

**MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING  
HELD ON TUESDAY 11 SEPTEMBER 2018, AT 09:15hrs  
AT SOUTHGATE HOUSE, DEVIZES**

**Voting Members Present:**

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 of NEW

**In Attendance:**

Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Susannah Long	SL	Governance and Risk Manager
Katie Whybray	KW	External Audit, Grant Thornton
Duncan Laird	DL	Internal Audit, KPMG
Paul Travers	PT	Security Management, Hampshire & Isle of Wight Fraud and Security Management Service
Sharon Woolley	SW	Board Administrator

**Apologies:**

Peter Barber	PB	External Audit, Grant Thornton
Peter Lucas	PL	Chair, Lay Member for Audit and Governance
Linda Prosser	LP	Interim Chief Officer

Item Number	Item	Action
AAC/18/09/01	<b>Welcome and apologies for absence</b> CR chaired the meeting in the absence of PL, and welcomed everyone to the meeting. The above apologies were noted.	
AAC/18/09/02	<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 declared.  The meeting was quorate.	
AAC/18/09/03	<b>Minutes from the meeting held on 10 July 2018</b> The minutes from the meeting held on 10 July 2018 were agreed to be an accurate record.	
AAC/18/09/04	<b>Matters Arising</b> There were none.	
AAC/18/09/05	<b>Action Tracker</b> The action tracker was reviewed and updated.	

	<p><b>AAC/18/03/21a</b> - This had been superseded by a Personal Health Budget report being presented to the September GB meeting. <b>CLOSED</b></p> <p><b>AAC/18/07/09</b> – MH advised that the workforce risks upon the register were not up to date due to a vacancy in the Workforce Project. These would be revised. <b>ONGOING</b></p> <p><b>AAC/18/07/10</b> - MH had raised this with Ted Wilson. Ted was now reviewing if some NEW event lunches could be covered by the NEW budget, rather than sponsorship, to mirror the other Locality Groups. Large events would continue to use sponsorship. <b>COMPLETED</b></p> <p><b>AAC/18/07/20</b> - MH would ensure a replacement GP was in place before the November Committee meeting. <b>ONGOING</b></p>	<p><b>MH</b></p> <p><b>MH</b></p>
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### ITEMS FOR DECISION

<p><b>AAC/18/09/06</b></p>	<p><b>Scheme of Delegation</b></p> <p>SP reported that the Scheme of Delegation (SOD) had undergone a full review; tracked changes were shown. The review enabled the document to be more functional, with threshold limits amended appropriately and business cases having explicit routes.</p> <p>The following correction was noted under item 2 of the front paper – ‘Approval for both adult and children Personal Health Budgets is <u>now</u> included in section 4’.</p> <p>SL raised the following changes for the Committees consideration:</p> <ul style="list-style-type: none"> <li>• The CCG had received notification and guidance from NHS England concerning the change in the Constitution template. This clarified Committee governance and those who were to have delegated decision making authority. SL proposed that the list on page one of the SOD be amended to align to the guidance and reflect those Committees that are only ‘recommendation making committees’. <b>AGREED</b></li> <li>• Some references to policies had been removed from the document, but not all. SL proposed that the reference under 7.12 be removed too. SP felt that this should remain due to it being the last stage of the Disciplinary Policy and only occurring in exceptional circumstances. 7.12 would remain.</li> </ul> <p>RH queried the reference to management levels, as this differed to that in the Disciplinary Policy, which collectively referred to ‘Senior Managers’. It was agreed that the Disciplinary Policy should be amended to reflect the authority levels within the SOD.</p> <p><b>ACTION: AAC/18/09/06.0 - Disciplinary Policy to be amended to align with the authority levels stated in the Scheme of Delegation.</b></p> <ul style="list-style-type: none"> <li>• Page two referred delegated decision making to the Deputy Chief Financial Officer when the Chief Financial Officer was not available. SL felt this should not be carte blanche. It was agreed that an additional check by the Accountable Officer would be incorporated. <b>AGREED</b></li> </ul> <p><b>ACTION: AAC/18/09/06.1 - Suggested amendments to be made to the Scheme of Delegation before submission to the Governing Body on 25 September 2018 for approval.</b></p> <p>MH queried the process for decision making in between Governing Body meetings. It needed to ensure that decisions were not held up. SP referred to page six, which referenced the limits and process for business case approval.</p>	<p><b>RH</b></p> <p><b>SL / SP</b></p>
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	<p>The Executive Management Team (EMT) was now able to give initial approval for those from £150,000 to £500,000, and then recommend them for approval to the Clinical Exec, before final approval by the Accountable Officer and Chief Financial Officer. Those over £500,000 required Governing Body escalation, although this could be carried out virtually if there were timing concerns. These steps ensured clinical viewpoint input and oversight by the Accountable Officer and Chief Financial Officer.</p>	
<p><b>AAC/18/09/07</b></p>	<p><b>Information Governance:</b></p> <p><b>a) Information Governance Annual Report</b></p> <p>The Committee noted the report by the Senior Information Risk Officer (SIRO), Caldicott Guardian and Data Protection Officer (DPO). An amendment to the bottom of page four was noted, the ‘??’ was to be replaced with 77% staff compliance with Information Governance training.</p> <p><b>The Committee noted the Information Governance Annual Report.</b></p> <p><b>b) Terms of Reference</b></p> <p>SL advised that the terms of reference for the Information Governance Group had undergone its annual review. Amendments were shown in green. As the parent committee, the Audit and Assurance Committee (AAC) was required to approve this document. It was noted that the Deputy Caldicott role was currently vacant.</p> <p><b>The Committee approved the Information Governance Group Terms of Reference.</b></p> <p><b>c) Information Governance Policy</b></p> <p>SL explained that the CSU were currently revising their suite of documents to ensure GDPR compliance. This Policy was the first template policy to brought for approval and implementation. The use of the template policies would aid future CCG collaboration. The Information Governance Policy may require amendment as others were developed. It was in place to protect the CCG.</p> <p>CR queried the statement on page 11 of the Policy which referred to the Committee being responsible for ensuring sufficient resources were in place. SL advised that through Committee reports, such as the Information Governance Report and meeting notes, internal audit reports, and raising questions or challenging information would inform Members to enable them to be aware if sufficient resources were in place. KPMG would be undertaking an internal audit review of Information Governance in November 2018. EMT would review any recommendations made (alongside any recommendations made by AAC), especially those concerning resources, and ensure plans were in place to address those if in agreement.</p> <p><b>The Committee approved the Information Governance Policy.</b></p>	
<p><b>AAC/18/09/08</b></p>	<p><b>Professional Registration Policy</b></p> <p>RH explained that the Policy had reached its review date, it remained fit for purpose and reflected national policy and legislation.</p> <p>The CCG had a number of staff with professional registrations (approx.15-20), but there was a lack of understanding of what registrations were actually required against job roles and contracts of employment. A separate piece of work was underway within Directorates to establish those staff who were required to maintain professional registration.</p>	

	<p>MS queried how the CCG ensured that potential applicants were not excluded due to unneeded qualification requests within job descriptions or person specifications. RH advised that this was outside the scope of this policy. A review of the recruitment process would be required and learning shared with Managers.</p> <p><b>ACTION:</b> AAC/18/09/08 - RH and MH to review the recruitment process to ensure Managers were creating person specifications relevant to the role and its requirements, and not referencing qualifications that were not required to deliver the role to ensure potential candidates were not excluded from applying.</p> <p><b>The Committee approved the Professional Registration Policy.</b></p>	<b>RH / MH</b>
<p><b>AAC/18/09/09</b></p>	<p><b>Maternity, Paternity, Adoption and Shared Parental Leave Policy</b> RH explained that the four individual policies had been amalgamated after each reaching their review dates. This was in line with a similar approach taken by other CCGs. ConsultHR and the Staff Partnership Forum (SPF) had been involved in the review process, there were no major changes to the four elements.</p> <p><b>The Committee approved the Maternity, Paternity, Adoption and Shared Parental Leave Policy.</b></p>	
<p><b>AAC/18/09/10</b></p>	<p><b>GDPR Statement for Inclusion in HR Policies</b> The Committee were asked to agree the GDPR statement as included within the paper, and for it to be inserted into existing and new policies.</p> <p><b>The Committee approved the GDPR Statement and for it to be inserted into existing and new policies.</b></p>	
<p><b>AAC/18/09/11</b></p>	<p><b>Social Media and Attributed Digital Content Policy</b> MH advised that the Communications Team had updated this existing policy. EMT and the SPF had been involved in the review process.</p> <p>It was recognised that this policy needed active promotion as social media was a prevalent activity amongst staff. It would be shared via the intranet, the 7 days e-newsletter and via team meetings.</p> <p><b>The Committee approved the Social Media and Attributed Digital Content Policy.</b></p>	
<b>ITEMS FOR DISCUSSION</b>		
<p><b>AAC/18/09/12</b></p>	<p><b>Review of Risk Register and Board Assurance Framework (BAF)</b> SL explained that each Directorate had updated their Risk Register, which then provided an amalgamated Register for MH to review to ensure that scoring was consistent. The top 20 risks were for discussion to agree the top 10 risks to be taken to the September Governing Body meeting.</p> <p>MH talked through the suggested top 10 risks:</p> <ol style="list-style-type: none"> <li>1) MH advised that there was a correction to note for risk one (Urgent Care system pressures) on the summary sheet – the score should state ‘4 and 4’ with a total risk score of 16. Although it was noted that the GWH ED had improved (as recorded on the Quality Risk Register), this risk related to the delivery of the constitutional targets. The risk narrative would be updated.</li> <li>2) AC felt that the vulnerability of practices would be further affected by the pressure of delivering Improved Access. MH advised that EMT and the Wider EMT had scrutinised the risk register and had acknowledged that</li> </ol>	

- this was a risk that could deteriorate. The CCG had put significant support into place to ensure delivery of the national policy. The action was to be updated to recommend the wider auxiliary positions as mitigation.
- 3) SWAST – delivery against the new ambulance performance targets was below contracted levels and was a high risk.
  - 4) Workforce – It was noted that the detail of this risk was out of date due to a vacancy within the Workforce Project.
  - 5) Children CHC – The actions to be taken over the next month were expected to have a significant impact. This was under scrutiny by the Quality and Clinical Governance Committee.
  - 6) Patient Transport Services – The tender was live, but no formal expressions of interest had been received to date. A paper was to be presented to the Governing Body Private Session on 25 September 2018 to request an increase in the financial envelope, based on the first stage of the market engagement. All CCGs would increase their contribution. It was hoped this would encourage a response from providers. This was a point in time risk.
  - 7) 18 weeks target – The national steer was to now monitor the size of the waiting list. Wiltshire’s lists were growing and were being scrutinised. A plan of action was to be implemented.
  - 8) QIPP – The implementation of the Blueteq system was a Wiltshire wide piece of work, but required the engagement of all acute trusts to ensure the QIPP saving was achieved.
  - 9) The Stroke risk was to be replaced to reflect it was now a pathway risk and issues with the quality of the Sentinel Stroke National Audit Programme (SSNAP) data. MS reported that assurance had been given at the Quality and Clinical Governance Committee that progress was being made.
  - 10) MSK – This risk needed to be updated.

The Committee requested that all risks be updated to ensure accurate actions and mitigations were noted, and that due dates were included.

SP gave a verbal update against risk F-17/023 regarding the Trowbridge Estate project. The release of the Project Phoenix funding was still awaited. An update had been given to the Governing Body in July. The commencement of the review and transformation of maternity services had impacted upon the estates programme and its timescales. The risk narrative would be updated.

**Board Assurance Framework (BAF)**

The Governing Body had approved the CCG’s strategic objectives at its July meeting. RH and SL had revised the BAF to align to the new objectives. Areas of controls had been identified and the risk of non-delivery noted. Work would continue on the revised BAF and there would be a continuous test for gaps in assurance. The refined BAF would be presented to the November meeting.

**AAC/18/09/13**

**Internal Audit Progress Report and Tracker**

The report circulated indicated the progress to date of internal audits. DL confirmed that the terms of references for the next phase of audits had been agreed. Page two indicated the assurances ratings given against completed audits.

The one outstanding recommendation carried over from the PwC audits had been followed up. The evidence to confirm this had been actioned by the CCG had been seen and the recommendation was now closed.

MS requested that the Local Authority be engaged when the Children’s CHC audit was undertaken. DL confirmed that this would be built into the terms of reference.

AAC/18/09/14	<p><b>Internal Audit Reports</b></p> <p><b>a) Conflict of Interest</b></p> <p>DL explained that the review had built upon the four areas of the previous audit, following up and testing for assurance. Appropriate policies, protocols and procedures were in place and areas of good practice noted, but there was a need to ensure that CCG staff and Members adhered to them.</p> <p>KPMG had made five recommendations from the review. The CCG had decided to take a risk based approach to recommendation two, and would continue to request declarations from only those GPs who were actively involved with CCG Committees and panels.</p> <p>AC raised concerns about the detail of declarations made and recorded on the register, and the inaccuracy of information publicised on the CCGs website. It was noted that a number of GPs had not declared their Practice details, and were not declaring conflicts and interests at meetings when required. A mechanism needed to be in place for the Chair of the meeting and CCG to deal with this should it arise. Declaring interests was the responsibility of the individual. The line manager could take action if interests were not being declared. A second briefing session on the Conflicts of Interest policy and procedure could be organised if Members felt it would be beneficial. Members felt that the AAC Chair needed to raise this issue with the Chair of the CCG, as line manager of those GPs involved in CCG work.</p> <p><b>ACTION:</b> AAC/18/09/14a - AAC Chair to raise with the Clinical Chair of the CCG the importance of GPs declaring their interests upon the Register, and at all meetings, to ensure these were recorded and acted upon.</p> <p><b>b) Risk Management</b></p> <p>DL reported that the review of risk management indicated that good procedures, protocols and policies were in place, but there was a need to ensure that these were regularly reviewed and referred to by CCG staff and Members. More timely updates from Directorates against risk registers was required to ensure they were live, accurate and useful documents.</p>	PL
AAC/18/09/15	<p><b>External Audit Progress Report</b></p> <p>KW explained that the report set the timetable for delivery of the 2018/19 audits. The audit report would be brought to AAC in May 2019.</p>	
AAC/18/09/16	<p><b>Security Management Services progress Report</b></p> <p>PT reported that there had been a delay in completing the review of provider organisations information against the NHS Protect Standards for Providers, but this was now moving forward.</p> <p>Security requirements needed to be clarified with the CSU to ensure information was being sourced and issues addressed ahead of the 2018/19 review. RH, PT and SL had revised the Security Management work plan.</p> <p>PT was working directly with a member of staff on a personal issue, but otherwise Wiltshire had no issues arising.</p>	
AAC/18/09/17	<p><b>Emerging External Issues</b></p> <p>The Committee discussed the following Emerging External Issues:</p> <p><b>a) Letter from Matt Hancock MP concerning a Brexit 'No Deal'</b></p> <p>A copy of the letter was tabled for Members information. The letter concerned the Government's preparation for a March 2019 'No Deal'</p>	

	<p>scenario. MH advised that EMT had discussed the letter and agreed the following actions, which would be reviewed by AAC in due course:</p> <ol style="list-style-type: none"> <li>1. Stock piling of medicines – Awareness would be raised with Providers and tracking of risks requested.</li> <li>2. Log of actions leading up to Brexit to be recorded via the Programme Management Office and reported to AAC.</li> <li>3. EPRR – Business Continuity Plan to be updated in line with requirements to ensure compliance.</li> </ol> <p><b>b) Risk Register</b>  <b>ACTION: AAC/18/09/17.0 - Commissioning Alliance and Commissioning at Scale to be referenced on the Risk Register to record the anticipated impact upon staff and ability to deliver.</b></p> <p>The Joint Governing Body meeting with BaNES and Swindon CCGs was to be held on 4 October 2018 to decide on the framework and work programme for the proposed CCG collaboration.  <b>ACTION: AAC/18/09/17.1 - Verbal update on Commissioning Alliance to be brought to the November Committee meeting.</b></p>	<p>SL / MH</p> <p>LP</p>
<b>ITEMS FOR NOTING</b>		
<p><b>AAC/18/09/18</b></p>	<p><b>Proposed Committee Meeting Dates for 2019/20</b>  The proposed Committee meeting dates were noted.</p> <p>23 April 2019, 21 May, 16 July, 10 September, 12 November, 14 January 2020 and 10 March 2020.</p>	
<p><b>AAC/18/09/19</b></p>	<p><b>Aged Receivables and Payables Report</b>  The Aged Receivables and Payables Report was noted.</p> <p>SP reported that there were some long standing issues to note. Bad debt provision was in place, but the process would continue, the debt would not just be written off.</p> <p>There were no risks concerning the CCGs financial position to note.</p>	
<p><b>AAC/18/09/20</b></p>	<p><b>Losses and Special Payments Report</b>  The Losses and Special Payments Report was noted.</p> <p>SP advised that the payment noted in the report was the second instalment of legal costs following a court judgement earlier in the year concerning a Continuing Healthcare package of care.</p>	
<p><b>AAC/18/09/21</b></p>	<p><b>Competitive Tender Waivers</b>  SP talked through the waivers issued since the last meeting. A query was raised concerning the Patient Transport Services procurement which was joint with BaNES CCG, and the recharge arrangements. SP would check the detail of this and report back.</p> <p><b>ACTION: AAC/18/09/21 - SP to check the recharge arrangements with BaNES for the Non-Emergency Patient Transport Service.</b></p> <p>The Competitive Tender Waivers report was noted.</p>	<p>SP</p>
<p><b>AAC/18/09/22</b></p>	<p><b>Any Other Business</b>  There were no items raised.</p>	
	<p>The meeting concluded at 10.55hrs</p>	

**Date of next Audit and Assurance Committee Meeting:  
Tuesday 13 November 2018, 09.15-11.00hrs**