NHS Rotherham Clinical Commissioning Group

Audit & Quality Assurance Committee (AQuA) - 20th November 2015
Clinical Commissioning Group Governing Body - 2nd December 2015

Title of paper The Review of the Audit & Quality Assurance Committee (AQuA)

Lead Lay Member:	**John Barber (Chair AQuA)**
Lead Officer:	**Sarah Whittle**

Purpose:
To update the Audit & Quality Assurance Committee (AQuA) and the Governing Body following a comprehensive review of the AQuA committee and to discuss and agree recommendations.
Background:
360 Assurance were requested by the Chair of AQuA to facilitate a workshop to enable members and attendees to review the effectiveness of the committee and assess benchmarking information available from other CCGs with regards to assurance and risk management and especially the accountability for quality in the governance structure. The workshop took place on the 18th September 2015. Attached is a report that summaries the output from the workshop. **Appendix 1**
Analysis of key issues and of risks:
The Chair of the AQuA considered the report and taken all the recommendations from the report into consideration and has proposed that the subsequent priorities are structured under the following 4 headings. **1. Improving the focus on quality** • Create a two way dialogue with GB (escalation/delegation) on managing the quality agenda and issues arising from The Chief Nurse quality report. • Recognise the national focus and priority on quality • Strengthen the focus on quality at AQUA • Review how Quality Sub Committee works and should work in the future • Refocus on contract quality performance **2. Relationship with Governing Body** • GB to review our Terms of Reference and membership and integration with other committees • Consider exception/highlight reports • AQuA to attend and assess other Committees effectiveness • Other committees to do self- assessments • Cover sheets to clarify purpose of papers (across all GB Committees) • Confirm approach to negative / outstanding assurances

3. Improve Effectiveness and Management of AQUA Agenda

- Speed up process of AQUA feedback to GB (currently three months)
- Strengthen the forward planner/agenda setting process
- Finalise update of Terms of Reference
- Ensure right attendees to support discussion and enable challenge
- Clearer delineation between audit/governance and quality aspects of agenda to create time/scope
- Annual appraisal process
- Assurance mapping exercise

4. Clarify the financial role of AQUA

- No desire for a Finance committee at this stage
- Take a greater role in development of future financial strategies
- Support development and testing of future financial reporting.

On the 13th October The Chair of AQuA met with:

- Chief of Finance – Keely Firth, Lead for Finance
- Chief Nurse – Sue Cassin, Lead for Quality
- Sarah Whittle – Assistant Chief Officer, Lead for Corporate Governance

The following was agreed:

1. The AQuA meeting would stay the same i.e. covering all 3 elements (Finance, Quality and Governance).
2. The meeting would commence earlier at 9.00am and have 10 minute breaks between each element of the meeting.
3. The agenda will cover Finance first so that attendees have the choice to leave the meeting once their area has been discussed. The next element will be Quality followed by Corporate Governance.
4. Each of the leads will meet together, two weeks prior to the meeting to set the agenda and ensure each element is given the appropriate time.
5. The terms of reference will be updated to reflect each of the headings above and shared with both AQuA and Governing Body. This will strengthen the focus on the Quality element and also refocus on contract quality performance.
6. Draft minutes of AQuA will be sent to the next confidential part of the Governing Body meeting. This will improve on the relationship and dialogue between GB and AQuA
7. Discontinue the Operational Risk, Governance & Quality Group (Sub-AQuA) and review the quality groups that sit below e.g. SI committee etc.
8. Review the Governance structure and terms of reference of all sub-committees
9. Members of AQuA to visit other sub-committees to ensure links between decision making meetings.
10. Request that other sub-committees carry out self-assessments
11. Ensure Cover sheets accompany any report being presented.
12. Ensure the right people are in attendance at the meeting to answer questions.

Appendix 2 – AQuA Terms of reference.

Recommendations:

- To note the report that summaries the output from the workshop.
- To agree the updated terms of reference for AQuA
- To agree the discontinuation of Sub-AQuA
- To agree the next steps detailed above.

360 ASSURANCE

Advisory

NHS Rotherham CCG

Audit and Quality Assurance Committee Effectiveness Workshop

18th September 2015

September 2015
1516/RCCG/02/A

Introduction

This paper summarises the output from a workshop held with members and attendees of the Audit and Quality Assurance Committee of the CCG (AQuA) on the 18th of September 2015.

- The CCG has established the following committees:
- GP Members Committee accountable to the Members;
- Audit and Quality Assurance Committee accountable to the Governing Body;
- Remuneration Committee accountable to the Governing Body;
- Strategic Clinical Executive accountable to the Governing Body;
- Operational Executive accountable to the Governing Body;
- Primary Care Commissioning Committee;
- Patient & Public Engagement & Communications Sub-Committee; and
- CCGCOM and Working Together which are collaborative committees between the South Yorkshire & Bassetlaw CCGs, Hardwick & North Derbyshire CCGs & Wakefield CCG.

Committees can only establish their own sub-committees, to assist them in discharging their respective responsibilities, for a responsibility that has been delegated to them by the Group or the committee they are accountable to.

- A Scheme of Reservation and Delegation is set out at Appendix E of the CCG's Constitution.
- AQuA has established a sub-committee, the Operational Risk, Governance & Quality Management Group, also referred to as Sub-AQuA.
- AQuA meets on a bi-monthly basis and its terms of reference outline that it will meet at least 5 times each year. Sub-AQuA also meets on a bi-monthly basis (alternate months from AQuA).
- AQuA meets privately with Internal Audit and External Audit once per year (July 2015).
- The Terms of Reference for AQuA were reviewed in July 2015.

The AQuA meeting agenda incorporates a number of standing 'administrative type' agenda items and is then split into two sessions:

- Session 1 – Finance & corporate business, typically:
  - Finance summary report
  - Internal Audit
  - External Audit
  - Counter Fraud
  - Policies
- Session 2 – Quality, typically:
  - Deep dives
  - Healthcare issues, e.g. CHC, personal health budgets
  - Assurance framework
  - Serious Incidents and Complaints Committee minutes
  - Operational Risk, Governance & Quality Group minutes
  - Clinical Commissioning Group Governing Body (GB) minutes
  - Concerns that officers wish to raise
  - Issues for the risk register or to alert/assure Governing Body.

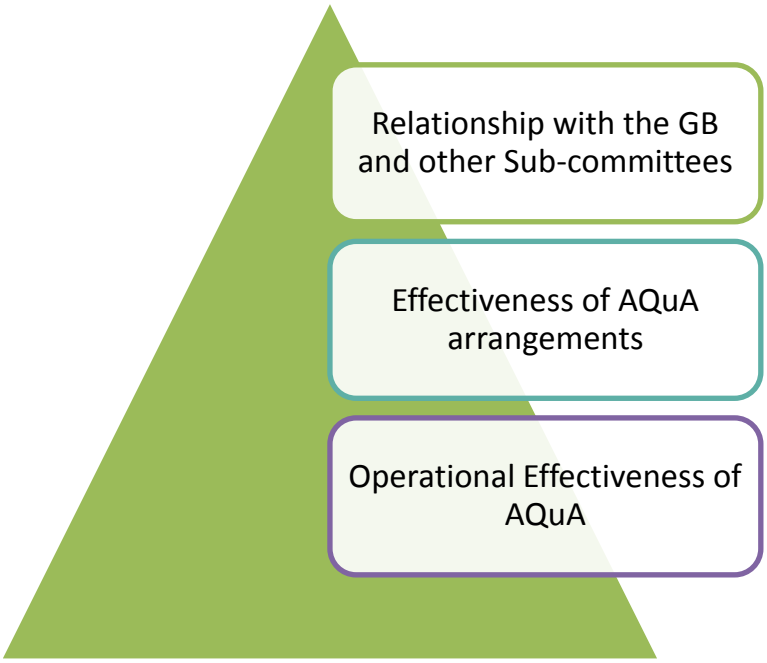
We were requested by the Chair of the AQuA Committee to facilitate a workshop to enable members and attendees to review the effectiveness of the Committee and assess benchmarking information available for other CCGs within the 360 Assurance client base with regards to assurance and risk management and especially the accountability for quality in the governance structure.

The workshop was attended by:

Member/Attendee	Responsibility
John Barber	Lay Member for Audit and Governance/ Chair of Audit and Quality Assurance Committee
Philip Moss	Lay Representative for Public and Patient Engagement and member of the Audit and Quality Assurance Committee
Dr Richard Cullen (part attendance)	Vice Chair of the Strategic Clinical Executive and GP lead for Finance and Governance
Dr Sophie Holden	GP from GP Members Committee
Keely Firth	Chief Finance Officer (attendee)
Sue Cassin	Chief Nurse (attendee)
Lydia George	Planning and Assurance Manager For Sarah Whittle – Assistant Chief Officer/Governing Body Secretary
Salma Younis	KPMG (attendee)

Approach

We presented our proposal for the development session to the Chair of the Audit and Quality Assurance Committee. With his agreement the workshop was split into three sessions:



The questions posed in each of the sessions were as follows:

Session 1 – Relationship with the GB and other Sub-Committees within the CCG

- Do the Committee's Terms of Reference properly reflect what the Committee needs to do? Are the TOR consistent with the Constitution and Scheme of Reservation and Delegation?
- Has the CCG GB clearly articulated what it expects the AQuA Committee to do in terms of scrutiny, challenge and reporting?
- Has the AQuA Committee clearly articulated its objectives for the year?
- Are you happy that there is no duplication between the work of the Committee and that of other committees/groups?
- Is the role of AQuA Committee within the CCG clearly understood by operational managers? Does AQuA Committee have sufficient standing within the CCG?
- Has the Committee formally considered how it integrates with other committees/groups?
- Where information is received from either other groups or from other external providers, is the information presented in a format and by officers so that the meaning and content can be challenged and put into the correct context?

Session 2 – Effectiveness of the Committee itself

- Does having a combined Audit and Quality Committee feel right for the CCG?
- Is there sufficient time for all parts of the agenda? Is equal prominence given to both quality and finance?
- Does the AQuA Committee have a robust forward planner that will provide the committee with a broad and timely range of assurances covering data, quality, finance, risk management and other areas of risk identified within the CCG Assurance Framework?
- Are the right people in attendance to provide the right level of scrutiny and challenge to meet the objectives and to consider the implications of information received?
- Is there a manageable or appropriate mix between strategic challenge and scrutiny and more operational issues?
- What do other organisations do?
- Does the Committee provide effective challenge where agreed recommendations from assurance providers have not been implemented?
- Is AQuA fully aware of the key sources of assurance available and who provides them, including those relating to third parties, e.g. NHS Shared Business Services, other public sector bodies?
- Does the Committee reflect on all aspects of the meeting and identify where issues need to be escalated to the GB or referred to other committees (either GB Committees or sub -groups)?

Session 3 – Operational Aspects of the Committee

- Do members and attendees regularly attend the meetings?
- Do all members and attendees contribute effectively and not just in respect of the papers that they submit?
- Are there mechanisms in place to ensure that members of the Committee have the opportunity to reflect on developmental needs?
- How do members become aware of where they may be required to provide new levels of challenge and scrutiny (e.g. new CCG Assurance Framework self-certification for delegated powers)?
- Are the papers received in a format that allows the reader to effectively identify the important areas that need to be considered?
- Are Executives and other operational officers (including those from external providers) in attendance to discuss papers relating to their areas?
- Do members hold assurance providers to account for missing or late assurance?
- Is each agenda item 'closed off' appropriately so that it is clear what the conclusion is, who is doing what, when and how etc and how it is being monitored?

Outcome of Workshop

Appendix A summarises the discussions from each of the three sessions, including the proposed actions and proposals for the CCG to consider in future. We have summarised these below for ease of reference.

Appendix B provides benchmarking information on the governance structures within some of our CCG clients and the responsibility for quality within these governance frameworks.

We have provided benchmarking information of typical agendas for quality committees direct to the Chair of the AQuA Committee due to the size of the document.

Summary of Key Proposed Actions Arising From Workshop

- When reviewing the terms of reference for AQuA, the GB should clearly articulate what it expects of AQuA and the feedback that it requires. This will also incorporate a review of the membership and the integration between all sub-committees of the Governing Body, in particular regarding quality.
- Chairs of other sub-committees/groups should attend AQuA on a rotational basis to discuss their programmes of work. This could also provide information to support the accuracy of the Governing Body Assurance Framework (GBAF).
- AQuA should receive exception/highlight reports rather than minutes of other committees that will identify key issues on a timely basis.
- Members of AQuA should attend and assess other committee's effectiveness.
- The CCG should consider whether all sub-groups of the AQuA will continue and if so the frequency and timing of these meetings, the reporting arrangements to AQuA and the membership of these sub-groups.
- All sub-committees of the Governing Body should be required to undertake and report on self-assessments of their effectiveness. Attendance by the Chair of AQuA at these sessions could assist with the annual review of assurance.
- There should be a clear process for items to be escalated to the Governing Body and those that are delegated to other sub-committees or sub-groups. Consideration should be given to introducing highlight reports from AQuA as a standing agenda item to the Governing Body. This will ensure key information is reported on a timely basis rather than waiting for AQuA minutes to be approved at the next AQuA meeting.
- The CCG should undertake an assurance mapping exercise to ensure that all assurances are reviewed by the appropriate governance forum. We have provided some benchmarking information to assist the CCG both in terms of governance structures at other CCGs and what is covered within Quality Committee agendas.
- The agenda for AQuA should reflect the forward planner and should enable the Committee to consider what it wants to review and schedule in when it is appropriate to receive information/assurances. The forward planner could be used to facilitate attendance by Executive Officers or assurance providers attending the Committee.
- The Committee should consider whether the agenda and cover sheets reflect the purpose of the item on the agenda i.e. whether for challenge/scrutiny, information or approval.
- There should be consistent use of cover/front sheets which clarify the purpose of the paper. These should also include more information about the CCG strategic objectives relevant to

each paper. Further information on cover sheets used by other CCGs could be provided to the CCG if this would help.

- The Committee should ensure that relevant officers are present during discussions and challenge by AQuA for papers being presented.

- The agenda for future meetings should reflect the number of items to be reported relating to quality and governance. The agenda should reflect the forward plan for AQuA and the assurances required by the Governing Body.

- If the CCG amends the governance structure and removes some of the quality sub-groups, this will impact on the agenda. The Committee should then re-assess its agenda.

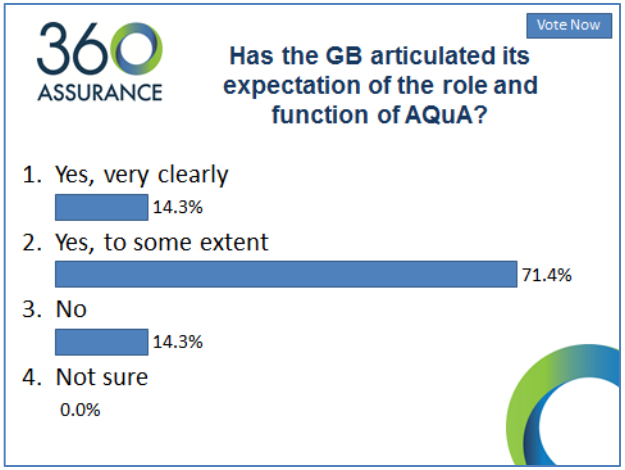
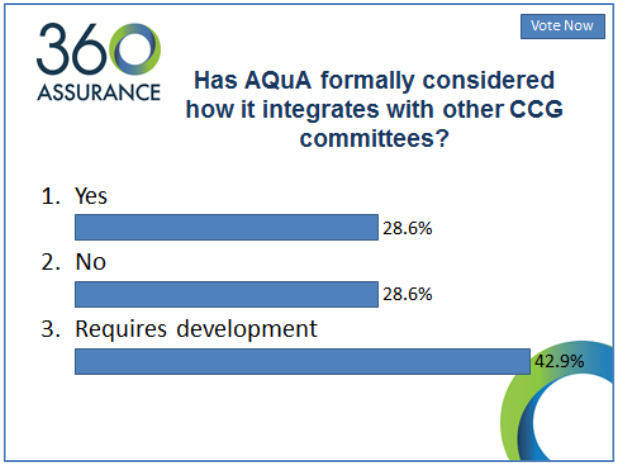
- All members of the AQuA Committee should have an annual appraisal and identify any training needs to enable them to discharge their responsibilities.

- The approach to negative assurances or instances where assurance is outstanding should be considered within the CCG to ensure appropriate escalation/delegation.

Annette Tudor
Deputy Director

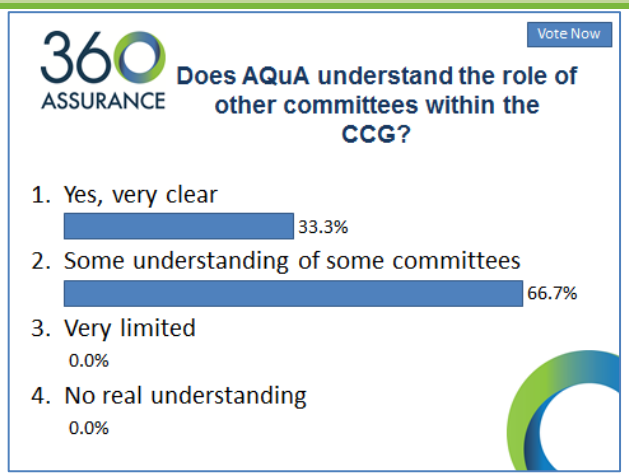
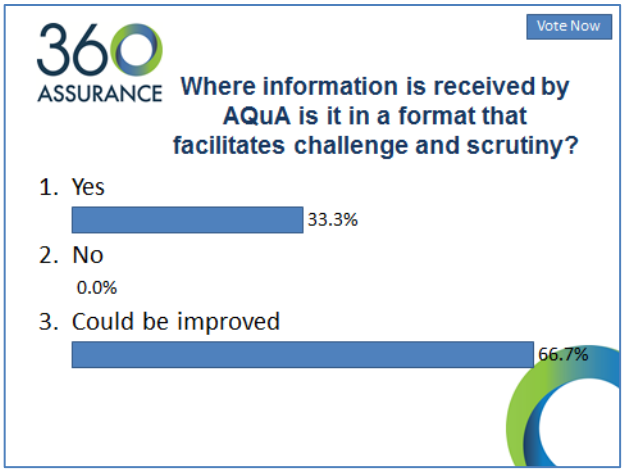
Appendix A – Output from Reflection on the Effectiveness of AQuA

Session One – Relationship with the Governing Body and other CCG Sub-Committees

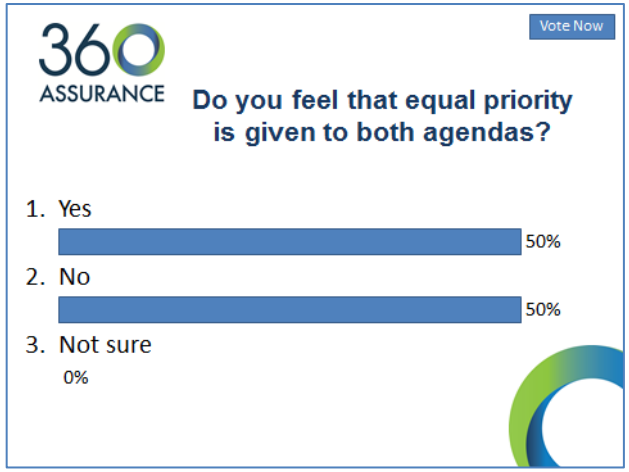
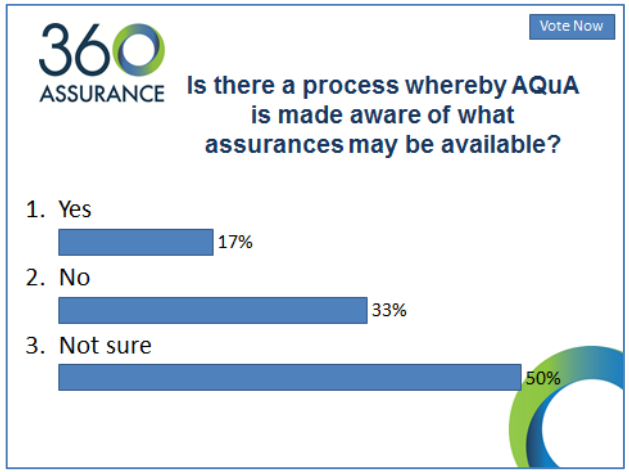
Summary of Debate	Outcome of Voting	Suggested Actions/Notes
There was agreement that the role of AQuA is to provide assurance to the GB. The role of AQUA is documented within the CCG's Constitution and AQuA's terms of reference which are approved each year by the GB. At the end of each AQuA meeting, the Chair agrees with those present what items should be escalated to the GB. AQuA reports to the GB through the provision of approved minutes and a verbal update by the Chair of the Committee. Concerns were raised that for some agenda items assurance cannot be provided to the GB. Examples quoted were the quality deep dives including those on A&E waiting times and for ambulance response times. The TOR for AQuA may need to be updated to account for the consideration of quality in primary care more effectively. Is the relationship between AQuA, the GP Members Committee and the Primary Care Committee with regards to the quality agenda clear? Are quality issues identified in these sub-committees reported directly to the GB or via AQuA? There was discussion on the role of the sub-groups of AQuA, whether all of these need to exist and, if so, the frequency/timing of meetings, membership and ability to prevent duplication, and appropriate escalation of issues to AQuA. Clarity is required on strategic, approval or operational aspects of	 	When the Governing Body approves the terms of reference for AQuA, it should clearly address and reiterate the role of AQuA to provide assurance to the GB and in relation to its responsibilities regarding quality. The GB should consider the membership of AQuA and the role that each member/attendee has in providing scrutiny and challenge to assurances presented to AQuA. Are expectations set by the GB? Address the potential time lags between the AQuA meetings and presentation of minutes to the GB. One option is a formal highlight report as a standing agenda for the GB. This could be presented by the Chair of AQuA to the next meeting of the GB. Update the Assurance Framework to reflect negative as well as positive assurances. Consider the inter-relationship between all GB sub-committees and the need to consider quality issues identified at the GP Members Committee and Primary Care Committee to ensure appropriate assurances are provided to the Governing Body but preventing duplication. Does the GB spend enough time on Quality and Finance? Review the role of the sub-groups of AQuA and ensure that items are appropriately escalated and duplication is minimised. If these groups continue, should membership incorporate lay members? Who should provide scrutiny and approval? Agendas of AQuA and its sub-groups should be reviewed to ensure duplication is minimised. Where the governance structure is reviewed we suggested the CCG review the Audit Commission document 'Taking it on Trust'. The CCG should review the role of the AQuA Committee to review the effectiveness of other sub-committees and sub-groups.

Appendix A – Output from Reflection on the Effectiveness of AQuA

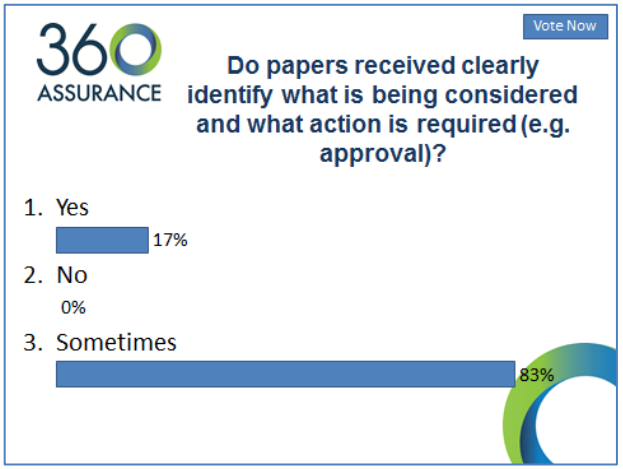
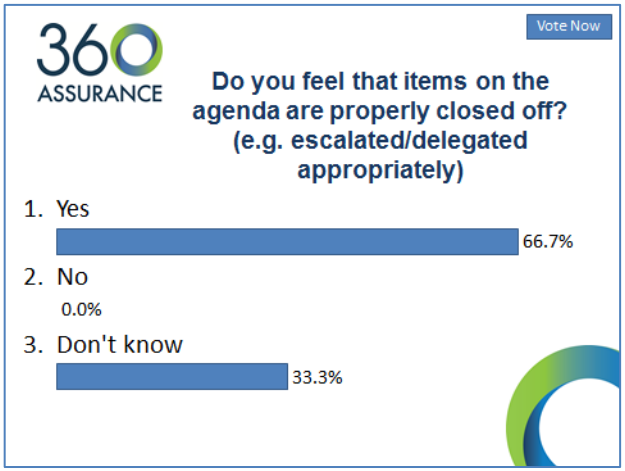
Session One – Relationship with the Governing Body and other CCG Sub-Committees

Summary of Debate	Outcome of Voting	Suggested Actions/Notes
AQuA and its sub-groups. Also the role of AQuA to review the effectiveness of other sub-committees of the GB and sub-groups of the AQuA Committee. Members agreed that there is further work required to ensure that information received by AQuA is in a format that facilitates challenge and scrutiny. Options could be to ensure that all papers are presented with a cover sheet which clarifies the purpose of the document, i.e. for approval, challenge/scrutiny or information.	 	Review the role of the sub-groups of AQuA and ensure that items are appropriately escalated and duplication is minimised. If these groups continue should membership incorporate lay members? Who should provide scrutiny and approval? Agendas of AQuA and its sub-groups should be reviewed to ensure duplication is minimised. Where the governance structure is reviewed we suggested the CCG review the Audit Commission document 'Taking it on Trust'. Review assurance requirements and how these can be met. Allocate/map assurances to the committee structure within the CCG. We have provided some benchmarking information on governance structures at other CCGs to facilitate this. By reporting sub-committee minutes at the end of the GB agenda, key risks and assurances identified by sub-committees could be missed. There should be consistent use of cover/front sheets which clarify the purpose of the paper. These cover sheets should also include more information about the CCG strategic objectives. The Committee should also ensure that relevant officers are present during discussions and challenge by AQuA. Further information on cover sheets used by other CCGs could be provided to the CCG if this would help.

Session 2 : Reflection on the Effectiveness of AQuA Arrangements

Summary of Debate	Outcome of Voting	Suggested Actions/Notes
Most members of AQuA agreed that having a combined audit and quality committee feels right but are frustrated when it is referred to as the Audit Committee. There was a spilt in opinion regarding whether equal priority is afforded to both agendas. Most thought that the right people were in attendance at AQuA to provide proper scrutiny and challenge. The majority of members have an appraisal and development needs are identified. One exception is the GP who attends from the GP Members Committee. 83% did not know or were unsure of the process whereby AQuA is made aware of assurances available. There is a forward plan for the Committee but further work may be required on this.	 	The agenda for future meetings should reflect the number of items to be reported regarding quality and governance. The agenda should reflect the forward plan for AQuA and the assurances required by the Governing Body. If the CCG amends the governance structure and removes some of the quality sub-groups, this will impact on the agenda which will need to be assessed by the Committee. All members of AQuA should have an annual appraisal and identify any training needs to enable them to discharge their responsibilities. The CCG should undertake an assurance mapping exercise and should review the committee structures and the sources of assurance that are available. We would recommend that each strategic objective is mapped to a sub-committee of the CCG. It could then be possible for an Executive Officer or chair of a sub-committee to attend AQuA on a cyclical basis to review the Assurance Framework.

Session 3: Operational Effectiveness of AQuA

Summary of Debate	Outcome of Voting	Suggested Actions/Notes
There was consensus by those attending the workshop that members and attendees regularly attend AQuA meetings and contribute effectively. There was also agreement that there is scope to improve the papers presented to ensure that it is clear what is to be considered and what action is required. There was agreement by those present that the AQuA work plan includes calling officers of the CCG to meetings to discuss current risks and challenges. Although an action log is produced following each AQuA meeting, the approach to be taken for some items where assurance could not be received (for example, recent quality deep dives) or where there is negative assurance needs to be considered to ensure appropriate escalation/delegation. There was agreement that all papers should contain page numbers to enable members to query items within documents. Members agreed that there is further work required to ensure that information received by AQuA is in a format that facilitates challenge and scrutiny. Options could be to ensure that all papers are presented with a cover sheet which clarifies the purpose of the document, i.e. for approval, challenge/scrutiny or information. This has been raised within section 1 above.	 	The agenda should confirm whether items are presented for information, scrutiny/challenge or for approval. This should also be clear on each front sheet. The approach to negative assurances or instances where assurance is outstanding needs to be considered within the CCG to ensure appropriate escalation/delegation. All documents presented should contain page numbers. +

Appendix A – Output from Reflection on the Effectiveness of AQuA

Session 3: Operational Effectiveness of AQuA

Summary of Debate	Outcome of Voting	Suggested Actions/Notes
The agenda does not provide clarity on the reason papers are presented. Members discussed the usefulness of having time slots for items for discussion and there was a general consensus that if this happened it was the responsibility of the presenter to agree the time with the Chair of the Committee. Although front sheets are sometimes used for papers this is not consistent. The option to include more information on the front sheet regarding how the paper reflects the strategic objectives of the CCG was also debated. See proposed action in Section 1 above.		

Appendix B – Benchmarking of CCG Governance Structures

NOTTHINGHAM CCGs						SOUTH YORKSHIRE CCGs			LEICESTERSHIRE CCGs		
Nottingham City CCG	**Newark & Sherwood CCG**	**Mansfield & Ashfield CCG**	**Rushcliffe CCG**	**Nottingham West CCG**	**Nottingham North & East CCG**	**Doncaster CCG**	**Barnsley CCG**	**Sheffield CCG**	**Leicester City CCG**	**East Leicestershire & Rutland CCG**	**West Leicestershire CCG**
Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body	Governing Body
Remuneration Committee	Remuneration & Terms of Service Committee	Remuneration & Terms of Service Committee	Remuneration Committee	Remuneration Committee	Remuneration Council	Remuneration Committee	Remuneration Committee	Remuneration Committee	Remuneration Committee	Remuneration Committee	Remuneration Committee
Audit Committee	Audit & Governance Committee	Audit & Governance Committee	Audit Committee	Audit & Governance Committee	Audit & Governance Committee	Audit Committee	Audit Committee	Audit & Integrated Governance Committee	Audit Committee	Audit Committee	Audit Committee
Quality Improvement Committee	Joint Quality & Risk committee		Shared Quality & risk Committee			Quality & Safety Committee	Quality & Patient Safety Committee	Quality Assurance Committee	Quality & Clinical Governance Committee	Quality & Performance Committee	Quality & Performance Committee
Primary Care Commissioning Panel	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee				Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee
Resource Allocation and Prioritisation Committee		Activity & Finance Committee		Finance & Information Group	Finance & Information Group	Delivery & Performance Committee	Finance & Performance Committee		Finance & Performance Committee	Finance & Performance Committee	Finance Committee
	Shared Information, Governance, Management & Technology Committee										
Individual Funding Request Panel				Shared Individual Funding Request Committee							
Risk & Performance Committee											
	Shared Safeguarding Committee										
Peoples Council		Citizens Reference Panel	Patient Cabinet	Patient Reference Group	Peoples Council	Engagement & Experience Committee	Patient & Public Engagement Committee	Patient Engagement & Experience Group			
Clinical Council		Clinical Executive	Clinical Cabinet	Clinical Innovation Group	Clinical Cabinet				Clinical Commissioning Committee		
		Education Forum									
				Medicines Management Group							
							Equality Steering Group				
									Executive Committee		
										Strategy, Planning & Commissioning Committee	Planning & Delivery Committee

APPENDIX K –
Audit & Quality Assurance Committee Terms of Reference

NHS
Rotherham
Clinical Commissioning Group

Audit & Quality Assurance Committee (AQuA)
TERMS OF REFERENCE

Contact Details:			
Lay Member:	John Barber	**Lead Officer:**	Keely Firth
Title:	Lay Member – Finance & Governance	**Title:**	Chief Finance Officer

The Governing Body of the Clinical Commissioning Group has established a committee to support its work. Known as the Audit & Quality Assurance Committee (AQuA), it has no powers other than as specifically delegated in these terms of reference.
The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee.
The Committee shall provide assurance and advice to the Governing Body on the proper stewardship of resources and assets, including value for money; financial reporting; the effectiveness of audit arrangements (internal and external); compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption; risk management, and on control and integrated governance arrangements within the Clinical Commissioning Group.
The Committee is authorised to create Sub Committees or task and finish groups as are necessary to fulfil its responsibilities within its terms of reference. It may not delegate responsibilities from these terms of reference (unless expressly authorised by the Governing Body) and thus remains accountable for the work of any such Sub-committee or task and finish group

There are 3 main elements to the committee: Audit & Finance, Quality & Safety and Corporate Governance.

Purpose:

To obtain assurance that:-

- There is an effective and consistent process in commissioning for quality and safety across the Clinical Commissioning Group
- High standards of care and treatment are delivered. This will include areas regarding patient safety, effectiveness of care and patient experience.
- An effective system of integrated governance, risk management and assurance across the Governing Body activities is established and maintained.
- Reasonable steps are taken to prevent and detect fraud, bribery and corruption and other irregularities, in line with NHS Protect's Standards for Commissioners; fraud, bribery and corruption.
- Risks to the achievement of Governing Body objectives are identified and assurances obtained that appropriate mitigating action is being taken.
- Make recommendations to Governing Body within delegated responsibilities

Responsibilities:
Audit & Finance
In regard to Financial Reporting, the Committee will:- • Monitor the integrity of the financial statements of the Group and any formal announcements relating to the Group's financial performance. • Ensure that the systems for financial reporting to the Group, including those of budgetary control are subject to review as to completeness and accuracy of the information provided. • Review schedules of debtor and creditor balances over 6 months old exceeding £5,000 and consider explanations and action plans. In regard to Annual Accounts and disclosure statements, the Committee will:- • Receive and review the Annual Accounts. • Receive and review the Annual Report. • Receive and review the Annual Governance Statement. • Receive and review the external auditors "Audit Highlights Memorandum" (ISA260) • Receive and review the Head of Internal Audit Opinion. • Receive and review the "Letter of Representation" The AQuA chair will recommend to the Governing Body that they approve the documents prior to the national submission deadlines. In regard to External Audit, the Committee will:- • Consider the findings of external audit work - national and local. • Receive the Auditor's Annual Letter. • Discuss problems arising in the work of External Audit. • Monitor progress with delivery of the audit plan. In regard to Counter-Fraud:- • The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud, bribery and corruption and shall review the outcomes of counter fraud, bribery and corruption work. The Committee will seek assurance regarding the organisation's compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption by means including reports from the Counter Fraud Specialist, the CCG's annual self-assessment (Self Review Tool) submissions to NHS Protect and from NHS Protect inspection reports.
Quality & Safety
In regard to Quality & Safety, the Committee will:- • Undertake an overview of provider achievement against actions in response to inspections by regulatory agencies e.g. Care Quality Commission, Monitor. Making recommendations to Governing Body as to the level of assurance. • Oversee "deep dives" into areas where the Governing Body requests additional or more detailed assurance e.g. infection control, Continuing Health Care, patient experience, etc, this may be undertaken by a specific task and finish group authorised by AQuA. • Receive exception reports in relation to directly commissioned and contracted services regarding quality, safety and experience, legislative and contractual requirements, including any significant concerns, via contract quality and other arrangements • Receive annual reports from other Committees of the Governing Body. • Ensure significant clinical risks are identified and reported on the risk register, escalating to the Assurance Framework where necessary • Review quality accounts from main providers

Internal Audit & Corporate Governance
In regard to Governance, Risk Management and Assurance, the Committee will review the adequacy and effectiveness of:- • All risk and assurance-related disclosure statements together with any appropriate assurances from Internal Audit or other independent sources. • Underlying assurance processes that indicate the degree of the achievement of Group objectives; the effectiveness of the management of principal risks, and the appropriateness of the above disclosure statements. • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification. e.g. Compliance with Information Governance or requirements and compliance with Health & Safety • Policies for HR, Corporate Governance, Quality & Safety and Finance. • The policies and procedures for all work related to fraud, bribery and corruption to ensure compliance with NHS Protect's Standards for Commissioners: fraud, bribery and corruption. • In reviewing these, the Committee will primarily utilise the work of Internal Audit, External Audit, the Local Counter Fraud Specialist, NHS Protect and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from staff of the Group (and its agencies), concentrating on the over-arching systems of integrated governance, risk management and assurance, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it. In regard to Internal Audit, the Committee will:- • Review the Internal Audit programme of work, ensuring that this is consistent with the audit needs of the Group as identified in the Group's Assurance Framework. • Consider the findings of internal audit work, including the opinion given on the Annual Governance Statement. • Monitor the responsiveness to the findings and recommendations of Internal Audit. • Discuss problems and reservations arising from the work of Internal Audit. In regard to Other Assurance Functions, the Committee will:- • Review the findings of other significant assurance functions, both internal and external to the Group, and consider the implications for the governance of the Group. • These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.) • Review the work of any other Committees under the Governing Body, whose work can provide relevant assurance to the Committee's own scope of work.
Management of the Group
Chair:
Lay member – Finance & Governance of the Clinical Commissioning Group
Composition of group:
The Committee shall consist of the following members: • GP member of the GP Members Committee • GP lead on Governance and Finance • Minimum two Lay Members on the Governing Body one of whom will act as Chair and one as Deputy Chair

In Attendance:
• Chief Finance Officer • Chief Nurse • Assistant Chief Officer. • The Accountable Officer (Chief Officer) shall attend at least once a year – ideally when the Annual Audit Letter is considered. • Representatives from Internal Audit, External Audit and the local Counter Fraud Specialist (CFS) shall normally attend. (periodic attendance by the CFS is agreed by the Committee) • Other Governing Body or commissioning staff shall also attend by request of the Chair. • Others will be invited to attend as appropriate for topics under discussion. Regardless of attendance, external audit, internal audit, local counter fraud and security management providers will have full and unrestricted rights of access to the audit committee.
Quorum:
Shall be at least two Governing Body Members one of whom should be a Lay Member
Accountability:
The minutes of Committee meetings shall be formally recorded and submitted to the next confidential section of the Governing Body. The Chair of the Committee shall draw the attention of the Governing Body to key issues. Once the Minutes have been approved by the following AQuA those minutes would then be sent for information to the 'public' agenda of the Governing Body.
Frequency of meetings:
Meetings shall be held at least five times a year.
Order of business:
Each of the leads for the 3 elements will meet together, two weeks prior to the meeting to set the agenda and ensure each element is given the appropriate time. Final sign off will be by the Chair The agenda will cover Finance first so that attendees have the choice to leave the meeting once their area has been discussed. The next element will be Quality & Safety followed by Corporate Governance. The meeting will commence at 9.00am on the agreed date and will have 10 minute breaks between each element of the meeting.
Agenda deadlines:
The papers will go out 1 week prior to the meeting.
Minutes:
Minutes will be stored on the R drive – Rotherham CCG drive.
Administration:
The Committee shall be supported by an administrator whose duties will include: • The Organisation of the 'Agenda setting meeting' • Agree the draft agenda with the Chair. • Collate papers for the meeting. Each report will have an accompanying 'cover sheet' to summarise the content of the report. • Organise meetings and invite members and attendees • Taking the minutes & keeping a record of matters arising and issues to be carried

forward in the actions log. • Advising the Committee on pertinent areas.
Sub-committees of Audit & Quality Assurance Committee
• Serious Incident Committee • Equality Steering Group • Contract Quality - RFT • Contract Quality – STH & SCH • Information Governance Group (to be developed) • Health & Safety Group (to be developed)
Review Date: September 2016
The effectiveness of the Committee will be monitored on an annual basis via: • Review of the terms of reference • Review of attendance rate of members • Review of the work plan. • Self-assessment review of effectiveness document The Committee will produce an annual report summarising its work and the above review will be incorporated. In addition, these terms of reference shall be reviewed at least annually and sooner if changing circumstances dictate.