

# NHS Rotherham Clinical Commissioning Group

Operational Executive – NA

AQuA – 3 November 2020

Governing Body – 2 December 2020

## Audit and Quality Assurance Committee – Annual Report 2019/20

Lead Executive:	<b>Chris Edwards, Chief Officer</b>
Lead Officer:	<b>Ruth Nutbrown, Assistant Chief Officer</b>
Lead GP:	<b>John Barber, Non Executive Director</b>

<b>Purpose:</b>
To give assurance to Governing Body that the Audit Quality and Assurance Committee (AQuA) has been effective and consistent in carrying out its duties.
<b>Background:</b>
The purpose of this Annual Report, in line with best practice, is to summarise the main topics considered by the Committee during the past year and to set out the agenda for action during 2019/20.
<b>Analysis of key issues and of risks</b>
NA
<b>Patient, Public and Stakeholder Involvement:</b>
NA
<b>Equality Impact:</b>
NA
<b>Financial Implications:</b>
NA
<b>Human Resource Implications:</b>
NA
<b>Procurement Advice:</b>
NA
<b>Data Protection Impact Assessment</b>
NA
<b>Approval history:</b>
NA
<b>Recommendations:</b>
Governing Body is asked to receive and note the AQuA Annual Report 2019/20.
<b>Paper is for Noting</b>

**AUDIT AND QUALITY ASSURANCE COMMITTEE**  
**ANNUAL REPORT**  
**2019/20**



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## 1. ROLE OF THE AUDIT AND QUALITY ASSURANCE COMMITTEE (AQuA)

The purpose of this Annual Report, in line with best practice, is to summarise the main topics considered by the Committee during the past year and to set out the agenda for action during 2019/20.

The public rightly expect that the NHS should adhere to the highest standards of governance and the existence of the Committee conveys to both staff and the public the importance the Governing Body continues to attach to both internal control and corporate governance.

The Committee's primary role is to obtain assurance that:

- 1) there is an effective and consistent process in commissioning for quality and safety across NHS Rotherham Clinical Commissioning Group
- 2) high standards of care and treatment are delivered. This includes areas regarding patient safety, effectiveness of care and patient experience
- 3) an effective system of integrated governance, risk management and assurance across the Governing Body activities is established and maintained
- 4) reasonable steps are taken to prevent and detect fraud, bribery and corruption and other irregularities
- 5) risks to the achievement of Governing Body objectives are identified and assurances obtained that appropriate mitigating action is being taken and to make recommendations to Governing Body within delegated responsibilities.

This role is set out clearly in the Committee's terms of reference which was revised in October 2019 to ensure that key functions are embedded within the Constitution and governance arrangements of the NHS Rotherham CCG. This will be reviewed again in October 2020.

The Committee reviews the effective local operation of Internal and External Audit, as well as the Counter Fraud Service ensuring that a professional relationship is maintained between the External and Internal Auditors, so that reporting lines can be effectively used.

In addition the Committee maintains oversight of the assurance processes associated with the quality of services commissioned on behalf of Rotherham patients.

An annual self-assessment of the Committee's effectiveness is undertaken each year and the findings reflected upon at the Committee. This is attached at Appendix 1.

## 2. COMPOSITION OF THE AUDIT AND QUALITY ASSURANCE COMMITTEE

The Committee membership during 2019/20 was comprised of three Lay Members of the NHS Rotherham CCG - one of whom will act as Chair and one as Deputy Chair - and one General Practitioner supported by representatives of both Internal and External Audit and senior NHS Rotherham CCG officers.

AQuA Member	Position	From - To
<b>Mr John Barber</b>	Lay Member for Governance	1 April 2019 – 31 March 2020
<b>Mrs Debbie Twell</b>	Lay Members – Public and Patient Engagement	1 April 2019 – 31 March 2020
<b>Mr R Carlisle</b> <b>Mrs J Wheatley</b>	Lay Member – Primary Care Lay Member – Primary Care	1 April 2019 - 30 Aug 2019 1 Jan 2020 – 31 March 2020
<b>Dr J Page</b>	GP – Governance Lead	1 April 2019 – 31 March 2020

Standing invitations to attend:

- the Deputy Chief Officer – Mr Ian Atkinson
- the Chief Finance Officer – Mrs Wendy Allott
- the Chief Nurse – Mrs Sue Cassin
- the Assistant Chief Officer – Mrs Ruth Nutbrown
- the NHS Rotherham CCG'S Internal Auditors – provided by 360 Assurance
- the NHS Rotherham CCG's External Auditors – provided by KPMG
- the local Counter Fraud Officer – provided by 360 Assurance

In addition, other officers from within the organisation have been invited to attend where it was felt that to do so would assist in the effective fulfilment of the Committee's responsibilities. In accordance with the Terms of Reference the Chief Officer attends one meeting annually.

Administration has been provided by the Corporate team.

### **3. MEETINGS DURING THE YEAR**

The Committee has met formally on six occasions during the year with all members attending regularly. Minutes of these meetings have been reported back directly to the NHS Rotherham CCG Governing Body

Additionally the Committee has examined in detail a number of new, and revised policy documents, relating to a range of matters including Email Policy, Commissioning for Outcomes Policy, EPRR Policy, Conflicts of Interest Policy, Complaints Policy, Policy and Procedure for the Management of Security, Display Screen Equipment Policy, Expenses Policy, Safeguarding Supervision Policy, Domestic Abuse Policy, Freedom of Information Policy, Media Relations Policy, Health and Safety Policy, Equality and Diversity Policy, Business Continuity Management Policy, Access to Learning and Development Policy, Cryopreservation Policy, IVF Policy, Induction, Mandatory and Statutory Training Policy, Information Security Policy, Portable Data Security Policy, Health and Wellbeing Policy, Data Protection and Access to Health Records Policy, Grievance Policy and Procedure, Recruitment and Selection Policy and Sickness Absence Policy.

### **4. FINANCIAL STATEMENTS**

During the financial year the Committee has received regular updates on the financial position of the NHS Rotherham CCG, and the risks to the achievement of the financial plan. The Committee received good assurance on the management of those risks leading to the successful delivery of the business rules.

The Chief Finance Officer has reported on other miscellaneous matters such as single tender actions, gifts and hospitality and losses and special payments. Additionally the Committee received one-off reports in relation to areas such as Quality Innovation Productivity and Prevention (QIPP) Governance.

During the year the Committee has been assured by the robustness of the financial arrangements through the annual independent audit report which examines the system of controls and general accounting processes. The audit offered full assurance in this area.

### **5. INTERNAL CONTROL AND RISK MANAGEMENT SYSTEMS**

At each meeting the Committee has considered reports from its Internal and External Auditors, and has also received updates on the risk management framework operating within the CCG. This has enabled the Committee to examine the effectiveness of the CCG's Assurance Framework, financial systems and controls and the processes for governance. Consideration of these areas has informed further work to ensure that the Risk Register has been regularly revised to both reflect the rapidly changing backdrop to

the work of the NHS Rotherham CCG and also to improve the actual maintenance of data within the register itself.

## **6. EXTERNAL AUDIT**

The NHS Rotherham CCG's External Auditors have been KPMG and during the year the Committee has worked constructively with the audit manager and his team. Areas jointly examined have included:

- 1) the nature and scope of the Annual Audit Plan
- 2) the extent of the co-ordination between Internal and External Audit plans
- 3) receiving and considering reports derived from the Annual Plan
- 4) receiving and considering the Annual Audit letter before its submission to the Board.

The work of external audit is monitored by the Committee through regular progress reports. Their work is both timely and professional. The recommendations made are relevant and helpful in our overall assurance and governance arrangements and our work on minimising risk. There are clear and open relationships with officers and the reports produced are comprehensive and well presented.

In addition to local health service matters the Committee has been kept apprised by our external auditors of developments elsewhere in public services both nationally and on the world stage. These discussions have been helpful in extending the Committees awareness of the wider context of our work.

## **7. INTERNAL AUDIT**

The Committee has regularly reviewed and considered the work and findings of Internal Audit. 360 Assurance our internal auditors have attended every meeting to discuss their work. The auditors have not indicated any area of particular concern that should be brought to the Committee or Governing Body's attention and the Committee is highly satisfied with the liaison and coordination with our internal auditors. The Committee has received reports on the work required to enable the production of the Head of Internal Audit Opinion, and have noted that we are on track to achieve appropriate assurance on this Statement.

During the year the following areas relating to internal audit have been considered:

- 1) the nature and scope of the Annual Audit Plan
- 2) progress on implementing the plan including individual audit reports
- 3) the Head of Internal Audit's annual opinion on the system of Governance
- 4) local Counter Fraud Progress Reports presented to the meeting.

All reports provided by internal audit have given full or significant assurance in this year's plan.

For both Internal and External Audit, the Committee has ensured that management actions agreed in response to reported weaknesses are being fully implemented in a timely manner.

Reports are generally received on time and enable the Committee to understand operational and financial risks. In addition our internal auditors have provided valuable benchmarking information arising from their work elsewhere in the region.

The Counter Fraud service continues to undertake both proactive training and awareness work and reactive investigations when referred from CCG officers. The service is appreciated by the Committee as it has improved our ability to tackle fraud issues. In particular the Committee are assured that the counter fraud training offered to the NHS Rotherham CCG the widely distributed newsletter are playing an important role in raising awareness of potential fraud within the health service.

## **8. INTEGRATED GOVERNANCE**

The Committee is responsible for the maintenance of an effective system of integrated governance. It has maintained oversight of the whole process by seeking specific reports on assurance on clinical, financial and managerial matters. In addition the Committee has been closely involved with establishing a governance and assurance framework fit for purpose for the NHS Rotherham CCG.

During 2019/20 the Committee has reported areas of concern, and fed back items directly to the Clinical Commissioning Group's Governing Body and played a proactive role in communicating suggested amendments to both the risk assurance framework and the risk register.

## **9. QUALITY**

During 2019/20 the Committee has given attention to assuring the quality of services the CCG commissioned on behalf of patients. Specifically:

- 1) committee meetings are organised to allocate a specific part of the agenda to cover quality and patient safety issues together with patient experience and engagement work, including examination of the quality reports of our major providers as well as updates on serious incidents and other quality indicators from the Chief Nurse.
- 2) the Committee also seeks assurance through the presentation and discussion of reports from both the Adult and Children's safeguarding Boards and Safer Rotherham Partnership (SRP) and reports of liaison with the Care Quality Commission and Local Authority in relation to residential and nursing homes.
- 3) reports and updates about healthcare associated infection (HCAI) regarding Rotherham CCG commissioned services are received and discussed by the Committee.
- 4) feedback is given to the Committee from announced and unannounced clinically led visits to health service providers. Similarly the Committee is given details of clinical audits carried out within the services we commission as a CCG.
- 5) close liaison has been maintained with all our providers and the assurance processes on quality of patient care have been strengthened during the year by board to board meetings with the local acute hospital trust and mental health trust.
- 6) the Committee receives CQC reports regarding providers of NHS Rotherham CCG commissioned services and reports of assurances received from providers regarding completion of required actions and where appropriate persisting or new issues.

## **10. LOOKING AHEAD**

As a result of its work during the year the Committee is satisfied that the NHS Rotherham CCG has appropriate and robust internal controls in place and that the systems of governance incorporated in the constitution are fully embedded within the organisation. The Committee has been assured that there are no areas of significant duplication or omission in the systems of governance and internal control. Vigilance has been maintained in relation to the quality of services commissioned.

Looking forward to 2019/20 the Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of the Rotherham Clinical Commissioning Group. Specifically the Committee will:

- 1) continue to examine the governance and internal control arrangements of the NHS Rotherham CCG.
- 2) continue to seek assurance upon quality and patient safety within the services commissioned by the NHS Rotherham CCG including local providers' responses to the key national reports.
- 3) monitor closely risks faced by the NHS Rotherham CCG itself and also by our major providers,
- 4) work closely with the local audit committees on issues arising from financial and governance matters affecting the public sector community.
- 5) work closely with our external and internal auditors on issues arising from both the current and

new agendas for the NHS Rotherham CCG.

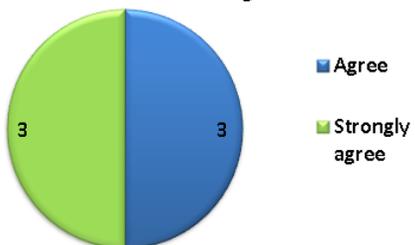
- 6) ensure the NHS Rotherham CCG is kept aware of our work including both positive and adverse developments.
- 7) request and discuss in detail a number of 'deep dives' into specific areas to ensure adequate assurance is received by the NHS Rotherham CCG.
- 8) consider the governance issues arising from developments in the Rotherham Integrated Care System and the wider South Yorkshire and Bassetlaw system.
- 9) continue to raise the profile of the quality agenda within the CCG
- 10) continue to ensure the CCG always has good practice governance arrangements in place.

**John Barber, Chair - Audit and Quality Assurance Committee      October 2020**

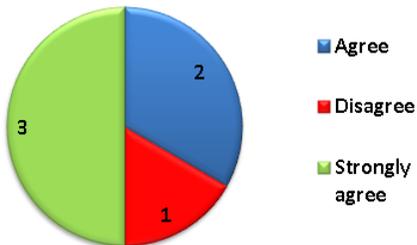
## 11. Appendix 1: AQuA Effectiveness Survey Results

In line with Section 2.2.3a of Appendix D Standing Orders to the CCG Constitution an annual Vote of Confidence in commissioning arrangements is required to be undertaken. To enable an overview of opinion to be obtained a Vote of Confidence Smart Survey was sent to all 30 GP practices within Rotherham on 17 September 2019. From the 30 practices responses were received from six.

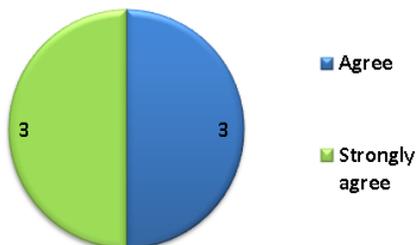
Q1. The agenda is set early enough for me to have time to prepare properly for the meeting.



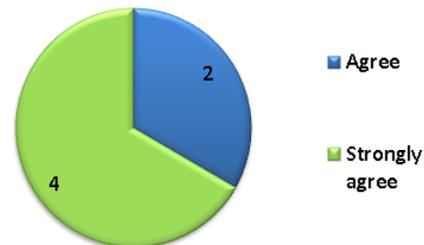
Q2. Papers are circulated early enough for me to have sufficient time to consider them properly and seek further advice if required.



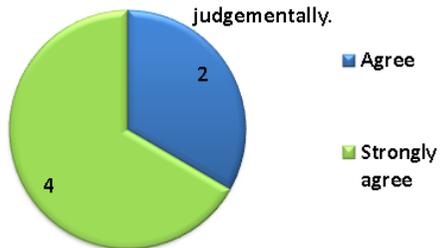
Q3. Papers/Reports contain the relevant information for me to effectively participate in debate.



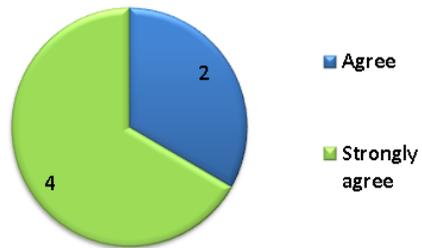
Q4. There is appropriate detailed discussion focused on the decisions required.



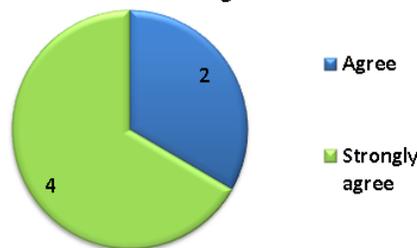
Q5. All members of the committee behave with courtesy and respect, and views of others are respected and heard non-judgementally.



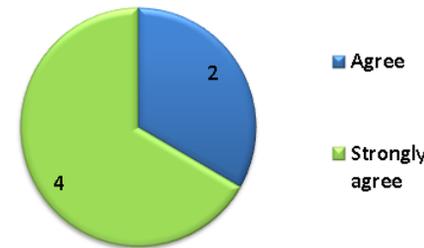
Q6. Constructive challenge is done in a professional and civilised manner.



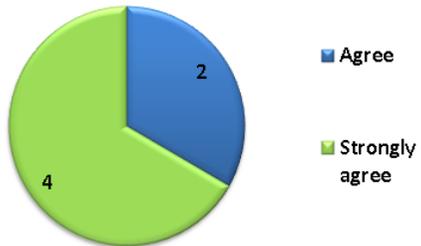
Q7. Confidentiality is maintained at all times including adherence to the principles of information governance.



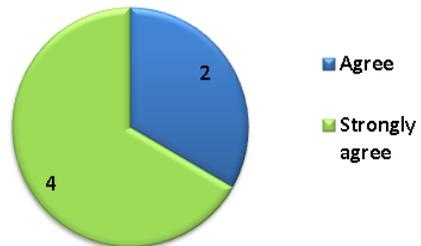
Q8. There is no discrimination on the basis of sex, race or professional affiliation.



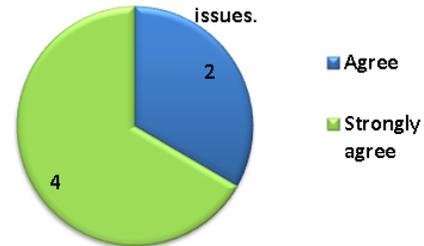
Q9. The Chair promotes good standards of corporate governance.



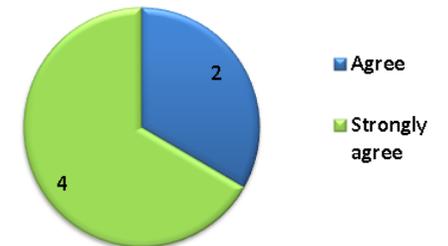
Q10. The Chair controls the conduct of the meeting effectively.



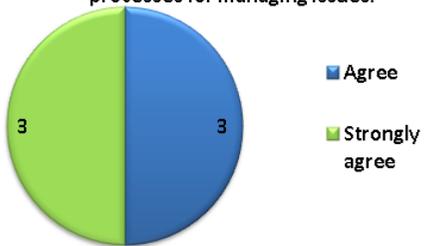
Q11. The Chair acts as a link between Board of Directors, and Audit & Assurance Committee in relation to escalation of issues.



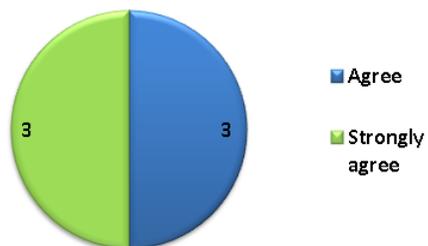
Q12. Appropriate deputies attend meetings well briefed and able to effectively participate in the meetings.



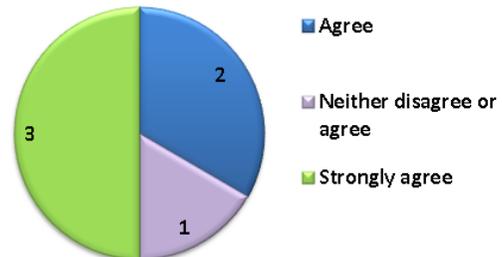
Q13. I am happy to receive exception reports because I am comfortable with the operational committees systems and processes for managing issues.



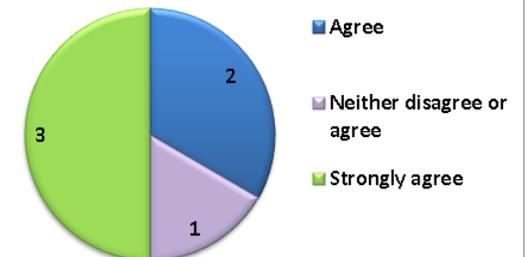
Q14. Individuals invited to present to the committee are appropriately briefed by the most relevant committee member.



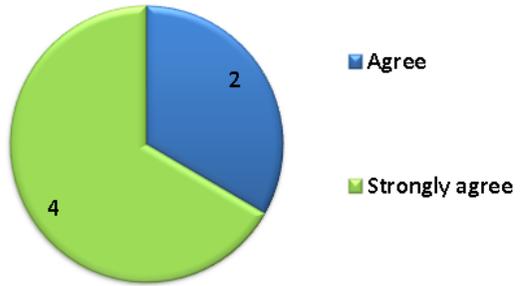
Q15. There is appropriate discussion of patient issues at meetings.



Q16. There is appropriate discussion of clinical outcomes at meetings.



Q17. The Committee delivers assurance on the effectiveness of internal controls, risk management and governance.



Q18. Are conflicts of interest dealt with and recorded appropriately?

