

Minutes <i>As agreed by JG</i>	Title of Meeting:	Audit and Quality Assurance Committee
	Time:	1:30pm
	Date:	Thursday 17 February 2011
	Venue:	Elm Room
	Reference:	ABT
	Chairman:	Mr John Gomersall

Present:

Mr J Gomersall, Non-Executive Director **Chair**
Mrs R Kapoor, Non-Executive Director
Mr R Stonebridge, Non-Executive Director

In Attendance:

Mr M Bishop, Local Counter Fraud Specialist
Dr R Carlisle, Deputy Chief Executive – Performance & Primary Care Improvement
Mrs S Cassin, Head of GP Quality and Efficiency
Mrs K Firth, Deputy Director of Finance
Mrs L George, Planning Manager (risk)
Mr J Idle, Head of Internal Audit, SYNDAS
Mr J Pannell, Audit Manager, Audit Commission
Ms K Pilling, Audit Manager, SYNDAS
Dr J Radford, Director of Public Health
Mr A Tenanty, Head of Corporate Governance

Observer:

Ms Jennifer Copley, Audit Commission

Apologies

Dr R Cullen, Commissioning Executive representative
Mr C Edwards, Deputy Chief Executive - Finance, Contracts and Service Improvement
* Mrs S Hopkins, Head of Patient Support Services & Risk Management
Mr D Murray, District Auditor, Audit Commission
Cllr A Sangster, Chair of RMBC Audit Committee

** Mrs Hopkins was to retire at end March 2011. The Committee expressed its thanks for her contribution to its work and to improving the patients' experience.*

Action

1/11 Audit & Quality Assurance Committee previous meeting

The minutes of the meeting held 9 December 2010 were agreed as a correct record, subject to

23/10 Progress on TPP SystemOne

Opening sentence to read

"Kate Pilling explained the delays in implementing the audit recommendations." (not ".....delays in *completing this audit.*")

2/11 Matters Arising

a 25/10 Outstanding Recommendations – Freedom of Information

A major effort had reduced the backlog of delayed requests. The PCT's management restructuring had moved the handling of FOI requests into the chief executive's office.

b 25/10 Outstanding Recommendations - Compliance of RCHS with Standards for Better Health

Robin Stonebridge explained that the RCHS Committee was overseeing the identification of outstanding risks and issues in the run up to services being handed over to new providers. The new providers were to be given this information. This would enable the registration with the Care Quality Commission (CQC) of the community health services. The list would also be given to John Gomersall

RS

The 2011/12 contracts with the new providers of community services would be explicit about residual risks and issues and the expectation that CQC registration would be obtained.

KF

c 27/10 Efficiency Programmes

Robin Carlisle would bring to the April meeting a report on the 2010/11 outturn and a proposed refresh of the goals for 2011/12.

3/11 SUI & Complaints Committee

The minutes from the meeting of 12 January 2011, plus updates to the Board about the months of December and January, were noted.

Sue Cassin confirmed that the committee met at least six times a year and described the performance management of incidents – once logged as such by a provider. Whilst there was confidence that all relevant incidents were logged by providers, there could not be certainty of that.

There had not been a local assessment of the impact from incident management, but wider research had regularly identified the benefits of a culture of openness and the rapid investigation of incidents.

Rotherham, Doncaster & South Humber Mental Health Foundation Trust reported high level of incidents - relative to acute hospitals - because it was required to designate as an incident all deaths of patients under its care. Often the deaths were unrelated to the

mental condition of the patient. However, it could be argued that lifestyle-related deaths (eg. associated with smoking) ought to be a concern for the provider. Moreover, some life-threatening physical conditions could be related to the treatments given for the mental health problems - ie. there was no room for complacency when a death was said to be unrelated to the mental health condition.

Kate Pilling suggested that contracts with providers should include clauses about access to internal audit reports. The committee agreed that this would be appropriate in respect to audits relating to patient safety. An alternative was to seek clear assurance - from provider boards - that the findings of internal audit reports were being addressed. Mr Gomersall would explore this with the chair of the Rotherham Foundation Trust audit committee.

JG

The committee was pleased to note that the discipline by which incidents were investigated was not expected to change as the NHS restructured over the next two years.

It was noted that "serious untoward incidents" (SUIs) were henceforth to be called "serious incidents" (SIs).

4/11 NHSR approach to Quality, as a commissioner

Dr Carlisle explained that the concept of the clinical guardian at NHS Rotherham for each of the main providers continued despite the slimming down of the PCT's management. Each guardian worked in close liaison with a manager/contract lead and a GP. The teams had numerous information sources for assessing the quality of care.

The committee asked that its meetings during 2011 consider the assessment of quality for each provider – one per meeting. A programme would be developed starting with Rotherham, Doncaster & South Humber Mental Health Foundation Trust.

AT

5/11 GP-led Commissioning - Governance Arrangements

A discussion paper, prepared for the confidential meeting of the Board in the following week, was considered. It proposed that strengthening of the newly formed (GP-based) Commissioning Executive; a reduction in the frequency of the Board meetings, and a new committee (to meet monthly) of Board and CE members. The proposals addressed some issues likely to arise in the planned clustering of PCTs' most senior management and anticipated the Government's proposed strengthening of GP's influence.

A recent meeting of local PCTs' chairs and chief executives had considered the formation and operation of a "PCT cluster". This would cover all of South Yorkshire plus Bassetlaw and a high degree

of subsidiarity was intended.

The committee supported the retention of an NHS Rotherham board and audit committee. Observations included:-

- a) The description of arrangements should reference the input of public health expertise - despite the current uncertainties about the government's intent.
- b) The Commissioning Executive had been formed to oversee the establishment of a commissioning consortium rather than become the consortium, as was now proposed.
- c) A shadow commissioning consortium was intended for April 2012, but its introduction as early as April 2011 was a matter of local choice. The GPs on the Commissioning Executive had only been in post a few weeks yet it was proposed that in another few weeks time they would be given delegated authority for the entirety of the NHS Rotherham commissioning budget.
- d) The diagram of committees showed no oversight of the Commissioning Executive by AQuA.
- e) The introduction of such arrangements would require many changes to standing orders etc and to committees' terms of reference.

The Board would be advised of this committee's broad support for the changes subject to the observations above. The scale of the changes may merit an extraordinary meeting of the Board.

JG

The transfer of budgetary control to GP-led bodies – whenever that might occur – would be added now to the risk register.

LG

6/11 External Audit – Update

Progress Report

John Pannell had supplied a brief paper reporting progress as at February 2011.

An assessment of the reliability of PCT finance systems (to produce accurate information) continued. Further work was needed, on the "Value For Money" ¹ conclusion, to assess the PCT in regard to the:-

- preparations for transferring its commissioning function to a GP consortium

¹ The successor to "Use of Resources"

- transfer of community health services to other providers
- Finance and efficiency
- Clinical efficiency

The scope of work intended had been agreed with the Deputy Chief Executive (Finance) and was underway.

Payment by Results Programme 2011/12

The nationally produced update paper was noted. The expected timescales of local work would be clarified. Contact would be made with David Plews, Richard Cullen and David Tooth.

JP

7/11 Internal Audit Progress Report

A report prepared by Kate Pilling and Jonathan Idle was noted.

See 2/11a above.

The audit assessment on arrangements for safeguarding children had been completed. The handling by general medical practices of CRB checks and other pre-employment checks was very variable.

The audit of TPP SystmOne ought to be concluded by April 2011, but RCHS staff would struggle to assist in this during what were the final weeks of the organisation. If not concluded, then the position reached would need to be shared with the new providers.

A similar difficulty may arise for commissioning staff once the preparation of final accounts began.

A draft plan for internal audit work needed to be developed soon and would be considered by this committee at its April meeting. In the meantime, members would be convened very soon in order to identify priorities.

JG

8/11 Outstanding Recommendations Report

Kate Pilling explained the key points in her report.

See 2/11 and 7/11 above.

9/11 Counter-Fraud Progress Report

Mark Bishop introduced his report and highlighted the key points. The committee noted that counter-fraud specialists were increasing their profile in the GP community.

National Staffing Structure

Mark explained that the national level structure was being slimmed down and renamed “NHS Protect”. The slimming down would have the effect of reducing the liaison and information sharing between neighbouring local services. i.e. local specialists were likely to be present in the same numbers but working in greater isolation.

Qualitative Assessment

The provisional assessment of counter fraud arrangements in NHS Rotherham was noted. The committee was pleased to learn that NHS Rotherham was again likely to be awarded a high rating.

10/11 Losses and Compensations Update

The losses and compensation payments for the period April 2010 to December 2010 were noted. The total value was £29,948.78.

11/11 Joint Service Centres

The external auditor's update report of February 2010 was noted.

John Gomersall had since visited the Maltby centre and concurred with the auditor's observations about the use of space. Robin Stonebridge felt that the audit findings had not been properly factored into the subsequent service centre (Aston) to be opened.

The update briefing of December 2010 – prepared by Emma Royle and Rachel O'Neil – was noted.

12/11 Cervical Screening Service - QA Visit report

The report on the visit conducted in June 2010 was received and its findings noted.

13/11 Risk Assurance Framework - draft update

Lydia George tabled a page describing how a refresh of the framework would restructure it into five corporate priorities – viz performance, improvement, efficiency, transition, and other.

John Pannell suggested there be an attempt to capture the GP prospective. Robin Carlisle noted that GPs were more usually conceived of as a risk than as part of the reporting process.

This committee's April meeting would receive a full analysis of risks **LG / AT**

based on both the new framework and the old.

It would be important to keep the risk register up to date whilst the NHS was restructured. To that end, the looming risk of organisational memory loss should be included. The updated register should be presented to the next AQuA meeting and to a spring meeting of the Board.

RC / AT

14/11 Chairman's Report

Mr Gomersall reported on his activities in recent weeks. A region-wide NHS meeting of audit chairs had discussed the current and planned changes to the health service structure. He had responded in writing to the auditors for information required as part of their consideration of the annual accounts.

15/11 Operational, Risk, Governance & Quality Management Group

Sue Cassin reported briefly on the meeting held 26 January 2011. Minutes would be shared with AQuA members in due course. John Gomersall had attended this meeting and had felt suitably assured that issues were being managed properly.

16/11 Future agenda items

Risk register (old and new style)
RDaSH quality
Internal audit plan for 2010/11
Efficiency programme.

17/11 Feedback to the Board

Mr Gomersall would highlight:-
CQC registration (of ex RCHS)
Quality assurance framework
Response to governance of GP-led commissioning

JG

18/11 Dates of Future Meetings

Wednesday 13 April 2011 at 9:30am
Wednesday 1 June 2011 at 9:30am
Wednesday 10 August 2011 at 9:30am
Thursday 13 October 2011 at 9:30am
Wednesday 14 December 2011 at 9:30am

ie all as previously announced