

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING  
HELD ON TUESDAY 14 NOVEMBER 2017 AT 09:15hrs  
AT SOUTHGATE HOUSE, DEVIZES**

**Voting Members Present:**

Peter Lucas	PL	Chair, Lay Member for Audit and Governance
Christine Reid	CR	Vice Chair, Lay Member for Patient and Public Involvement
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP Vice Chair, NEW

**In Attendance:**

Steve Perkins	SP	Chief Financial Officer
Susannah Long	SL	Governance and Risk Manager
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Peter Barber	PB	External Audit, Grant Thornton
Katie Whybray	KW	External Audit, Grant Thornton
Rosie Fisher	RF	Internal Audit, PwC
Lynne Baber	LBa	Internal Audit, PwC
Will Smith	WS	Security Management Service, TIAA <i>(from 9.30hrs)</i>
Sharon Woolley	SW	Board Administrator
Jo Cullen	JC	Director of Primary and Urgent Care <i>(for item 12 only)</i>
Ted Wilson	TW	Director of Community and Joint Commissioning <i>(for item 12 only)</i>
Sue Shelbourn-Barrow	SSB	Director of Transformation and Integration <i>(for item 12 only)</i>

Item Number	Item	Action
AAC/17/11/01	<b>Welcome and apologies for absence</b> PL welcomed everyone to the meeting, and in particular to Katie Whybray who was attending her first Committee meeting since joining Grant Thornton.	
AAC/17/11/02	<b>Declarations of Interest</b> 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. (This included any relevant interests previously declared on the Register of Interests).  There were none.  PL advised Members that he was aware of declarations of interest training being made available through NHS England.	
AAC/17/11/03	<b>Minutes from the meeting held on 12 September 2017</b> The minutes from the meeting held on 12 September 2017 were agreed as an accurate record.	

AAC/17/11/04	<p><b>Matters Arising</b></p> <p>a) <b>Grant Thornton Conflict</b> – CR questioned if the possible conflict of interest raised at the last meeting had been looked into. PB advised that this had now been clarified and discussed with CCG finance colleagues with appropriate management arrangements in place. It had been agreed to continue with the planned audit and testing work with KW as the lead. SP confirmed he was content with the resolution of this issue.</p> <p>b) <b>Invoice from AWP</b> – SP reminded Members that AWP had invoiced for patient care totalling £850k. Invoices had been sent to Wiltshire, Salford and Somerset CCG's. This issue raised questions over AWP's processes and internal communications. It had been escalated to NHS England. SP had also pursued it with the Regional Finance Director and the national team.</p>	
AAC/17/11/05	<p><b>Action Tracker</b></p> <p><b>AAC/17/09/14</b> – The report from the personal health budget review was expected to be presented to the January Committee meeting. <b>ONGOING</b></p> <p>All other actions were marked as closed or completed.</p>	LBen
<b>ITEMS FOR DECISION</b>		
AAC/17/11/06	<p><b>Audit and Assurance Committee Terms of Reference</b></p> <p>SL advised that the Committee Terms of Reference had received minor amendments. Following recent role and structure changes, the attendees list had been reviewed and the Associate Director of Performance, Corporate Services and Head of PMO role added.</p> <p>Discussion surrounding Director representation at meetings took place. PL reminded Members that the Committee has the option to call in Directors as required against specific items. The committee forward planner could be used to review upcoming items to request Director attendance. LBa suggested that scrutiny of papers was first undertaken by the Committee, and then Directors requested to attend to ensure a targeted discussion took place thereafter. PL was to be included in agenda preparations. Draft agendas were also reviewed by EMT. PL felt that the Company Secretary role was now adequately covered by SL, RH and SW.</p> <p>SP reported that the new Director of Strategy role would not be in place until the new year. The interim arrangement of the Chief Operating Officer (COO) role was to remain until then.</p> <p>The Committee agreed it would be beneficial for another Senior Director to attend meetings. Mark Harris would be invited to attend future AAC meetings.</p> <p><b>ACTION:</b> AAC/17/11/06 – Mark Harris to be invited to attend AAC meetings in his role as the Chief Operating Officer.</p> <p><b>The Committee approved the revised Audit and Assurance Terms of Reference.</b></p>	SW
AAC/17/11/07	<p><b>Working Time Directive Policy</b></p> <p>RH reported that ConsultHR colleagues had reviewed the Working Time Directive policy to ensure it remained in line with national policy and legislation. No changes were required; therefore the policy had not been circulated with the summary sheet. The review date of the policy had been extended by three years.</p>	

	<b>The Committee approved the extension of the review date of the Working Time Directive policy to 2020.</b>	
<b>AAC/17/11/08</b>	<p><b>Recruitment and Selection Policy</b> RH explained that the Recruitment and Selection Policy had received minor adjustments to reflect learning from a recent internal incident. A higher control over pre-employment check waivers was required. This would enable the CCG to better manage its recruitment process and reduce any risks associated.</p> <p><b>The Committee approved the Recruitment and Selection Policy.</b></p>	
<b>AAC/17/11/09</b>	<p><b>Management of Persistent and Vexatious Applicants Policy</b> SL advised that the policy addressed the issue of individuals making continuous approaches to the CCG for Freedom of Information requests and Subject Access Requests.</p> <p>This policy had undergone an early review to now include that, in exceptional circumstances, the Accountable Officer could decide and record that the vexatious applicant should not be informed of the decision, to reduce the stimulation of further activity.</p> <p><b>The Committee approved the Management of Persistent and Vexatious Applicants Policy.</b></p>	
<b>AAC/17/11/10</b>	<p><b>Risk Management Strategy</b> SL reported that minor amendments had been made to the Risk Management Strategy during its second review. The reference to Datix had been removed.</p> <p><b>The Committee approved the Risk Management Strategy and recommended it for approval by the Governing Body.</b></p>	
<b>AAC/17/11/11</b>	<p><b>Acceptable Use of IT Policy</b> SP reported that the policy had been reviewed to ensure it remained fit for CCG purpose. Section seven had been added as a consequence of inappropriate use of the internet and the CCG's IT network.</p> <p>The review date was questioned as the paper contained contradicting references. SP confirmed that due to the pace of changes within IT that this policy would be reviewed annually.</p> <p><a href="#">ACTION: AAC/17/11/11 – Acceptable Use of IT Policy review timescale to be amended to an annual review.</a></p> <p><b>The Committee approved the Acceptable Use of IT Policy.</b></p> <p><i>(JC, TW and SSB joined the meeting)</i></p>	<b>SP / John Dudgeon</b>
<b>ITEMS FOR DISCUSSION</b>		
<b>AAC/17/11/12</b>	<p><b>Review Board Assurance Framework (BAF) and Risk Register (RR)</b> SL reported that the BAF had received minor changes. Mark Harris had reviewed the BAF with Directors to ensure it clearly reflected the strategic risk position of the CCG.</p> <p>CR questioned the green status of objective D.02 following the recent audit results of provider organisations. SL and LBa explained that the BAF tested assurances of the controls in place, not the services being delivered. This was illustrated through the green status of D.02 following the effective audit work undertaken alongside assurance activity.</p>	

Following a discussion on individual register names, it was agreed to rename the 'Community Joint Specialist' register to 'Community, Mental Health and Learning Disabilities'.

**ACTION: AAC/17/11/12.0 - Amend risk register title of Directorate from 'Community Joint Specialist' to 'Community, Mental Health and Learning Disabilities'.**

SL

CR felt that the individual risk sheets were hard to review, especially without an overarching sheet to indicate previous positions or new risks. It was now difficult for the Committee to fulfil its task in reviewing the top 10 risk without further detail. SP suggested that future risk registers were presented with a summary position sheet to indicate the top 20 CCG risks.

**ACTION: AAC/17/11/12.1 - Summary risk register to be implemented to list the top 20 risks and indicate the previous risk position.**

SL

JC, TW and SSB were in attendance to answer questions against top risks within their directorate registers.

TW referred to CJ-16/042 as one of the top risks from the Community Joint Specialist risk register. This was a risk marked at 16 and was associated with AWP. Their vacancy rate and high staff turnover was a long running issue and had been thoroughly discussed at Governing Body, Clinical Exec and Finance and Performance Committee level.

AWP had shown some success more recently in recruitment and retention. Agency staff were being used to fill gaps, which was not favoured as mandatory training was not given, quality and transformation improvements were not implemented and it was adding significant financial challenges. TW explained that as Commissioners, it had been recognised that CCG's collectively needed to align strategies for delivery of mental health services and to be clear on priorities. This was in progress. It had been agreed to contract at STP level from January 2018 and to monitor jointly through the three CCG's. AWP were financially challenged and were in the process of developing their own transformation plan. The CCG's were there to hold AWP to account, but also to support them to deliver sustainable services as required.

MS questioned the use of enhanced payments to encourage recruitment and retention at AWP, as suggested by Andrew Dean (previous Director of Nursing at AWP) at the September Quality and Clinical Governance Committee. TW was not aware that this had been implemented. Reassurance was required that this ongoing issue was being taken seriously by AWP, monitoring would continue through monthly quality meetings and contract performance meetings.

JC referred to risk P - 17/046 concerning vulnerability of practices. The Governing Body was aware of the severity of this issue and risk. 12 to 15 GP practices had moved to a vulnerable status within the last 18 months. Workforce had impacted on practice status. Age of GPs was having a big effect, another cohort of GP's would soon reach retirement age. There were currently three practices at high risk.

JC advised that the established GP Resilience Board had now been outgrown. A Resilience Oversight Panel was being developed.

The Primary Care Strategy was being reviewed and would focus on sustainable, locality based working. County wide provision was also a factor – to share staff resources across practices through the GP Alliance structure. CR requested an update on the GP Alliance work. There was a constant need for

	<p>communications and public participation group work.</p> <p><b>ACTION: AAC/17/11/12.2 - GP Alliance presentation to be shared with Christine Reid.</b></p> <p>TW referred to CJ -17/051 which concerned the lack of consistent mental health GP representation upon the Mental Health Exceptions Panel. Dr Richard Sandford-Hill picked this up as Chair and had followed up with GPs, clarifying their role and the commitment needed. An improvement had been seen and meeting dates for 2018 had been secured. It was hope this could be reflected against the risk for the next publishing of the register.</p> <p>TW continued with CJ – 17/050. Internal Auditors PwC had conducted a review of the Children’s CHC framework. Concerns had been expressed over the governance and process. An options paper had been presented to EMT on 6 November and it had been agreed to bring the model in-house as with Adults CHC.</p> <p>SP referred to risk Q-16/035 and reported that the risk level had increased. Concerns of the ED at GWH continued. Dina McAlpine was working with Swindon CCG to support GWH.</p> <p>SL tabled a copy of the Better Care Fund (BCF) risk register, which had been compiled by SSB with Wiltshire Council and the CCG. Although individual BCF risks were not within the top ten risks of the CCG, the BCF services interlinked and had a knock on effect to CCG directorates. SSB explained that the top BCF risk was that of Delayed Transfers of Care (DTC) and unmet targets. A negotiated trajectory had been set to be met by December. A Task and Finish Group had been set up to accelerate the project plan, but DTC figures were still high.</p> <p>SSB reported against the top risks for BCF. BCF-R006 highlighted the current financial risk to BCF. The market was being developed as part of the transformation programme, but is still noted as a high risk. BCF-R002 was a significant financial risk. If the Local Authority was not seen to be supporting DTC and meeting the set trajectories, then £8.5m of iBCF monies could be withdrawn, removing the financial resource being used for the transformation programme, development of the market and reablement service. Quick fixes were being put into place, but were having little impact. The forthcoming winter pressures would also affect this work further.</p> <p>The Committee requested that the BCF risk register was shared regularly to ensure they were kept better informed.</p> <p><b>ACTION: AAC/17/11/12.3 - Better Care Fund risk register to be shared regularly with the Committee.</b></p> <p><i>(JC, TW and SSB left the meeting)</i></p>	<p><b>SW</b></p> <p><b>SL / SSB</b></p>
<p><b>AAC/17/11/22</b></p>	<p><b>Workforce Report</b></p> <p>RH presented the six month Workforce Report as prepared by the CSU. It had been agreed that AAC was a better forum for this report to be discussed, and it would continue to be an item for discussion as and when required.</p> <p>Statutory and Mandatory training compliance levels were shown on page 9 of the report. It was expected that compliance levels should increase as the use of ConsultOD increased. The Committee requested updated figures on Statutory Mandatory training.</p>	

	<p><b>ACTION:</b> AAC/17/11/22 - Updated statutory mandatory training report covering the period September to December 2017 to be presented to the January meeting.</p> <p>ESR would be used to report sickness and absence going forward.</p> <p>CR questioned the lack of increase in GP appraisal figures. It had been highlighted as an issue in an internal audit report and had been agreed that appraisals were needed. RH was aware that a review of GP roles for the CCG was underway. Appraisals for GP Locality Group Chairs and Vice Chairs were carried out by the Clinical Chair of the CCG, but those GPs supporting the CCG on an adhoc basis with specific projects were not referenced in this report. This would be clarified in future reports. AC felt that line management for those supporting GPs was unclear. It was noted that each GP did complete an appraisal as part of their own Practice work, which referenced all roles undertaken.</p>	RH
AAC/17/11/13	<p><b>Internal Audit Progress Report 2017/18</b></p> <p>LBa reported that PwC was making good progress against its planned programme of work and the CCG was in a good position. The remainder of the programme had been scoped, and assurance was given to the Committee that it would be delivered.</p> <p>An Information Governance review was to be undertaken; the scoping meeting had been held with SP and Mark Harris and the terms of reference were being drafted. This would include the work to be undertaken surrounding the new data protection guidance.</p>	
AAC/17/11/14	<p><b>Internal Audit Reports</b></p> <p><b>a) Risk Management</b></p> <p>RF reported that the Risk Management review had been undertaken. The report included with the meeting papers was part 1; part 2 was to be a workshop to be held with CCG staff on 8 January 2018.</p> <p>The report showed a number of areas of strength and opportunities for improvements. It was recognised that there was a good discussion of risks at each AAC meeting.</p> <p><b>b) Children's CHC</b></p> <p>This was a high risk rated report, and contained three risks as shown on page 4. Assurance was given that these risks were all being addressed. As noted earlier in the meeting, the Children's CHC model and performance monitoring was being brought in-house, giving additional assurance to the Committee. MS questioned who Chaired the Complex Needs Panel. RF would inform the Committee. The Continuing HealthCare Report was due to come to the next meeting. The Committee requested that Dina McAlpine was asked to attend the meeting.</p> <p><b>ACTION:</b> AAC/17/11/14b.0 - Rosie Fisher to confirm Chair of the Complex Needs Panel.</p> <p><b>ACTION:</b> AAC/17/11/14b.1 - Continuing Healthcare Report to come to the next meeting. Dina McAlpine to be invited to the January meeting.</p> <p><b>c) Community Contracts</b></p>	<p>RF</p> <p>SW</p>

	<p>RF explained that the review had highlighted one low risk finding and one advisory finding as shown on page 3 of the report. Good practice areas were noted on page 4.</p> <p><b>The Committee noted the reports.</b></p>	
<b>AAC/17/11/15</b>	<p><b>External Audit Progress Report 2017/18</b> KW advised that there was not currently anything of significance to report against for external audit; December onwards would see the programme of work increase.</p> <p>The handover from KPMG was now complete. Opening balance assurances had been given and sufficient evidence was in place. KW mentioned that Grant Thornton produced a CCG Bulletin; this would be shared with Committee Members.</p> <p><b>ACTION: AAC/17/11/15 - Grant Thornton's CCG Bulletin to be shared by email to Committee Members.</b></p> <p>MS queried if Committee Members were assured on GP resilience concerning improving access to GPs, and the harnessing of technology. SP felt that the communications surrounding accessing GPs had been good. With regards technology progression, SP reported that a Digital Transformation Manager would be in post in January 2018. Existing projects and interoperability needed to be explored to look at digital options and the joining up where possible. GP e-consultations were to be made available, this was being progressed. National three year funding had been allocated, but WCCG were looking to defer 2017/18 monies whilst plans were developed to ensure best use. Consideration to the different patient groups would be given to ensure projects did not isolate those who did not use IT. GP input into the development of the digital plan would be beneficial.</p>	<b>KW / SW</b>
<b>AAC/17/11/16</b>	<p><b>Security Management Services Progress Report 2017/18</b> WS reported that TIAA continued to delivery security management initiatives in support of the NHS Protect Standards for Commissioners.</p> <p>In line with the work plan and the Standards, WS had started working with the CSU to obtain and review Self Review Tools from secondary care providers. The response to date had been low, it was hoped an update could be brought to the next AAC meeting.</p> <p>WS reported that security awareness presentations had been given to 10 new members of staff as part of their Corporate Induction in July 2017.</p> <p>RH referred to section six of the report and the outstanding actions for NHS Property Services following the site security audit. The remaining actions were low risk, but were soon to be completed.</p>	
<b>ITEMS FOR NOTING</b>		
<b>AAC/17/11/17</b>	<p><b>Information Governance Group meeting minutes (15 August 2017)</b> The notes from the Information Governance Group meeting held on 15 August 2017 were received and noted.</p>	
<b>AAC/17/11/18</b>	<p><b>Aged Receivables and Payables Report</b> The Committee received and noted the report.</p> <p>SP mentioned that the emerging GWH VAT reclaim issue may bring implications to the CCG. As further details materialise, it would be reported to</p>	

	the Committee.	
<b>AAC/17/11/19</b>	<b>Losses and Special Payments Report</b> There were none to report.	
<b>AAC/17/11/20</b>	<b>Competitive Tender Waivers</b> There were none to report.	
<b>AAC/17/11/21</b>	<p><b>Any Other Business</b></p> <p><b>a) Emerging External Issues</b></p> <p>PL urged the Committee to bring forward for discussion any emerging or developing issues that would bring risk to the CCG. Emerging Issues would be a regular item for discussion on the agenda.</p> <p><b>ACTION: AAC/17/11/21.0 - 'Emerging External Issues' to be a regular item for discussion on the agenda.</b></p> <p>MS was concerned for the ongoing issue of disputed CHC cases and the £1.6m risk to the CCG. It had been agreed that £0.5m of cases were not eligible for CHC funding, but Swindon Borough Council was refusing funding for these. The CCG continued to cover the funding to ensure the patients received the care required.</p> <p>£1m worth of cases were awaiting the dispute process. The discussion between the Accountable Officer and Director of Adult Social Care was needed to progress this with clear actions identified for a resolution.</p> <p><b>ACTION: AAC/17/11/21.1 - Linda Prosser (and other relevant staff) to be included in CHC dispute discussions with Swindon Borough Council. An update to be brought to the January Committee meeting.</b></p>	<p><b>SW</b></p> <p><b>SP</b></p>
	The meeting concluded at 11.25hrs	

**Date of next Audit and Assurance Committee Meeting:  
Tuesday 9 January 2018, 09.15 - 11.00hrs**