

Minutes of Audit & Quality Assurance Committee

Tuesday, 2 March 2021

Commencing at 9.00am

Via Zoom

QUORUM

Audit & Quality Assurance Committee Quorum is at least 2 Lay Members and 1 Clinician

Present:

Mr J Barber, Lay Member Governance (Chair)
Mrs D Twell, Lay Member, Patient and Public Engagement
Mrs J Wheatley, Lay Member, Primary Care

In Attendance:

Mrs A Wood, Chief Nurse, TRFT
Mrs R Nutbrown, Assistant Chief Officer, RCCG
Mrs S Cassin, Chief Nurse, RCCG
Mr I Atkinson, Executive Place Director, RCCG
Mrs K Meats, Client Manager, 360 Assurance Internal Audit
Mr R Khangura, Director, KPMG
Mrs W Allott, Chief Finance Officer, RCCG
Mr M Jones, Head of Financial Services, RCCG
Dr J Page

Apologies:

Mrs C Croft, Counter Fraud Specialist, 360 Assurance

		Action
SESSION A : INTRODUCTION		
21/35	Update on TRFT CQC Inspection	
	<p>Mrs A Wood, Chief Nurse, The Rotherham Foundation NHS Trust was in attendance.</p> <p>The CQC undertook an inspection in September 2018 when Mrs Wood was in the post of Interim Chief Nurse. That was a full inspection across the organisation and a re-inspection of UECC. Improvement was required across the board except UECC. From that an action plan was put in place consisting of 106 actions, of which 103 have been closed. One of the actions had not been progressed because of Covid; one had been ongoing regarding oxygen prescribing. That was now on electronic prescribing which put them in a much better position. The Special Care baby Unit required specific training and they needed to have 70% of nurses trained in a certain programme which was not readily available across the country. They were currently unable to complete that action because of lack of training places and it remains open and progressing.</p> <p>In August 2019 the UECC had been rated as 'inadequate', all those actions had now been closed and was re-rated as 'required improvement'. Improvements were</p>	

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	<p>continuing to be made.</p> <p>In July 2020 there was an inspection of the Children’s Pathway including Safeguarding, from which a 184 point action plan was developed and the Trust received support from the CCG. Weekly meetings with Team were held and the CQC received weekly updates. A large volume of evidence had been provided for the CQC. There were now only nine outstanding actions; one they were unable to progress because the Children’s Hospital are due to undertake a peer review during current Covid precautions. There had not been any serious incidents regarding safeguarding children in 12 months and work was continuing.</p> <p>In late 2020 a request for information was received from the CQC regarding the acute medical unit, specifically around staffing and patient safety. Because of Covid there had been issues with staffing, because of that the CQC gave a section 29A warning notice for improvement. Only minor issues were identified, the warning notice was published on 11 February with actions to be undertaken by 19 February. An action plan was submitted on 19 February with all actions that were needed to be taken as closed. Other actions had been identified that the Trust would put in place, additionally, and roll out across the rest of the organisation. Feedback was awaited from the CQC and a meeting was taking place on 2 March 2021.</p> <p>Regular meetings were held with the CQC on a monthly basis and the Trust was still receiving a significant amount of requests for information on a weekly basis – all information was being provided. An additional team was being pulled together for a six month period to address all requests to support Mrs Wood and her Quality Manager. They would be able to get in a better position with this increased resource.</p> <p>Mrs Cassin asked if an offer of support had been received from the RMBC Children’s Safeguarding team. Mrs Wood responded that they did offer support but it had not been progressed and they would be able to take up the offer after Covid restrictions were relaxed.</p> <p>Mrs Twell asked what would patients see if they went into the UECC, and what would be the differences? Mrs Wood added that Covid had been a massive issue and had resulted in changes being made to the way care is delivered. Patients would see the team working really well together, there were smiles on nurses’ faces and patients being reassured. The area was clean and tidy; patients are receiving additional support due to Covid restrictions on relatives attending. The atmosphere has changed and become more positive. The number of ambulance delays has reduced. Management is proactive and the department has a more positive feel to it.</p> <p>Mr Atkinson added that discussions were to be held regarding the wider place and patients accessing services. Staff are working at full capacity and the dialogue with Rotherham residents needs to be managed to help people understand that it will take time to get services back to ‘normal’. The next 6-9 months will be challenging. Mrs Wood assured members that a lot of work had been done around the health and well-being of staff. Mr Barber felt that staff were all going to work to do their best.</p> <p>Mr Barber said it did feel that improvement had been made. He asked how the Trust Board feel in terms of the response to the CQC? Mrs Wood replied that the Trust are working hard on their relationship with the CQC, they were reacting to the information received and had identified that we needed to be proactive to identify issues as early as possible.</p> <p>What happens next? Mrs Wood confirmed that the CQC would be revisiting the Trust. This should have taken place in April but was delayed due to Covid. The CQC were undertaking more targeted visits regarding areas of concerns, including visits to Urgent and Emergency Care Centres. The Trust is encouraging the CQC to meet the teams within the departments and hear from them directly rather than just hearing from Mrs Wood about progress. The staff have been amazing and put in additional effort every day.</p>	

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	Mr Barber thanked Mrs Wood for everything they had done at the Trust and for providing the update.	
21/36	Declaration of Pecuniary or Non-Pecuniary Interests & Quoracy	
	The standard declarations for GPs (Dr J Page), as providers were acknowledged overall. Mr Barber confirmed that as two Lay Members and a clinician were present, the meeting was quorate.	
21/37	Minutes from the Previous Meeting and Matters Arising	
	The Minutes of the meeting held on 9 February 2021 were approved as a correct record with the following change from Mrs Twell: Page 6 Mrs Twell reported rather than 'they' should be 'the CCG Chief Officers of the Executive Team'.	JW
21/38	Actions Log	
	Updated	
SESSION B : EXTERNAL AUDIT, FINANCE AND COUNTER FRAUD		
21/39	External Audit Sector Update	
	Mr Khangura presented the item. The Audit Plan was presented at the last meeting. Since then the interim audit had gone really well and the CCG was in a good position for the financial statement audit. Evidence for new code of audit practice had been received. An internal moderation meeting would be taking place next week where they would think about any significant risks, and the right areas to explore needed to be pulled out. The Mental Health Investment Standard (MHIS) required all CCGs to have assurance regarding compliance for 2019/20. There were a couple of issues around clinical judgement and how much do we look at it and the clarification questions being asked. Mr Khangura reported that they should be able to give assurance and an opinion on the MHIS and would provide a draft report at the next meeting.	RK
21/40	Financial Matters Update	
	Mrs Allott presented the item. The report today is for the period to the end of January (month 10) Firstly, in sections two and three: cash and payments continue to be well managed, with near 100% compliance with national requirements in this area ongoing. Secondly, the Operating Cost Statement at section five where an updated forecast outturn position reflects the findings of iterative internal work monitoring CHC and the effects of the HDP; the work has compared plans and previous assumptions against actual ongoing performance. Narrative in the risk section of the report has been updated to reflect the most significant residual risks to the outturn projection.	

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	<p>The risks to allocations features prominently in this list, and in respect of point (v), and in relation to prescribing, since writing the report NHSE/I have confirmed an allocation deduction will be made in respect of the £861k months one to six prescribing figures. All other things being equal, this will decrease the reported surplus position at month 11.</p> <p>Mr Barber felt that members had a good understanding of where we are and what might still happen. It is expected that the CCG will deliver against its responsibilities.</p> <p>Matt Jones added:</p> <ul style="list-style-type: none"> • No losses or compensation • No tender waivers, but was aware there was one due to come through next month. • Agreed debtors continue to be well managed • Creditor position increase on previously reported NHSPS we had been waiting for • No changes to gifts and hospitality • Interim Audit – assurance to members it had been a really smooth process without any issues being flagged and we are in a really good position for year end. 	

SESSION D: INTERNAL AUDIT AND GOVERNANCE

21/41	Internal Audit Progress Report	
	<p>Mrs Meats presented the item.</p> <p>Key messages state that no final reports issued but yesterday the Human Resources Shared Services review, which was undertaken across the South Yorkshire and Bassetlaw CCGs, was issued and shared with members of AQuA electronically.</p> <p>The Human Resource Shared Service is hosted by Sheffield CCG, Internal Audit undertook sample testing across each of the five CCGs relative to the numbers involved covering three main areas:</p> <ul style="list-style-type: none"> • Starters, leavers and amendments to payroll • Compliance with the requirements of the NHS Employment Check Standards (pre-employment checks) • Salary sacrifice schemes. <p>The report was issued with significant assurance. Five low risk actions and two medium risk actions were agreed. The medium risk actions were in relation to:</p> <ul style="list-style-type: none"> • The need for an independent check on input of new starter information and changes to salary into ESR. • Gaps identified in pre-employment checks. As a result of these gaps, the CCG's are currently partially compliant with NHSCFA standard 3.4. <p>Work on remaining audits in the 2020/21 plan is currently in progress. These are:</p> <ul style="list-style-type: none"> • Data Security and Protection Toolkit • Delegated primary medical care services (mandated by NHSE). <p>Head of internal audit opinion – Stage 2 was now complete and included as an appendix to the papers. As discussed at AQuA Committee in February, two medium risk issues were identified in relation to oversight of the GBAF and those documents are on the agenda for the meeting today. The outcome of the review will be reflected</p>	

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	<p>in the draft Head of Internal Audit Opinion which is due for submission to NHSE/I on 12 March.</p> <p>Follow up dropped to 75% 3 had missed their deadline, asked for an extension to 31 March 2021.</p> <p>Mr Barber added that the number of days completed was 67 against a plan of 90, he presumed they would be completed in March. Mrs Meats confirmed that it was expected that the majority of the work would be completed but that it will be necessary to take forward a small number of days which was usual practice and would be agreed with the Chief Finance Officer.</p> <p>Mr Barber also added that with reference to the health records report, some recommendations were not delivered by January but would be by March. Did Mrs Meats feel that would be completed? Mrs Meats was confident it was in progress and there was nothing to suggest they would not be completed.</p>	
21/42	Draft 2021/22 Internal Audit Plan	
	<p>Mrs Meats presented the item.</p> <p>The report was discussed at the last meeting. Since then the report had gone back through OE and included some very minor changes to the overall plan and reflected the reasons behind certain audits not being included in the plan this year.</p> <p>When the plan was issued as a final it would look different as they had a new template but the content was the same. The review of disciplinary procedures was for Trusts only so the reference would be removed.</p> <p>Mr Barber asked if Mrs Allott and Mr Jones content with the plan that was proposed. They confirmed they were.</p> <p>Members agreed the Plan.</p>	
21/43	2021/22 Internal Audit Charter	
	<p>Mrs Meats presented the item.</p> <p>Standard document that supported the Plan.</p> <p>Paper received.</p>	

Governance		
21/44	GBAF Risk Register and Issues Log	
	<p>Mrs Nutbrown presented the item.</p> <p>The Risk Management Framework was brought to AQuA with a timeframe document previously. The next review of the governance framework was due to start on 16 April 2021 and would be sent to OE members and then it would be discussed as a Committee to come back to AQuA on 4 May 2021.</p> <p>Mrs Nutbrown went through the GBAF document section by section and a lengthy discussion was held.</p> <p>The objectives were set pre-Covid so information had to be added regarding Covid. A new column had also been added "how is the governing body assured".</p> <p>Mrs Nutbrown reported that they had made a commitment that they would have a new format GBAF by the end of March, so she had started from scratch, and therefore not just updating the document we already had.</p> <p>Mr Atkinson added that the GBAF and Risk Register were updated to reflect Covid and the Incident management information reflected what was happening every week on the ground.</p> <p>Mrs Nutbrown offered to meet with Lay Members to explain GBAF and Mrs Meats also suggested being involved in that process.</p> <p>Members were asked to:</p> <ul style="list-style-type: none"> • Review the GBAF, risk register and issues log. • Consider whether all current risks had been captured. • Consider whether the risk scores remain appropriate. • Consider the progress made against actions. • Where current risk score were above the risk appetite, consider whether there were any further actions required. <p>Mr Barber confirmed that the action points had been covered.</p> <p>AQuA thanked Mrs Nutbrown for her update.</p>	RN
21/45	DSPT Baseline Assessment	
	<p>Mr Atkinson presented the item.</p> <p>CCGs, along with other NHS organisations were required to submit a baseline assessment of the DSPT for 2020/21 to NHS Digital by the end of February 2021.</p> <p>The baseline assessment was not a full assessment of the toolkit submission. It was an interim assessment to indicate that the self-assessment was underway and could be used to highlight the organisation areas which needed particular focus ahead of the full assessment deadline of 30 June 2021.</p>	
SESSION E: FOR INFORMATION		
21/46	Public Governing Body Minutes 13 January 2021	
	Mr Barber introduced the item for information.	
21/47	Serious Incidents and Never Events Minutes 20 January 2021	
	Mrs Cassin introduced the item for information.	

SESSION F: ADMINISTRATION

21/48	Other Business	
	Mr Barber asked regarding the Fraud Plan. Mrs Meats reported that they had received lots of unexpected changes that they were working through. A meeting was held with Mrs Allott last week and they would hope that the Plan would be presented to the April meeting.	
21/49	Issues for Escalation to Governing Body	
	<ul style="list-style-type: none">• Review of GBAF• Agreed IA Plan for 2021/22	
21/50	Forward Planner (for information)	
21/51	Next Meeting (for information) 13 April 2021 at 9.00am via Zoom	