



Wiltshire

Clinical Commissioning Group

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING**

**HELD ON TUESDAY 8 NOVEMBER 2016 AT 09:15**

**AT SOUTHGATE HOUSE, DEVIZES**

**Present:**

|                  |      |  |
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| Peter Lucas      | PL   | Chair, Lay Member  |
| Christine Reid   | CR   | Vice Chair, Lay Member                                   |
| Mark Smithies    | MS   | Secondary Care Doctor                                    |
| Dr Anna Collings | AC   | GP Vice Chair, NEW                                       |
| Steve Perkins    | SP   | Chief Financial Officer                                  |
| Mark Harris      | MH   | Chief Operating Officer                                  |
| David Noyes      | DJN  | Director of Planning, Performance and Corporate Services |
| Dina McAlpine    | DMcA | Director of Quality                                      |
| Susannah Long    | SL   | Governance and Risk Manager                              |

**In Attendance:**

|                |    |                             |
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| Duncan Laird   | DL | External Audit, KPMG        |
| Natalie Tarr   | NT | Internal Audit, PwC         |
| Paul Travers   | PT | Security Management Service |
| Sharon Woolley | SW | Board Administrator         |

**Apologies:**

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| Lynne Baber | LB | Internal Audit, PwC |
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| Item Number  | Item   | Action |
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| AAC/16/11/01 | <b>Welcome and apologies for absence</b><br>PL welcomed everyone to the meeting. The above apology was noted.  |        |
| AAC/16/11/02 | <b>Declarations of Interest</b><br>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.<br><br><b>There were none made.</b><br><br>PL wished to record WCCG's appreciation to Duncan Laird and Johnathon Brown from KPMG for the excellent work undertaken as the external auditors. KPMG would be concluding the role at the end of March 2017 and handing over to Grant Thornton. |        |
| AAC/16/11/03 | <b>Minutes from the Meeting held on 13 September 2016</b><br>The minutes of the meeting held on 13 September 2016 were approved and signed.  |        |
| AAC/16/11/04 | <b>Matters Arising</b> <ul style="list-style-type: none"> <li>• <b>Scheme of Reservation</b> – The document would be amended to include reference to the Chief Operating Officer role.</li> <li>• <b>Aged Receivable and Payables Report</b> – The disputed debt with Swindon</li> </ul>   |        |

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|                           | <p>Borough Council concerned the individual placement in response to the commissioner. DMcA informed the Committee that she was not leading on this, but it had been advised that an Accountable Officer to Chief Executive discussion should be held to resolve the outstanding receivable or it would be referred to the dispute panel.</p> <p><b>ACTION:</b> AAC/16/11/04 – Amend Scheme of Reservation to include reference to the Chief Operating Officer role. To be brought back to the January Audit and Assurance Committee meeting for approval.</p>   | <b>SL</b> |
| <b>AAC/16/11/05</b>       | <p><b>Action Tracker</b></p> <p><b>AAC/16/05/13 – Internal Audit Report for CHC</b> – MS reported that this would be raised as an item for the January Quality and Clinical Governance Committee meeting. Confirmation of this would be brought to the March AAC meeting. <b>CLOSED</b></p> <p><b>AAC/16/09/07.0 to AAC/16/09/07.3 Scheme of Business Conduct Policy</b> – DJN explained that an update against these would be given under item 6 of the agenda as the situation had changed and the approach superseded. <b>CLOSED</b></p>  |           |
| <b>ITEMS FOR DECISION</b> |  |           |
| <b>AAC/16/11/06</b>       | <p><b>Standard of Business Conduct Policy</b></p> <p>DJN informed the Committee that since the last meeting, NHSE had issued a consultation regarding the Statutory Guidance and had invited comments. This consultation had concluded on 31 October 2016, but revised guidance would not be issued until Spring 2017.</p> <p>Items being consulted upon were those items that would have a significant impact, and included those issues raised by Members at the last Committee meeting. Those intrusive areas were expected to be lifted, creating a more pragmatic and workable Policy.</p> <p>Although revised guidance was not to be issued until next Spring, it was advised that the WCCG should continue with implementing this revised Policy through a phased approach. SL had compared the guidance with the consultation items and updated the WCCG Standard of Business Conduct Policy accordingly. The Policy would need to be revisited once the new guidance was issued.</p> <p>SL highlighted the definitions shown on pages 5 and 6 of the Policy, which had been revised according to the consultation. The ‘Senior Roles’ section was questioned by DMcA, who felt this should also include Band 6 staff as staff undertaking eligibility surveys are involved in monetary decisions.</p> <p>The Policy would not require all staff, GP’s and practice staff to now declare their interests. Phase one would rollout to Members of Corporate Committees, phase two to those in an influencing role. Communications to all would be sent out to summarise each role’s requirements.</p> <p>Recording of gifts had now split into those from patients and businesses. Gifts from patients had a £50 limit per year assigned. Sensible sponsorship limits had also been incorporated.</p> <p>It was felt that this Policy reasonably covered WCCG and demonstrated good governance. NT had shared final audit terms of reference with SL. The National Internal Audit meetings were implementing the same approach. It would be each individual’s responsibility to ensure their declared interests remained up to date and were declared at each meeting according to the business of the meeting. A six month review would be implemented to encourage individuals to review their</p> |           |

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|                             | <p>declared interests. There would be new declaration wording to be proclaimed at the beginning of each meeting. In support of this, prior to each meeting declarations would be checked and confirmed with the meeting Chair.</p> <p>AC questioned the need for the Conflicts of Interest Guardian to be involved in reviewing interests. SL would review section 3.2.4 to ensure this was not contradicted in other areas of the Policy. Some requirements would be difficult to monitor and all would require individual's cooperation.</p> <p><b>The Committee agreed the Standards of Business Conduct Policy, following the amendments made as suggested at this meeting, but noted the Policy would need to be revisited following the release of the NHSE Guidance in Spring 2017. The Standards of Business Conduct Policy would be recommended for approval at the November Governing Body meeting.</b></p> <p><b>ACTION:</b> AAC/16/11/06.0 – Standard of Business Conduct Policy to be revisited in the Spring 2017 when revised guidance is issued from NHSE.</p> <p><b>ACTION:</b> AAC/16/11/06.1 – Senior Role definition to be revised.</p> <p><b>ACTION:</b> AAC/16/11/06.2 – Communications to be sent out to staff to summarise each role's Declaration of Interests requirements.</p> <p><b>ACTION:</b> AAC/16/11/06.3 – Review of section 3.2.4 and involvement of Conflict Interest Guardian in reviewing interests.</p> | <p>SL</p> <p>DMcA /SL</p> <p>SL / Comms Team</p> <p>SL</p> |
| AAC/16/11/07                | <p><b>Organisational Change Policy</b></p> <p>DJN informed the Committee that the Policy had been reviewed and updated. The Policy had been discussed and agreed at the September Staff Partnership Forum and came recommended for approval.</p> <p><b>The Audit and Assurance Committee approved the Organisational Change Policy.</b></p>  |  |
| AAC/16/11/08                | <p><b>Secondment Policy</b></p> <p>DJN advised the Committee that the Policy had been reviewed and updated. The Policy had been discussed and agreed at the September Staff Partnership Forum and came recommended for approval.</p> <p><b>The Audit and Assurance Committee approved the Secondment Policy.</b></p>   |  |
| AAC/16/11/09                | <p><b>Accounts Timetable</b></p> <p>SP made the Committee aware of the key dates for the production and audit of the 2016/17 Annual Report and Accounts. Meeting dates for the Audit and Assurance Committee would need to align to the process. An Extraordinary AAC meeting would be held on Tuesday 25 April 2017 to enable the draft accounts and annual report to be viewed before submission to NHSE. A later date for the May 2017 meeting would be organised.</p>  |  |
| <b>ITEMS FOR DISCUSSION</b> |  |  |
| AAC/16/11/10                | <p><b>Internal Audit Progress Report</b></p> <p>NT presented the PwC internal audit progress report, and highlighted the summary shown on page 3 and the progress against each audit on page 5.</p> <p>CR questioned 'Thought Leadership'. NT explained that this section enabled the sharing of articles of interest.</p>   |  |
| AAC/16/11/11                | <p><b>Internal Audit Reports – Data Quality and Stakeholder Engagement</b></p>   |  |

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|                            | <p><b>Data Quality</b><br/> NT explained that page 3 of the paper indicated how the CCG and CSU ensured completeness of data. Page 4 noted the findings and identified risks; the need to refine the SLA details to ensure the CSU’s role was adequately captured and the documentation required to support that Sollis Checks were being carried out and the outcomes. Overall NT felt it showed a positive report.</p> <p>CR questioned the activity coding issue that had been raised at the Finance and Performance Committee. SP explained that this was at provider level and did not form part of this audit.</p> <p><b>Stakeholder Engagement</b><br/> The audit had been undertaken in two parts; reviewing the strategy and carrying out stakeholder interviews. Positive areas were found around strategic relationships, the CCG being approachable, responsive and understanding. It was agreed that the positive report gave a clear indication of the improvements within the Communications Team. The team’s achievements and positive report should be highlighted at the Governing Body meeting. The CCG Communication and Engagement Action Plan would be presented to the November Governing Body meeting.</p> <p><a href="#">ACTION: AAC/16/11/11 – Communications Team audit report and achievements to be highlighted at the November Governing Body meeting.</a></p>   | <p><b>PL</b></p> |
| <p><b>AAC/16/11/12</b></p> | <p><b>Internal Audit Recommendation Tracker</b><br/> NT reported against audit findings for 2015/16, which had seen 12 actions closed and validated, and 7 still in progress concerning the Better Care Fund and CHC. More in-depth follow up work was required, but good progress had been made.</p> <p><b>a. 2014/15 Clinical Governance Internal Audit Findings</b><br/> DMcA reported against the 3 clinical governance actions to assure the Committee that these had now been closed, validated and evidenced.</p> <ol style="list-style-type: none"> <li>1. Database of Provider Information<br/> The Quality team were now fully functioning and monitoring information being provided; full access to information was in place. The STP work had supported improvements in this area for the team with the sharing of Quality data hub and contract information for those out of the area.</li> <li>2. Observe Quality Meeting<br/> Good progress had been made on the organisation of the CQRM meetings, but some providers were still delaying advanced paper circulation. Items would be rolled on to the next month if papers were not forthcoming within a suitable timescale. The newly appointed Associate Director of Quality, Alison West, would be involved in these meetings.</li> <li>3. Procurement<br/> A poor handover document had been received from the CSU. The Quality team were now ensuring that a Quality induction template and standard monthly report template were in place and being used. These reports were to be presented to the Quality and Clinical Governance Committee meetings.</li> </ol> <p>MS felt that the Quality team had seen a transformation and had a good, rigorous</p> |                  |

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|                     | <p>approach in place. Through the STP work, WCCG was supporting Swindon and BANES with clinical governance and good practice, helping to improve provider relationships and putting WCCG in a strong position.</p>   |                                       |
| <b>AAC/16/11/13</b> | <p><b>External Audit Technical Update</b></p> <p>DL presented the external audit progress report. Work on planning and risk assessment processes for 2016/17 was underway, with a draft plan expected to be brought to the January Committee meeting.</p> <p>DL highlighted the information on the Apprentice Levy on page 7, which was to come into effect from April 2017. This could have a significant impact for the CCG, especially with regards the hidden costs of apprenticeships.</p> <p>PL highlighted the STP item shown on page 4 of the report, which referenced NHSE's guidance on engaging local people in the Plan. The Wiltshire Scrutiny Committee would be involved and communications put into place to ensure awareness of the Wiltshire, Swindon and BANES public facing document. The Governing Body November meeting and AGM would also be used as an opportunity to share STP information in line with the NHSE guidance.</p>  |                                       |
| <b>AAC/16/11/14</b> | <p><b>Security Management Services Progress Report 2016/17</b></p> <p>PT informed the Committee that since the production of the report, NHS Protect had confirmed removal of support from Area Security Management Specialists. The role was now purely to be an inspective role.</p> <p>Page 4 of the report included details of petty thefts that had been reported at Southgate House. These were being investigated.</p> <p>CR questioned the Disclaimer found on page 1 of the report. This had been implemented in July 2016, reinforcing the importance of informing the Local Security Management Specialist of any issues arising and TIAA's commitment to sharing security weaknesses and supporting improvements.</p>  |                                       |
| <b>AAC/16/11/15</b> | <p><b>Review Board Assurance Framework (BAF) and Risk Register (RR)</b></p> <p>DJN reported that the BAF had been updated, but there were no major changes. DMcA would provide an update against F.02 for the next meeting.</p> <p>The Risk Register had been re-evaluated by EMT and the top 10 risks were listed, which included two new risks as shown on page 3 for SFT and RUH. It was requested that the use of acronyms was reduced to ensure the report was understandable.</p> <p>Risk 9: CHC eligibility had become a higher risk over the last year. This related to LD cases and CHC eligibility cases. The CCG had 2 disputes with the local authority. DMcA and the CHC local authority representative have arranged a roundtable discussion about cognitive and behaviour domains to air differences of interpretation to bring a clearer understanding and a better position. Eligibility needs to be agreed with the commissioning team. Wiltshire Council do not agree with the dispute process in CHC. This was a known national issue of disagreement and there was no guidance to clarify the eligibility and measurements. Patients should remain the focus. Following the roundtable discussion, DMcA would produce a positioning paper to update Committee Members at the next meeting as this was a considerable risk to the CCG.</p> <p><b>ACTION: AAC/16/11/15.0 – Update against risk F.02 to be provided.</b></p> <p><b>ACTION: AAC/16/11/15.1 – Position paper on CHC and LD eligibility to be produced following roundtable discussion, and brought to the January AAC meeting.</b></p> | <p><b>DMcA</b></p> <p><b>DMcA</b></p> |

| ITEMS FOR NOTING |   |  |
|------------------|---|--|
| AAC/16/11/16     | <b>Information Governance Group Meeting Minutes 5 September 2016</b>  |  |
|                  | <p><b>The Committee received and noted the minutes.</b></p> <p>DJN reported that the CCG website had been hacked, but no data had been compromised. Additional security measures were now in place and software updates actioned.</p>   |  |
| AAC/16/11/17     | <b>Aged Receivable and Payables Report</b>  |  |
|                  | <p>The report provided the Committee with an update of outstanding receivables. Dorset CCG had now been removed as the transfer had been allocated and addressed.</p>   |  |
| AAC/16/11/18     | <b>Losses and Special Payments Report – None</b>  |  |
| AAC/16/11/19     | <b>Competitive Tender Waives</b>  |  |
|                  | <p>SP reported that one tender waiver had been issued since September. The Scheme of Delegation allowed for the waiving of the process when a benefit was shown, this was to be signed off by the CFO.</p> <p>A tender waiver form for the Sarum Referral Management Centre had been included in Appendix 1. This was to review and clarify the arrangements in place. This was an interim position and would not affect the STP.</p> |  |
| AAC/16/11/20     | <b>Any Other Business</b>   |  |
|                  | <p>There was none.</p> <p>The meeting was closed at 10.40hrs</p>  |  |

**Date of next Audit and Assurance Committee Meeting: 10 January 2017 09:15 – 11:00hrs**