	Title of Meeting:	**Audit & Quality Assurance Committee**
	Time:	09.30am
	Date:	Friday 17th July 2015
	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

In Attendance:

Ms L Gash, Secretariat, RCCG
Mrs A Tudor, Deputy Director, 360 Assurance
Mr R Khangura, Director, KPMG
Mrs L Jones, Interim Head of Finance, RCCG
Mrs S Whittle, Assistant Chief Officer, RCCG
Mrs K Firth, Chief Finance Officer, RCCG
Mrs S Cassin, Chief Nurse, RCCG
Mrs R Nut-Brown, Head of Specialist Advice, Health and Safety, CSU (observing)
Mr R Carlisle, Deputy Chief Officer, RCCG (for Deep Dive)
Mr J Punyer, Medicines Management Advisor, RCCG (for CDiff Deep Dive)
Mr A Littlewood, Temporary Accounts Assistant, RCCG (observing)
Mr A Windle, Head of Quality, RCCG (for items 12 and 13)

Apologies:

Ms S Younis, KPMG; Mr M Curtis, 360 Assurance, Counter Fraud; Dr S Holden, GP Members Committee

Action

15/82 Declaration of Pecuniary or Non-Pecuniary Interests

The standard declaration for GPs (Dr Cullen) was acknowledged overall and in particular for agenda item 7.

15/83 Minutes of meeting held Friday 22nd May 2015

The full minutes of the Group's meeting held on Friday 22nd May 2015 were agreed as a correct record of proceedings with the amendment of:

P5 – minute 15/69 – change to read "CIPFA for public service audit" **LGa**

15/84 Matters Arising from meeting held Friday 22nd May 2015

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

15/85 Actions Log

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

SESSION 1 – FINANCE & CORPORATE BUSINESS

15/86 Feedback from attendance at Hull CCG Audit Committee

Mr Barber produced a written report for information as part of AQuA effectiveness review and summarised findings:

- Mr Barber felt RCCG have some good examples meeting national expectations, how papers are presented and in meeting internal/external audit recommendations.
- Noted that Hull undertake more pre-meetings with auditors and private meetings, currently RCCG hold yearly private meetings with internal/external auditors, this can be explored further.
- Mr Barber reported Hull CCG spend 3 hours on their audit meeting along with another 3 hour meeting for the quality agenda. Mr Barber would like to explore our quality agenda further, although it is recognised Hull are acting more of an audit and finance committee. At present Mr Barber feels RCCG are working well as we are in a good financial position but the meeting structure can be reviewed in the future.
- Effectiveness workshop is planned for the 18th September after the AQuA meeting where discussions can take place further.
- Mr Khangura reported that he attends a number of CCG meetings, all using different models. Mr Khangura confirmed annual meetings are acceptable with the option of contacting auditors direct in the event of any concern.
- Mrs Tudor confirmed strong relationships in place, comfortable that telephone contact would be made in the event of any concern outside of planned meetings.
- Dr Cullen recommended and it was agreed that Dr Holden should be involved in the auditor meetings.
- Mrs Firth felt that at present a finance overview is included in AQuA agendas but would like to explore further options of involving AQuA for full assurance around finance in the future.
- Noted Mrs Allott will be liaising with Mr Barber to discuss what level finance is reported at AQuA.

AQuA reviewed the report and agreed further discussions should take place at the Effectiveness Workshop on 18th September.

15/87 AQuA Finance Summary

Mrs Firth provided key comment on the summary covering the period 1st April 2014 to 31st May 2016:

- Losses and Special Payments – nothing further to report.
- Waivers – no changes.
- No current debtor balances over £5k and 6 months outstanding.
- Creditors – same as reported previously. Still challenging but lack of engagement proving difficult. Drug charges from TRFT – challenged as felt these are included in Tariff, awaiting credit notes. Others agreed and awaiting credit notes.
- Schedule of Gifts and Hospitalities noted. Noted some items will be recurring, Mrs Whittle confirmed these should be declared individually.

15/88 Award of contract for GP Intermediate Care Service

Specific Declaration of Interest declared for Dr Cullen, paper presented for update on information only, no decisions to be made.

Mrs Firth updated for information and transparency the £150,000 contract recently awarded to GP practices. Tender open to all providers however specification stated provider had to have an active patient list which limited

applications.

Mrs Firth explained key points:

1. Contract laid with GP practices, some of which have partners who are SCE or GPMC members.
2. Tender is to support intermediate care services, trying to get more patients looked after within the community.
3. Tender process followed. 5 people (representatives from RCCG, RMBC, a care home and YHCS) looked through tenders.
4. Decision making – one practice dropped out, therefore 4 lots distributed to remaining 3 practices.

Dr Cullen reported no involvement from TRFT which was surprising given it supports their services and some communication issues across the CCG may change how things are done in the future.

AQuA agreed reasonable and appropriate procurement and decision making process had been followed and thanked Mrs Firth for the report.

15/89 Internal Audit

a. Progress Report

Members noted the above report, in particular

- Main piece of work in progress at present is governance review of Better Care Fund around section 75.
- Ongoing discussions around further work within the audit plan.
- Section 4 and Appendix B show work ongoing, work completed and actions required. Will be updated and actions removed when happy actions are complete.
- Other developments – papers attached regarding development of information governance strategy and risks in 2015/16, in response to a general wave of questions around information governance risks. Also in the process of developing a cyber risk survey which will pose the same questions to executive officers and lay members to see if a shared understanding is held, anticipated release over the summer.
- Appendix A shows phased summary of outputs. Graham Shead will be meeting with Mrs Firth next week to discuss further.

Dr Cullen stated actions from the information governance toolkit should not interfere with the ability to provide care to patients, there needs to be more transparency regarding risks against benefit to patient care.

Mrs Firth reported fundamental work streams around integrated working taking place, will be held to account but probably won't be able complete due to Caldicott issues around patient identifiable information.

Mrs Tudor confirmed a solid framework if governance structures are in place.

Mrs Firth advised RCCG will need to use Accredited Safe Haven (ASH) status in the future as a finance business case to share service is imminent, noted that more work will be needed.

Mrs Tudor reported guidance from Europe will be coming out regarding how organisations report information governance incidents.

Mrs Tudor confirmed 360 Assurance are compiling information across all CCGs in relation to governance and co-commissioning and recording differences. Draft terms of reference are available but are to be reviewed. Need to get timing right, by Quarter 2 more information and lessons

learned will be available.

Recommendation Tracking – Mrs Tudor confirmed RCCG are responsive to recommendations made.

b. Technical Update

Mrs Tudor presented the above report highlighting potential risks for information.

AQuA thanked Mrs Tudor for the Progress and Technical Update reports.

c. Review of Continuing Healthcare (CHC)

Mrs Tudor provided key comment on the above report:

- Report shows that action has been taken to improve CHC management, but the recommendations highlight that more work is required.
- Change of status in CSUs will impact on CHC. Lack of information coming through from CSU regarding referral tracking and DSTs. Updated KPIs in place to monitor. Issues for CCG how to maintain business as usual with changes in CSU.
- Number of actions – 13 medium risk. CCG working closely with CSU to address. Implementation dates agreed, timing of follow up review will be important, will liaise with Alun Windle and Mrs Cassin for review dates.
- Noted the internal continuing healthcare progress report is on agenda for further discussion.
- P2 typographical error – Mrs Tudor will alter.

AQuA thanked Mrs Tudor for this review.

d. Developing an Information Governance, Management & Technology Strategy

Mrs Tudor presented the above strategy, highlighting some key issues. Mrs Tudor suggested RCCG may like to take into consideration how this fits with RCCG arrangements and take forward.

e. Information Governance Risks in 2015/16

Mrs Tudor presented the above, highlighting some key issues. Mrs Tudor suggested RCCG may like to take into consideration how this fits with RCCG arrangements and take forward. Mrs Firth will make the paper available to RCCG Information Governance lead. **Mrs Firth**

15/90 External Audit

a. Technical Update

Members noted the above report for information with no comments.

b. Annual Audit Letter

Mr Khangura presented the above and confirmed the opinion issued on 27th May of a clean VFM conclusion. Confirmed no matters required to issue public interest report or report to Secretary of State, no recommendations.

Noted fee changes for next year, reduces by 25%.

AQuA acknowledge receipt of the annual audit letter.

15/91 Counter Fraud – no report for July.

Action

Mrs Firth reported a suspected fraud by a Personal Health Budget (PHB) patient claiming for 24-hour care. RMBC manage all PHB cases on behalf of CCG, care plans looked at and all seem fine. Carers are not in place when expected to be. RMBC are on hold as one of the carers has already withdrawn care services. Advice from Fraud Team sought so as not to compromise any investigation. RMBC briefed. Mrs Firth's team are pulling together figures, approximately a £5m per year contract for 70 patients, unknown at present the personalised budget for this case. Package has been immediately reviewed and re-assessment will take place.

Report will be available when investigations have taken place. Noted that NHS Protect will only act with solid evidence in place. Noted risks going forward and mitigation thereof – strategic discussions to be held.

Mrs Tudor advised local authorities have access to their own counter fraud teams and she would expect RMBC to have contacted their own counter fraud advisors.

AQuA confirm assurance that the Counter Fraud Policy has been adhered to as soon as RCCG were aware of potential fraud.

Mrs Firth

AQuA request, as per policy, that reports and any risk assessments are provided when available.

15/92 Policies

a) Fraud, Bribery and Corruption Policy 2015/16 – Mrs Whittle explained Mr Curtis has been consulted in putting together this policy, an existing document which has been updated to reflect National Guidance. Implementation of policy will be led by Mrs Firth, advised by Counter Fraud (Mr Curtis).

AQuA approve and recommend the same is adopted at Governing Body.

Mrs Whittle

b) Fire Risk Assessment – Mrs Nut-Brown presented for information. Mrs Nut-Brown reported good fire risk assessment with a few actions for RCCG, however reported disappointing engagement with NHS Property Services regarding actions required to be undertaken by them. Mrs Nut-Brown will be escalating risks identified within NHS Property Services further.

AQuA note the Assessment and note Governing Body will receive in August via the Corporate Assurance Report.

c) Premises Inspection - Mrs Nut-Brown presented for information. 10 CCG actions, good inspection result. 3 high risks, 2 potential risks, will follow up actions. Agreed department responsible for actions will be added to action plan and published.

Quarterly meetings to take place within RCCG with fire wardens and first aiders due to lack of building user group meetings which should be facilitated by NHS Property Services.

AQuA note the Assessment and note Governing Body will receive in August via the Corporate Assurance Report.

SESSION 2 : QUALITY

15/93 AQuA Deep Dives

Delayed Transfer of Care

Mr Blaydon had provided a written update around which Mrs Firth provided key comment and discussion took place. Points to note:

- Stroke service delivering on many indicators however struggling on some (transport/access; patients scanned within 1 hour; and patients receiving thrombolysis, beds and staffing in stroke unit). Noted 2 beds are ring-fenced, 3 are available if needed.
- Remedial action plans are in place regarding scanning and review of operational standards in A&E.
- Thrombylisis – not being recognised early enough, feedback from visit is staff did feel they were acting quickly, patients not presenting with symptoms.
- Internally stafforce not enough, a paper will be presented at TRFT Governing Body to request more funding (£300,000). RCCG could contribute £100,000 which may not be viable to TRFT.
- Mr Carlisle questioned monthly audit of patients scanned within 1 hour – not accept thrombylisis rates are as low as stated. Question of assurance regarding audits and if contract quality are seeing information. Particular characteristic of Rotherham patient - if the action plan works more patients will be identified.
- Mr Moss reported he attended the peer review and noted 2 beds were set aside for stroke patients, however the senior nurse did not realise they were ring-fenced for stroke. Pressure was also noted on nurses regarding bed availability – eg when 2 beds are available and empty in a busy hospital with no stroke patients. Mapping of events also to take place. Diagnosis of ambulance patients by paramedics is thought to be accurate therefore patients could be taken straight to stroke unit.
- Dr Carlisle felt assured as a CCG we are doing everything possible to address Stroke issues.

AQuA:

- **Recognise issues highlighted in peer review and actions undertaken.**
- **Note the short and longer term actions being taken to address these issues and support actions. Re-evaluate service in September.**

YAS

Dominic Blaydon provided a written update, Mrs Firth provided key comment and discussions took place. Points to note:

- YAS are not achieving target for patients being picked up within 8 minutes. One of the lowest performers across the country. Experiencing highest level of growth and demand. Recognised organisation has had workforce problems. A good governance review was carried out last year resulting in a recovery plan. Problematic that 23 commissioners all trying to commission 1 service with different targets.
- Operational pressures however handover times is one of the lowest, performing well.
- More money invested in YAS, noting growth impact - invested additional funds on basis of 3.8% growth. Looking at top 10 user, pathfinder system in place (eg funded mental health worker in A&E, 2 people response unit covering up to 8pm at night).
- Patient Transport Services (PTS) – could become a problem, £10m

spent across south Yorkshire, PTS contract laid with YAS. YAS have advised for 2015/16 can no longer afford to provide at same price. Recognised the need to tender PTS contract from 1st April 2016. This year funded PTS at outturn.

- 111 – call volumes continuing to rise. Investing in more clinicians in call centres and expansion planned for multi-disciplinary team and integration between 111 and 999.
- Dr Carlisle confirmed YAS are invited to the System Resilience Group every month as they are important for primary service and key to the QUIPP agenda.
- Mr Barber queried whether the contract was signed with no chance of delivering target? Mrs Firth confirmed funds were invested in the commissioners as it was felt targets were achievable, however penalties will be incurred if targets are not achieved.
- Dr Carlisle queried what will happen in 2015/16 if YAS don't achieve? Mrs Firth confirmed the contract will stand and funds will be withdrawn in line with the contract terms. Noted that Wakefield is the lead commissioner and most ambulance services failed the 8 minute target.
- Mr Moss suggested a longer-term way forward is needed. RCCG forms part of a structure with 22 other organisations, the service is failing to meet target - undertake external review? Dr Cullen felt an external review would prove difficult due to the nature of the service.
- Mrs Firth explained that whilst 8 minutes is the national target, an audit took place on 9 minute targets for an independent review on what the extra one minute means to patient survival and if any further harm resulted to patients. The review confirmed that no patient harm had occurred as a result of failure to achieve targets.
- Mrs Cassin suggested informing YAS that the audit was extremely useful and suggesting a repeat audit in conjunction with another trust.

AQuA recommend that this review is undertaken again. Mrs Firth will action. **Mrs Firth**

AQuA Note the CCG's position with respect to performance in these key areas and note the actions being taken to address these issues.

C-Diff

Jason Punyer provided an update around which discussion took place. Points to note:

- Background - review of CDiff numbers at TRFT for past 2 years, previously had good results against which trajectory is set. 2 years' ago there was an outbreak of CDiff which put numbers above trajectory. Governing Body requested a Deep Dive. TRFT was already undertaking a deep dive of their own and report was shared.
- Mr Punyer attends CDiff meetings, Mr Punyer also attended a strategy meeting where improvement discussions took place.
- Mr Punyer reported positive points: prescribing antibiotics with national success, worked with TRFT on formulas, community-based prescribing and hospital based as appropriate, good history.
- Mr Punyer reported room for improvement in cleaning (recognise have a programme for cleaning however reactive rather than pro-active after CDiff). Following strategy, a rolling 12 month programme proposed – when disinfecting areas need to shut beds and rotate.
  Length of stay – 25% of cases occur within the first 7 days, the rest is within 2 weeks – it is therefore difficult to know whether community-acquired or hospital-acquired.
  Longer stay patients – significant number not medically in need of a hospital bed. Recording not always adequate, eg recording of stool

charts and recorded lack of staffing in hospital. More vigilence of recording has been promoted. Barnsley, Doncaster and Rotherham are working together, Barnsley work slightly different with microbiology taking place daily, Rotherham will start implementing different measures.

- Dr Carlisle felt this was just part of the picture as only concentrated on hospital CDiff. Mrs Cassin confirmed in the future community CDiff will be looked at, primarily around antibiotic prescribing, depending on capacity. Mrs Cassin advised an Infection Control Lead has been appointed and will be operational from October this year. Infection Control Lead will work closely with Mr Punyer and also address Community CDiff.
- Noted the CQC report also contains elements of CDiff. Hilary Porter has requested a report and action plan to go to contract quality meeting.
- Mrs Cassin reported she is aware Public Health England were asked to advise TRFT. Barnsley actions have been taken on board. Mrs Cassin felt assured there was a level of openness and honesty with trajectories going in right direction.
- Dr Cullen enquired whether sight of recruitment and retention of cleaning staff could be obtained as it was noted agency staff for both clinical and non-clinical may not have appropriate infection control training. Suggestions were also made regarding a joint lab service and Microbiologist. Mr Punyer noted the comments.

AQuA note the CCG's position with respect to performance in these key areas and note the short and longer term actions being taken to address these issues.

15/94 (Continuing Healthcare (CHC) Adults Progress Report

Mr Windle attended to present the progress report for CHC adults, advising a CHC children's report will follow at a later meeting. Mr Windle felt that against adversity CHC Adults have done well with challenges ahead, some which are out of remit at present.

Key points:

1. Lead regionally for CHC for reporting data. Acknowledge uncertainties going forward, discussions are taking place across the patch.
2. Capacity and demand – not able to address at present due to transition. Moving forward don't have equity - hospital patients, community and out of areas are all different, for a quality service need the equity element. Developing business case for after transition.

AQuA recognise the report and thanked Mr Windle.

15/95 Personal Health Budgets

From October last year offer and publish personal health budget. National drive for CCGs to offer PHBs to anyone in receipt of care. Paper explains methodology of how this will happen. Multi-agency rollout.

PHB also covers childrens services, if transfers to better care fund this may become an issue. Mrs Firth confirmed this was being addressed through the SEND agenda and childrens CHC and looking into how to deal with items currently dealt with for example under block contract. PHB will be for high end or extreme cases, each CCG will set their own threshold for entry.

AQuA recognise the report and thanked Mr Windle.

15/96 Audit Committee Terms of Reference for Review

Deferred to next meeting. **Agenda**

15/97 SI & Near Miss Policy

Mrs Cassin presented the above policy explaining this is a reviewed policy, with minor change relating to information governance. Due to timescales, this policy has already been to Governing Body.

AQuA accepted the policy with no comments.

15/98 Assurance Framework/Risk Register

Summary of Assurance Framework and Risk Register

Mrs Whittle presented the Risk Register and Assurance Framework, confirming both have been fully updated.

AQuA discussed the escalation process and whether all risks were being identified especially in respect of the new areas of commissioning around Primary Care. Mrs Whittle assured the meeting that risks were identified and escalated at key decision making committees across the CCG and the Assurance Framework and Risk registered were reviewed by senior officers every quarter. It was agreed that AQuA would review the process in September especially in light of commissioning Primary Care from April 2015. **Agenda 18.09**

AQuA agreed to discuss how time is spent reviewing the Risk Register and Assurance Framework at the event on 18th September. Mrs Whittle to ensure Jacqui Tufnell is receiving sight of the Risk Register and Assurance Framework. **Mrs Whittle**

15/99 Serious Incidents and Complaints Committee Draft Minutes dated 13th May 2015

Noted for information, nothing for escalation.

15/100 Operational Risk, Governance & Quality Group Minutes dated 18th June 2015.

Noted, nothing for escalation.

15/101 Clinical Commissioning Group Governing Body minutes dated 3rd June 2015. (Draft)

Noted, nothing for escalation.

15/102 Concerns that officers wish to raise

No concerns raised.

15/103 Other Business

Mrs Firth reported Operational Executive received a paper on Monday confirming a Performance Notice is being issued to RDaSH.

AQuA members noted that after this meeting there will be a meeting between lay members and the internal and external auditors.

15/104 Issues for risk register or to alert Governing Body

Mr Barber will provide feedback to Governing Body on:

- Deep Dives
- CHC
- Assurance Framework.

15/105 Forward Planner

None.

15/106 Next meeting:

Friday 18th September 2015, 9.00am, Birch Room

15/107 Future Meetings:

Friday 18th September 2015, 9.00am, Birch Room
Friday 20th November 2015, 9.00am, Birch Room
Friday 15th January 2016, 9.00am, Birch Room