



Wiltshire

Clinical Commissioning Group

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING
HELD ON TUESDAY 13 SEPTEMBER 2016 AT 09:30
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Peter Lucas	PL	Chair, Lay Member
Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP Vice Chair, NEW

In Attendance:

Steve Perkins	SP	Interim Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Susannah Long	SL	Governance and Risk Manager
Steve Collins	SC	Interim Deputy Chief Financial Officer
Johnathan Brown	JB	Director, External Audit, KPMG
Natalie Tarr	NT	Internal Audit, PwC
Lynne Baber	LB	Internal Audit, PwC
Tracey Spragg	TS	Counter Fraud Specialist
Sharon Woolley	SW	Board Administrator

Apologies:

Christine Reid	CR	Vice Chair, Lay Member
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Item Number	Item	Action
AAC/16/09/01	Welcome and apologies for absence PL welcomed everyone to the meeting. The above apology was noted.	
AAC/16/09/02	Declarations of Interest Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG. There were none made.	
AAC/16/09/03	Previous Minutes The minutes of the meeting held on 12 July 2016 were approved and signed.	
AAC/16/09/04	Matters Arising None.	
AAC/16/09/05	Action Tracker AAC/16/05/13 - Internal audit report for CHC to be presented to Q&CG Committee: The Quality and Clinical Governance Committee meeting had been postponed from 6 September to 20 September 2016. MS will raise the CHC internal report at the next meeting. ONGOING. AAC/16/07/06 – Draft Scheme of Reservation (SoR) to be presented to the next AAC: On agenda. COMPLETED	

	<p>AAC/16/07/17 - A briefing on this NHSE Conflicts of Interest guidance and an updated Standards of Business Conduct Policy to be brought to AAC in September: On agenda. COMPLETED</p>	
	<p>ITEMS FOR DECISION</p>	
<p>AAC/16/09/06</p>	<p>Scheme of Reservation DJN explained that the Scheme of Reservation would be included in the CCG's constitution once approved by the AAC and Governing Body. The document recorded actions and decisions against key responsibilities. It supported the Scheme of Delegation and the work of finance colleagues.</p> <p>The Scheme of Reservation was a new document for the CCG and seen to be a best practice addition to improve governance and link the terms of reference, Scheme of Delegation and the Governing Body role. It would help to clarify expectations and accountabilities.</p> <p>Following discussions around the Governing Body's Strategy and Performance reservation, it was agreed to endorse the additional point (13) concerning adoption of commissioning policies with legal or budget implications. This was currently a duty of the Quality and Clinical Governance Committee, but it was agreed to move it to be a responsibility of the Governing Body. Reservations for the Quality and Clinical Governance Committee were to be added to the document.</p> <p>ACTION - AAC/16/09/06.0: Quality and Clinical Governance Committee actions, decisions and responsibilities to be added to the Scheme of Reservation.</p> <p>The Committee agreed the Scheme of Reservation with this amendment and recommended it for approval to the Governing Body in September.</p> <p>ACTION – AAC/16/09/06.1: Scheme of Reservation and Scheme of Delegation to be presented to the Governing Body in September for approval.</p>	<p>SL</p> <p>DJN</p>
<p>AAC/16/09/07</p>	<p>Standard of Business Conduct Policy A review of the Standards of Business Conduct Policy had taken place following the release of the NHSE managing conflicts of interest in June 2016. The conflicts and declarations of interests and record of gifts, hospitality and sponsorship would be significantly more onerous to manage.</p> <p>The paper circulated highlighted in green text the main areas of change. The blue boxes indicated the need for further investigation to be carried out before the policy could be finalised. A Conflicts of Interest Guardian role would be created under the new guidance, a role of the Chair of the AAC. A third Lay Member was also suggested in the guidance. The policy is work in progress and would be brought to the November AAC meeting for agreement.</p> <p>SL explained that the new, comprehensive statutory guidance would affect all areas of the business. The policy would be refreshed after six months. The new guidance included a requirement of all staff, members etc. who would have an input into the CCG to declare any conflicts of interests. GP's hold their own registers in-house, but these would need to be made known to the CCG. Applicants for roles within the CCG would also be expected to declare any interests during application stage as well as when in post. Concerns had been raised about confidentiality.</p> <p>SL would be working with the procurement team on their new responsibilities; a register of decisions would need to be published. AC questioned the effect of this</p>	

	<p>guidance as a Governing Body GP member, a GP generally across Wiltshire and all staff, and how objections to the new guidance could be raised. The declaration of gifts is also more stringent. The CCG is obligated to enact these changes. The policy would be implemented practically and pragmatically, and would use existing policies where possible. SL had case studies available that could be circulated if useful. Other CCG's implementation was raised, the Committee thought it would be beneficial to hear how others were managing the new guidance. Gloucestershire CCG had the new guidance in place.</p> <p>SL explained that a private register of declared interests would be kept for those declarations that are not found to be conflicting due to the role of the staff member and their ability to influence, to expend financial resources and/or to assign contracts. This would also address potential Data Protection issues.</p> <p>AC and MS agreed to take the draft, revised policy to a Clinical Exec Meeting to gauge GP thoughts on implementation and best practice.</p> <p>Although the implementation of the new managing conflicts guidance did seem onerous and impractical, TS added that it was there to protect individuals and provide a consistent process. This would feed into existing criminal legislation.</p> <p>LB reported that NHSE had also released new audit guidance. Draft terms of reference would be shared with the AAC in due course. It is suggested in the guidance that audit time is split into two phases; a time to share knowledge and practice, and then a formal audit.</p> <p>ACTION - AAC/16/09/07.0: Revised and final Standard of Business Conduct Policy to be brought to the November AAC meeting for approval.</p> <p>ACTION – AAC/16/09/07.1: Investigate how other CCG's are implementing the new managing conflicts guidance.</p> <p>ACTION: AAC/16/09/07.2: Draft Standard of Business Conduct Policy to be taken to a Clinical Exec Meeting to gather GP feedback.</p> <p>ACTION – AAC/16/09/07.3: Draft audit terms of reference to be shared with AAC members following release of new NHSE audit guidance.</p>	<p>DJN</p> <p>SL</p> <p>AC/MS</p> <p>LB</p>
<p>AAC/16/09/08</p>	<p>Risk Management Strategy DJN explained that the Risk Management Strategy had undergone its first annual review and was presented for agreement by the AAC to then be approved by the Governing Body in September.</p> <p>The review included clinical input from Dr Richard Sandford-Hill. The green text highlighted the minor changes made.</p> <p>The Committee agreed the Risk Management Strategy and recommended it for approval to the Governing Body in September.</p> <p>ACTION – AAC/16/09/08: Risk Management Strategy to be presented to the Governing Body in September for approval.</p>	<p>DJN</p>
<p>AAC/16/09/09</p>	<p>Information Governance Security Policy DJN explained that the policy had been withdrawn from the last meeting as it had not been ready.</p> <p>The new policy written by the CSU and adapted for CCG use makes responsibilities clearer and implements best practice.</p>	

	<p>AC raised concerns over the Information Governance and IT training that was in place for Primary Care as it was felt it did not cover the different data handling levels sufficiently. Corporate inductions covered this internally, but this would be raised with the IT training providers to ensure it is covered in training modules.</p> <p>The Committee approved the Information Governance Security Policy.</p>	
	ITEMS FOR DISCUSSION	
AAC/16/09/10	<p>Internal Audit Progress Report</p> <p>LB presented the PwC progress report, highlighting the summary shown on page three. Appendix D on page nine included a list of recent publications and thought leadership. The Committee agreed that this was useful information to include.</p> <p>The Committee received and noted the report.</p>	
AAC/16/09/11	<p>Internal Audit Recommendation Tracker</p> <p>The internal audit tracker indicated that there were three recommendations closed but to be validated. NT reported that the Better Care Fund and CHC were current key areas in progress.</p> <p>Concerns were raised over the outstanding 2014/15 clinical governance internal audit findings still shown on the tracker. It was requested that this be finalised and reported back to the AAC.</p> <p>The Committee received and noted the report.</p> <p>ACTION – AAC/16/09/11: PwC to finalise 2014/15 clinical governance internal audit findings with Dina McAlpine and report back to the November AAC meeting.</p>	PwC/ DMcA
AAC/16/09/12	<p>External Audit Technical Update</p> <p>JB presented the progress report and drew the Committee's attention to the technical updates shown on pages three and four. Planning was already underway for the year ahead. KPMG had pitched for the position of WCCG external auditors for 2017/18.</p> <p>SP reported that guidance had been issued about employing temporary staff over the sum of £600. The CCG has reviewed its appointments to ensure this was being adhered to.</p> <p>The Committee received and noted the report.</p>	
AAC/16/09/13	<p>Local Counter Fraud Progress Reports 16/17</p> <p>TS reported that NHS Protect was changing considerably following its review and the area support was being removed. Monitoring providers would be in place, which could bring more inspections. A national investigation team was still in place, but there would be no support for the smaller, local teams.</p> <p>E-learning had been trialed and was being rolled out to target groups in finance, medicine management and CHC for feedback.</p> <p>A summary of the reactive work and cases was included in the report.</p> <p>The Committee received and noted the report.</p>	
AAC/16/09/14	<p>Review Board Assurance Framework (BAF) and Risk Register (RR)</p> <p>DJN explained that the BAF and RR had undergone its regular review and the top ten risks had been included. EMT had reviewed these; the documents had come to AAC for review and to be recommended for presentation to the Governing Body in September.</p>	

	<p>The risk score is subjective as determined by individual Directors. The Top Ten is derived by the Executive Team to remove this subjectivity and focus on the key risks for the CCG.</p> <p>Discussions took place over the likelihood and impact of some of the risks identified. AC felt that workforce and funds should be higher in the list and above the statutory requirements to portray a positive message to the public. LB reminded members that the AAC's role was to scrutinise and ensure that appropriate assurances were in place, and not necessarily to consider the public message.</p> <p>The risk register would be re-ordered to reflect the discussions. It was agreed to set the workforce and constitutional risks as joint number one in the list.</p> <p>The Committee agreed the BAF and the re-order of the top risks to present to the Governing Body.</p> <p>ACTION - AAC/16/09/14: Risk Register to be re-ordered before submission to the Governing Body in September.</p>	DJN
AAC/16/09/15	<p>Information Governance Report</p> <p>The progress report had been jointly compiled by the CCG and CSU through the Information Governance Group. It provided an update on information governance arrangements and took into account external regulations and legislation.</p> <p>Two incidents had been reported, but the mechanisms were in place to identify and correct these immediately. There was a rolling review in place of the suite of policies and a good level of compliance against the training structure. Information Asset Administrator and Information Asset Owner training was to be held.</p> <p>AC questioned if the CCG was to increase its levels for patient identifiable data. DJN reported that this was being worked towards in certain areas.</p> <p>The Committee received and noted the report.</p>	
	ITEMS FOR NOTING	
AAC/16/09/16	<p>Information Governance Group Meeting Minutes July 2016</p> <p>The Committee received and noted the minutes.</p>	
AAC/16/09/17	<p>Aged Receivable and Payables Report</p> <p>SP reported that Swindon Borough Council were outstanding concerning the CHC. Dina McAlpine was leading on this. It had now escalated to the Accountable Officer to discuss with NHSE. A meeting had been held with Wiltshire Council to resolve their outstanding receivable.</p> <p>The Committee received and noted the report.</p>	
AAC/16/09/18	Losses and Special Payments Report – None	
AAC/16/09/19	Competitive Tender Waives – None	
AAC/16/09/20	<p>Any Other Business</p> <p>There were none.</p> <p>The meeting was closed at 10.55hrs</p>	

Date of next Audit and Assurance Committee Meeting: 8 November 2016 09:15 – 11:00hrs