariat, RCCG  
 Mrs A Tudor, Deputy Director, 360 Assurance  
 Mrs K Firth, Chief Finance Officer, RCCG  
 Mrs S Cassin, Chief Nurse, RCCG  
 Mr M Curtis, 360 Assurance, Counter Fraud  
 Ms S Younis, KPMG  
 Mrs L George, Planning & Assurance Manager, RCCG (for Mrs Whittle)  
 Ms T Hey, Assistant Client Manager, 360 Assurance  
 Ms C Croft, 360 Assurance, Counterfraud

**Apologies:**

Mrs S Whittle, Assistant Chief Officer, RCCG  
 Mr R Khangura, Director, KPMG

**Action**

**15/108 Declaration of Pecuniary or Non-Pecuniary Interests**

The standard declaration for GPs (Dr Cullen) as a provider was acknowledged overall.

**15/109 Minutes of meeting held Friday 17<sup>th</sup> July 2015**

The full minutes of the Group's meeting held on Friday 17<sup>th</sup> July 2015 were agreed as a correct record of proceedings.

**15/110 Matters Arising from meeting held Friday 17<sup>th</sup> July 2015**

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

**15/111 Actions Log**

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

**ALL**

**15/112 Yorkshire Ambulance Service (YAS)****CQC Inspection – Summary Report from Host and YAS 999 Update and Proposed Actions**

Mrs Firth presented the above for information explaining the rating of “good” in the caring domain and “requires improvement” overall with 3 specific areas identified: spread of infection/cleanliness; good governance; and staffing. Process now requires immediate response within 28 days and an action plan to address breaches within 6 weeks. Mrs Firth explained the next commissioners’ meeting is in October when required responses will have been received from YAS and assurance required that actions are being followed.

Member comments:

- Dr Cullen would like to see more comments from the lead commissioner (Wakefield CCG) for assurance.
- Mr Moss enquired as to progress with an external third party auditing red incidents and what health outcomes were as a result of delays. Mrs Firth confirmed that YAS attendees at the Systems Resilience Group (SRG) had taken it away after it was minuted as needing follow up by YAS. Mrs George advised she will add this item to the next agenda for follow up (to gain assurance that there were no adverse affects on patient safety through not meeting 8 minute target and for this to be verified through third party views). Mrs Firth also followed up with the YAS lead in July for response from their Medical Director, no response as yet.
- P6 – questions around how better commissioning can take place. Mrs Firth advised the paper and letter from the Good Governance Institute (GGI) was discussed at OE. Noted Mr Edwards is in direct discussion with GGI to give views on the future commissioning strategy. Mrs Firth confirmed Governing Body will receive and consider any final proposals made by the GGI.
- Mr Moss questioned management structures at the lead CCG and governance arrangements around YAS not delivering. Mrs Firth explained that it is a very challenging task to commission on behalf of 23 CCGs and that there was work underway to review the governance of this process. Noted YAS is a big risk but RCCG don’t have much influence as one of 23 commissioners.
- Mrs Cassin confirmed YAS have also been discussed at the Quality Surveillance Group hosted by NHSE.
- Mrs George advised of a new Urgent Care Network set up at Chief Officer level, and suggested Mr Edwards could also take concerns to this regional network.
- Mrs Firth advised Patient Transport Services (PTS) will be discussed in the private development session after AQuA (PTS currently provided by YASS).
- Noted all information/reports will be available in October, will go into the public domain in November.

**Mrs Firth/  
Mrs George**

**AQuA agreed** escalation to GB via report on the deep dive from the last

aqua minutes and for Mr Barber to request discussion on finance/quality.

**15/113 Serious Incidents (SI) and Complaints Committee Draft Minutes dated 8<sup>th</sup> July 2015**

Noted for information, nothing for escalation.

Mrs Cassin reiterated the open invitation for members to attend SI meetings, reporting that Dr Carlisle, Lay Member, attended and gave constructive feedback. Mr Moss confirmed he attended a previous meeting and was assured the CCG process is effective.

Mrs Cassin advised a few final reports on incidents are outstanding and the lead from TRFT wasn't present at the last two meetings causing incidents to be left open awaiting further information. This was raised at Contract Quality with the Chief Nurse who is now reviewing and revising internal processes for reports giving a higher level of assurance.

Mrs Cassin reported there are a number of outstanding pressure ulcer incidents which will have a collective final report through gaining a better picture of incidents at Contract Quality where information is more up to date.

**15/114 Operational Risk, Governance & Quality Group Minutes dated 20<sup>th</sup> August 2015.**

Noted, nothing for escalation.

In response to asking the Chair of AQuA to attend a meeting, this meeting now has a restructured agenda to reflect feedback received. Mrs Cassin and Mr Barber will further meet to discuss re-focus of work of AQuA for the quality agenda.

Mr Barber enquired about ability to manage the Continuing Health Care (CHC) agenda. Mrs Cassin confirmed things are now moving at a fast pace, led by Doncaster CCG for whole delivery service. The service which we deliver as an organisation is in the final stage of moving to shadow form following a process of transition to the beginning of the financial year next year for where staff are based, who manages and who pays.

Dr Holden queried reduction in CHC packages. Mrs Cassin explained packages were being re-assessed on individual basis and confirmed up to present no reduced packages have come back into the system for re-assessment.

**15/115 Clinical Commissioning Group Governing Body minutes dated 1<sup>st</sup> July, 5<sup>th</sup> August and 2<sup>nd</sup> September (draft)**

Noted, nothing for escalation. Confirmed minutes are just received for information only. Also to act as triangulation of actions from groups.

### 15/116 AQuA Finance Summary

#### Finance Report as at July 2015

Mrs Firth stated assurance that RCCG will achieve the surplus target of 1% as part of CCG obligations.

Issue with coding at TRFT are still problematic, TRFT could lose money due to U codes. Challenges are made at the end of the freeze date, this has been identified as a risk for TRFT and TRFT governing body are aware. Work is ongoing with TRFT to rectify.

Other contracts are over-performing by small amounts.

Prescribing validation work is being undertaken. Noted that category M drugs follow nationally-negotiated prices.

No losses, no waivers, no debtors over £5k and 6 months. Creditors over £5k and 6 months – list shown in report. One item to update since last report - TRFT charging for high cost drugs out of tariff, disputing bill.

Dr Cullen advised the coding issue should also be classed as a quality issue. Mrs Firth advised the risk register will be updated around mortality coding and advised Dr Birks would be taking up this matter at contract quality. Mrs Firth felt TRFT were doing all they can do to reduce the risk, employing more coders etc. Dr Cullen felt TRFT were firefighting, putting funds into coding rather than addressing the IT system to generate correct codes.

Mrs Firth

#### Declaration of gifts/hospitality

Mrs Firth directed members to the register of gifts and hospitality. Mrs Firth advised she is a volunteer Trustee for the Healthcare Financial Management Association (HFMA) Charity and has been asked to represent them at an International conference around Women's Leadership. Declared for transparency, Mrs Firth is not being paid to attend and will be taking annual leave. HFMA will pay for flights.

Mrs Cassin commented that it was important to note that annual leave is being taken and not being paid. Mr Moss suggested that the charity registration number should be shown on the declaration.

Mrs Firth

Members noted the declaration had been approved by Mr Edwards, Chief Officer and Mrs Whittle, Assistant Chief Officer.

**AQuA recognise that declaration is appropriate in the circumstances and low risk. AQuA feel this is a good demonstration of declaration.**

Mrs Firth noted that some HFMA items are not shown on the Register and agreed to pass to Mrs Whittle for updating.

Mrs Firth

### 15/117 Internal Audit

#### a. Progress Report

Ms Hey presented the above report providing key comment:

- One final report has been issued, ongoing work is listed on page one of the report. Further support had been provided in terms of financial assessment to NHSE.
- Page 2 shows an update on follow-up work with summary of key items.

- Other developments – Cyber security survey has been issued to all CCGs, closing date to complete is the end of September when a benchmarking report will be prepared and issued to our CCG clients.
- Page 3 shows KPIs which have been shared with Mrs Firth and will need sign off when reviewed by AQuA at today's meeting. Mrs Firth
- The Audit & Governance workshop is taking place in October, Mrs Firth will share invitation with members. Mrs Firth and Mr Barber are unable to attend. Mrs Tudor confirmed that papers/presentations from the workshop will be available after the meeting to all CCGs. Mrs Firth
- 360 Assurance involvement of the clinical quality team in the audit process had been recognised nationally and awarded outstanding team by the Institute of Internal Auditors.
- The technical update will be presented at the next meeting as this is now produced quarterly.
- Appendix A shows a summary of work taking place.
- Appendix B – demonstrates progress made by the CCG to implement internal audit recommendations – Mrs Hey confirmed she had met with Alun Windle around the CHC review and agreed a formal follow up in January 2016.
- Appendix C shows KPIs, a lot of which are new, we need to formalise arrangements and reporting. Progress will be reported to AQuA throughout the year.
- Mrs Hey invited comments:
- Mr Barber enquired about Appendix A. Mrs Hey confirmed everything is on track to complete.
- Mr Barber enquired about Appendix C. Ms Hey confirmed feedback is summarised within the Head of Internal Audit Opinion. Timely feedback will be provided to the CCG throughout the year. Client satisfaction is taken seriously. Additional survey of executives and non-execs regarding feedback of services will be undertaken annually rather than on an adhoc basis.
- KPIs in Appendix C show satisfaction. The actual KPI was for the level of satisfaction from replies and will be included next year.

#### **AQuA agreed KPIs.**

#### **b. Better Care Fund (BCF): Governance Arrangements Review**

Mrs Hey presented the above report highlighting:

- Arrangements are similar to other CCGs, looking at performance information and report to relevant boards, ensuring any risks reported to Governing Body and Health & Wellbeing Board.
- Mrs Firth explained both recommendations were agreed, BCF metrics are already reported to Governing Body and she would ensure that the risk elements were appropriately documented.
- Dr Cullen enquired whether RMBC are reporting risk upwards. RMBC unknown however Mrs Tudor confirmed in some areas local authorities have been approached, Sheffield being a good example. Sheffield City Council has a three year programme of audit work and memorandum of understanding. Internal Audit are rolling out this programme of joint working with local authority auditors.

AQuA thanked Mrs Hey for the progress report.

#### **15/118 External Audit Technical Update**

Members noted the above report for information with no comments.

#### **15/119 Counter Fraud**

##### **a) Progress Report (including investigations)**

Ms Croft provided key comment on the progress report.

- Focus has been on work around SRT submission.
- On track to complete plan by the end of the year.
- Over plan on “hold to account over fraud investigations”, counter fraud will liaise with Mrs Firth.
- To comply with commissioning standards, policies have been audited, report will be submitted when complete.
- Bespoke risk and awareness presentation in June – no CCG staff complete e-learning module which could be used for compliance. Mrs Firth and Mrs Cassin advised that all RCCG staff attended a staff meeting where training was provided by 360 and considered that the mandatory training was therefore complete (the same as for health and safety, fire training, equality etc). Mr Curtis confirmed e-learning was not necessary for staff who attended this session. And will link with Mrs George to update records from the attendance register.
- Guidance reviewed regarding pre-contract and invoice fraud.
- Hold to account – two outstanding reports, both for continuing care, action to be taken for these two cases which is ongoing. Mrs Firth confirmed she is in discussions with local authority direct payments and counter-fraud. Reports will be submitted when available, process will also be investigated.
- Overcharging Pharmacy in the Doncaster CCG area, reported the company also has a pharmacy in Rotherham area.
- Strategic governance – working together protocols produced and responses received.
- Staff attended a regional forum in Lincoln provided by NHS Protect for training.
- Continue to progress on workplan.

**AQuA approve and recommend the same is presented to Governing Body.**

##### **b) RCCG's SRT (Self-Review) Submission**

Ms Croft reported an overall score of “amber” which is in line with other CCGs. Strategic governance core standards scored green for all. Amber/red against new standards around roles to ensure counter fraud measures are in place.

Inform/involve – ambers - need to undertake surveys to gauge staff awareness on policies etc.

Prevent/deter – amber – need for follow up work.

Hold to account – green for 4.1 and 4.2. Unable to evidence green for 4.3

and 4.4 at this stage.

Queries raised around provider compliance. Mrs Firth explained providers have their own counter fraud standards to work to and CCGs gain assurance through their CFS. Mr Curtis confirmed counter fraud will be looking at provider action plans for assurance.

**c) SRT Action Plan**

Action plan in place to move all elements towards green by the end of the year. Item 1.10 – providers don't comply and may be difficult to achieve green.

Action plan will be updated for each meeting, next year's submission will be at the end of May.

Current report stands at Amber.

**15/120 Safeguarding People and Safeguarding All Vulnerable Clients – Updated policies and coversheet**

Presented for information.

Noted the first policy is an existing CCG policy with updates to reflect emerging Care Act legislation. All policies and procedures will need to be revised to take account of staff being patient facing.

Noted the second policy is a template to support practices, was ratified by NHSE and is a South Yorkshire policy in conjunction with Practice Managers.

**AQuA approve policies and note the Safeguarding annual report will be presented at the next AQuA pending receipt of external information.**

**15/121 Audit Committee Terms of Reference (for Review)**

Agreed the current terms of reference will be discussed in the development session after AQuA with revised terms of reference to be circulated with draft minutes.

Initial comments:

Error to be altered – Dr Holden is “representative” of GP Members Committee, not “Chair”.

**Mrs Whittle**

Page 1, Item 3, Duties of the Committee, first bullet point - Include Internal Audit on the summary.

**Mrs Whittle**

Question around “Receive report from NHSE” – still relevant?

**15/122 Financial Control Environment Assessment – NHSE Letter/self-assessment**

AQuA are requested to sign off Appendix A. Confirmed that both Internal Audit and External Audit have signed off.

Noted some process issues are being worked on. Risk regarding uncertainties around framework - how produce, present and embed requires clarity. Confirmed RCCG can evidence register in place.

**AQuA support and endorse submission of the self-assessment at Appendix A.**

#### **15/123 NHS pension scheme employers charter**

Agreed to defer this item. Noted item is on governing body agenda and contained in the Chief Officer report.

#### **15/124 Dealings with pharmaceutical companies – NHSE Letter**

Letter from Barbara Hakin shared with members.

Mrs Whittle was asked to review systems and processes. Mrs Whittle confirmed RCGG could demonstrate all systems and processes were in place, however knowledge and utilisation was weak. Individuals not reporting in line with policies/procedures.

Various training/awareness sessions have been held to promote.

Internal Audit will be asked to look at systems, in particular do policies/procedures remain up to date, compliance with reporting/registers and evidence available to confirm that this is embedded across the CCG.

Dr Cullen queried whether providers should be asked if they are compliant and have robust systems in place and declare conflicts of interest.

Suggested that Board to Board meetings might be the forum for this, however Mr Barber will ask Mrs Whittle how to proceed.

**Mr Barber**

#### **15/125 Assurance Framework/Risk Register**

Mrs George gave a summary of the full risk register and assurance framework:

2 new risks added – Reprourement of APMS contracts and CQC inspection of practices

1 risk reduced - Reduction in resources through introduction of Better Care Fund.

Risks considered by Operational Executive in August, including potential addition of primary care risks, whether the correct officers were assigned, if there were any overlaps which could be merged, consistency of scores and review by Operational Executive periodically (every 6 months).

Mrs George gave feedback that the process is fit for purpose, domains are to be revisited and aligned to new the CCG framework. This also mirrors how performance reports to Governing Body will change.

Dr Cullen will update SCE on processes.

Governing Body development session around risk will be held when outcomes are known.

The overall CCG governance framework – NHSE nationally brought out new CCG framework which moves to look at 5 domains rather than 6. As a result the Governing Body performance report is being revised. Quarterly self-certification is required against 5 areas which primary care commissioning are required to do. There are four categories of assessment – “outstanding”, “good”, “limited assurance” and “not assured”. A benchmarking meeting will take place around October with NHSE, followed by monthly performance meetings to look at metrics. The Assurance Framework will be considered by Mrs Cassin, Mrs Firth and Mrs Whittle, internal audit will be advised if additional assistance required in the year.



**15/126 Concerns that officers wish to raise**

YAS – for discussion at GB  
Reviewed SRT.

**15/127 Other Business**

Mr Moss requested that all papers submitted to AQuA show page numbers for ease of reference.

**15/128 Issues for risk register or to alert/assure CCG Governing Body**

YAS – discussion at GB  
Reviewed SRT.

**15/129 Forward Planner (*for information*)**

For information.

**15/130 2015 meetings:**

Friday 20<sup>th</sup> November 2015, 9.00am, Birch Room  
Friday 15<sup>th</sup> January 2016, 9.00am, Birch Room

**15/131 Future meetings For 2016**

The following meeting dates for 2016 were agreed, noted new start time of 9am for all meetings.

18<sup>th</sup> March 2016  
20<sup>th</sup> & 27<sup>th</sup> May 2016 (extra meeting if needed for annual accounts)  
22<sup>nd</sup> July 2016  
23<sup>rd</sup> September 2016  
25<sup>th</sup> November 2016