

**MINUTES OF WILTSHIRE AUDIT AND ASSURANCE COMMITTEE MEETING
HELD ON TUESDAY, 9 SEPTEMBER 2014 AT 09:30
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Peter Lucas	PL	Chair, Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Mary Monnington	MM	Registered Nurse Member

In Attendance:

Simon Truelove	STr	Chief Financial Officer
Steve Perkins	SP	Deputy Chief Financial Officer
Dr Anna Collings	AC	GP Vice Chair, NEW
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Lynn Pamment	LP	Internal audit, PwC
Duncan Laird	DL	External audit, KPMG
Tracey Spragg	TS	Local Counter Fraud Specialist
Roger Ringham	RR	Security Management Specialist
Susannah Long	SL	Governance and Risk Manager
Diana Hargreaves	DJH	Board Administrator
James Roach (<i>for paper 06</i>)	JR	Interim Integration Director

Apologies:

Paul Dalton	PD	Internal audit, PwC
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AAC/14/09/01	Welcome and apologies for absence PL welcomed everybody to the meeting. The above apology was not noted at the meeting but PD had offered his formal apology via email.	
AAC/14/09/02	Declarations of interests 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 declared.	
AAC/14/09/03	Previous minutes The Members agreed to ratify Chair's Action for items 7,8 and 9 in the minutes of the AAC meeting held on 8 July 2014. The minutes were agreed as an accurate record.	
AAC/14/09/04	Matters Arising DF had been invited to the 11 November meeting to report on identification and management of risk within the organisation to ensure performance delivery. The Members requested assurance	

	<p>from the GPs on the ground that they were receiving the messages about the risks in their localities and were responding appropriately. In particular, Members wished to be assured that financial pressures currently facing the CCG were being tackled by the GPs and that evidence was available to track such efforts. Accordingly, the 3 locality groups would be asked to put forward GP representation to the next AAC meeting on 11 November to address these issues and show progress.</p>	<p>DJH</p>
<p>AAC/14/09/05</p>	<p>Action Tracker</p> <p>AAC/14/07/04 PL did not know whether SR had spoken to Peter Crouch. Simon Burrell had met with Peter Crouch and discussed further engagement. STr would pick this up with the Executive Team and consider renewed engagement with both Swindon and BaNES CCGs. COMPLETED.</p> <p>AAC/14/07/12 STr reported that Security Management Services (SMS) had capacity issues and the CCG were working closely with SMS to rectify the situation. The CCG had served six months' notice on that contract and would be going out to tender. RR said that SMS had recruited new staff which should ease some of the pressure. COMPLETED.</p> <p>AAC/14/07/14 DJN had agreed with Group Directors that they would review their risk registers at their GP Executive meetings. MM to follow up with MH to ensure that this happened at their main exec meeting.</p>	<p>MM</p>
<p>AAC/14/09/06</p>	<p>DToC paper including statistical analysis report</p> <p><i>This paper was deferred to later in the meeting as JR was attending at 10:30hrs. It was discussed between papers 12 and 13.</i></p> <p>JR went through the data presentation (attached with the minutes). Members asked why there was a delay of 8 days when patients had been assessed as ready to be discharged into a care home. JR responded saying some of it was mindset, we needed to be more challenging and that processes could be slicker.</p> <p>JR then took Members through the Reducing DToCs in SFT: The Discharge to Assess approach and other key actions slides (attached with the minutes).</p> <p>Key points raised were</p> <ul style="list-style-type: none"> • DToC workshops had taken place and DToC action planning was ongoing for each acute hospital • More proactive in our in-reach • Specialist pathways were too complicated • More that the acute hospitals can do to set targets for discharge before 12 noon • Discussions with identified leads within discharge teams at the acutes 	

	<ul style="list-style-type: none"> • Support with development of daily lists to alleviate the acutes' pressures. • Starting to work towards Estimated Discharge Date (EDD) but not the ability to report on it every day • Electronic system would assist with the above • Delays with take-home drugs and many other parts of the system which contributed to the issue • Discharge to Assess would be rolled out next week • Monitor re-admissions through the dashboard • Managed on case by case basis • Wiltshire Council praised nationally around managing Help To Live At Home (HTLAH) • 100 Day dashboard showed a very under-pressure acute system • Blockage was because there was no flow out of our community and acute hospitals and domiciliary care packages were increasing: alternatives needed to be used <p>The Committee thanked JR for his contribution.</p>	
<p>AAC/14/09/07</p>	<p>Review of CCG Prime Financial Instruments and Scheme of Delegation</p> <p>STr introduced the paper explaining that the CCG's Financial Instruments Policy sat as an annex of the CCG Constitution. The Financial Instruments made reference to the CCG's Scheme of Delegation, Standing Orders and schemes reserved to the Governing Body.</p> <p>8.1.4 Monthly Reporting Requirements – Members asked to whom the CCG should report. STr would add a form of words along the lines of 'reported in public through the Governing Body and then published on the internet.' The word 'expected' would be removed.</p> <p>8.1.9 CCG 'will' keep its own record of accounts.</p> <p>The Committee reviewed and agreed the report.</p>	<p>STr</p> <p>STr</p> <p>STr</p>
<p>AAC/14/09/08</p>	<p>Internal Audit Progress Report 2014/15</p> <p>LP apologised for sending the wrong CCG's report for this meeting and would re-issue the correct progress report for Wiltshire. There was currently no signed contract in place between the CCG and PwC and, although field work had progressed in respect of QIPP and Comms, reports could not be issued until PwC had a contract.</p> <p>LP gave Members a verbal update on QIPP which had been a high risk overall last time. PwC had followed up on previous findings and carried out field work and QIPP was now a medium risk but with some high risk findings. Eg PMO processes had been put in place but they were not embedded and used in order to manage a programme.</p> <p>PL expressed his concern about the real delivery issues with QIPP</p>	<p>LP</p>

	<p>and believed it still to be a high risk. Members would need continuous assurance going forward on the delivery of QIPP.</p> <p>STr congratulated DJN and RH for engendering the culture of administration of the PMO and reiterated that this was not being adhered to on the ground: the compliance levels around the processes were not in place. PwC agreed to do spot-check reviews if that would help.</p> <p>Group Directors must be held to account on delivery of the programmes within the PMO and GPs should be given the opportunity to air their views on the programmes. AC felt that GPs did come up with ideas but they were not followed through because there was too much process in place. The Groups were not filling in the workbooks and performance was poor. PwC will liaise with DJN on future follow up.</p> <p>The Committee received the verbal update.</p>	<p>PwC/DJN</p>
<p>AAC/14/09/09</p>	<p>Internal Audit Tracker</p> <p>LP explained that PwC had not received all the updates and would bring a validated tracker to the November meeting.</p>	<p>PwC</p>
<p>AAC/14/09/10</p>	<p>Internal Audit QIPP Review Report</p> <p>As item 08 above.</p>	
<p>AAC/14/09/11</p>	<p>External Audit Technical Update 2014/15</p> <p>KPMG introduced the report updating Members on the key technical issues that had occurred since the last technical update in July.</p> <p>STr reported that Wiltshire was one of the CCGs whose BCF plan was being fast-tracked and KPMG were supporting fast-tracked CCGs. The principles of our BCF plan had been accepted and we were working with Wiltshire Council on the vision of integrated services which must now be delivered. There will be a ministerial visit in Wiltshire as part of the national launch on 11 September.</p> <p>PL stated that good progress had been made in working with Wiltshire Council.</p> <p>The Committee received and discussed the report.</p>	
<p>AAC/14/09/12</p>	<p>Local Counter Fraud Progress Report 2014/15</p> <p>TS introduced the report providing information on progress with the counter fraud work programme for 2014/15, bringing out the key points. CEAC would be looking to merge with TIAA which would preserve the service and provide additional resilience, as TIAA had a significant counter fraud and security management directorate with 49 staff delivering high quality services to over 80 NHS</p>	

	<p>organisations.</p> <p>TS went through the Prevent, Deter and Detect and the Reactive Work sections of the report emphasising that there was a fine line between somebody providing false information and just being confused: in other words between fraud and error</p> <p>MM stated that the counter fraud work should be linked to the internal audit work in order to avoid waste of resource.</p> <p>The Committee received and discussed the report.</p> <p><i>JR joined the meeting at 10:25hrs.</i></p>	
<p>AAC/14/09/13</p>	<p>Security Management Services Progress Report 2014/15</p> <p>RR introduced the report updating the Committee on security management work documented against the work plan for 2014/15.</p> <p>SP commented that the report seemed to suggest that the service was reactive rather than proactive-led. RR refuted this and explained that SMS had been responsible for putting the workstreams forward at the plan's inception.</p> <p>The Committee received the report.</p>	
<p>AAC/14/09/14</p>	<p>Security Management Services Update on Providers' Standards</p> <p>RR introduced the report on the review of providers' standards explaining that it was a condition of contract that providers had standards in place.</p> <p>SMS was working with CSCSU to target approximately 50 organisations for whom Wiltshire CCG were the lead commissioner and letters were being sent out to those organisations who were given a month to submit their documents for review. RR will have an idea of provider compliance within 3-4 months.</p> <p>The Committee received the report.</p>	
<p>AAC/14/09/15</p>	<p>Review Board Assurance Framework and Risk Register</p> <p>SL introduced the reports and requested that the Committee consider the BAF and RR to ensure that they correctly reflected the risk profile of the CCG, noting the movements against the last report: and to agree and recommend the top 10 risks to the Governing Body.</p> <p>Members commented that, after actions had been taken, one of the risk's score had not gone down and another had gone up. SL asked what further action the Committee wanted in order to seek greater assurance.</p>	

	<p>SL met with some Directors on a monthly basis and others every 2 months to ensure that there was a rigorous process in place in managing, identifying and adhering to risk. There was a recognised time delay between preparing the RR and presenting it to the Committee, which resulted in progress reports to appear to have not been updated.</p> <p>DJN agreed to prompt the Exec Team to ensure in future that the risks were up to date. If there were still issues after this, the CCG would inform PL before the next AAC meeting and he would have the opportunity to meet with the individuals concerned or summon them to the meeting.</p> <p>There would be ongoing assurance into the Governing Body re the procurement of the 111 Service.</p> <p>The Committee received and discussed the reports.</p>	<p>DJN</p> <p>DJN</p>
<p>AAC/14/09/16</p>	<p>Annual Health and Safety Report</p> <p>SL introduced the report briefing the Committee on the management arrangements for health and safety within the CCG, compliance with legislation and approved codes of practice and key issues to be addressed.</p> <p>The Committee received the report.</p>	
<p>AAC/14/09/17</p>	<p>AAC Self-assessment checklist</p> <p>PL informed Members that, following the annual self-assessment process completed by Committee Members in March 2014, there was much work to be done. CR expressed her concern about the volume of work to be completed.</p> <p>The periodic assessment of the Committee's own effectiveness to be moved on the AAC meetings' planner to January 2015 from March 2015.</p> <p>The Committee received and noted the report.</p>	<p>DJH</p>
<p>AAC/14/09/18</p>	<p>Information Governance (IG) Group Minutes and IG action plan – July 2014</p> <p>SL presented the report and stated that the Information Governance Group would review the action action plan at the next meeting in October.</p> <p>The Committee received and noted the report.</p>	
<p>AAC/14/09/19</p>	<p>Aged Debtors and Creditors</p> <p>Members asked why Wiltshire Council appeared on the debtors' list owing a considerable sum of money. STR explained that this was because there was a delay in information flow and therefore this</p>	

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	figure would not be as high. The Committee received and noted the report.	
AAC/14/09/20	Losses and Special Payments Report None.	
AAC/14/09/21	Competitive Tender Waivers None.	
AAC/14/09/22	Any Other Business None.	
	Date of next meeting – 11 November 2014 09:30-11:30hrs	