

Meetings and Committee Reports

Agenda item 22, paper 16	
Summariser:	Vicky Francis, Governance Support Officer
Authors and contributors:	Justin Dix, Governing Body Secretary Vicky Francis, Governance Support Manager
Executive Lead(s):	Matthew Knight, Chief Finance Officer
Relevant Committees or forums that have already reviewed this issue:	Audit Committee Clinical Cabinet Finance and Performance Committee Quality Committee Remuneration and Nominations Committee
Action required:	To note
Attached:	Audit Committee Minutes (April, May and July 2016) Quality Committee Minutes (July 2016)
CCG Strategic objectives relevant to this paper:	Core business: relevant to all / most objectives
Risk	The Audit Committee has responsibility for risk as part of the system of internal controls. Each committee reviews risks relevant to its specific area.
Compliance observations:	Finance: Finance and Performance Committee has lead role. Audit Committee agrees annual report and accounts under delegated authority from the Governing Body.
	Engagement : The Quality Committee leads on Patient and Public Engagement
	Quality impact: The Quality Committee leads on quality impact

Equality impact: Equality impact is assessed against all changes and new developments where required.

Privacy impact: No specific issues relating to these reports

Legal: No specific issues relating to these reports

EXECUTIVE SUMMARY

Audit Committee

The meeting on 22nd July 2016 highlighted the following key issues for the Governing Body:

- Collaborative Arrangements for Mental Health Commissioning
- Extend TIAA contract for Internal Audit for one year
- External Audit procurement update
- NHS England Conflict of Interest guidance with the impact on Corporate Governance and GP Practices

The meeting on 23rd September 2016 highlighted the following key issues:

- Received reasonable assurance of Information Governance
- Received limited assurance on Freedom Of Information
- EAP update
- Risk Register on Datix and the strengthened definition of risks
- Identification of a new Cyber security risk - Ransomware
- Implementation of Conflicts Of Interest guidance

Copies of the minutes of the April, May and July 2016 meetings are attached for assurance purposes.

Quality Committee

Key issues at the meeting on 9th September 2016 were:

- SECAMB
- Workforce
- Community hubs
- Care homes
- Mental Health
- Learning Disabilities

A copy of the minutes of the July 2016 meeting is attached for assurance purposes.

Finance and Performance Committee

Key issues from the July meeting were:

- QIPP was discussed with NHS England
- Funded Nursing Care issue
- SECAMB performance
- Analysing 4.9% referral increase from GPs

Key issues from the September meeting were:

- FRP
- QIPP
- IAF & Clinical
- CAPEX
- Forward Planning

These minutes are not placed in the public domain due to the potentially commercial in confidence issues they contain.

Remuneration and Nominations Committee

Key issues from the July meeting were:

- Governing Body development
- Employment of interim staff around new policy
- Improvement policies

These minutes are not placed in the public domain due to the potentially sensitive issues and personally identifiable information they contain.

Clinical Cabinet

There have been two meetings, in August and September respectively. These highlighted the following issues:

- SECamb Performance
- Finance Status
- Carers Strategy

The Clinical Cabinet does not report to the Governing Body but minutes are available on request.

Date of paper

27th September 2016

For further information contact:

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Minutes

Committee members present:

Peter Collis, Lay Member for Governance
Jonathan Perkins, Lay Member for Governance
Dr Andrew Sharpe, Governing Body GP

Others in attendance:

Debbie Stubberfield, Registered Nurse on the Governing Body
Ralph McCormack, Interim Chief Officer
Matthew Knight, Chief Finance Officer
Justin Dix, Governing Body Secretary

Clarence Mpofu, TIAA (Internal Audit)
Simon Darby, TIAA (Internal Audit)
Grant Bezuidenhout, TIAA (Counter Fraud)
Christian Heeger, Grant Thornton (External Audit)

Chair: Peter Collis

Minute taker: Justin Dix

Meeting started: 9.00

Meeting finished: 11.05

1. Welcome and introductions

Peter Collis welcomed everyone to the meeting, particularly Dr Sharpe in his new Governing Body role.

AC260416/001

2. Apologies for absence

Apologies were received from James Thirgood of Grant Thornton (External Audit)

AC260416/002

3. Quorum

The meeting was noted as quorate

AC260416/003

4. Membership and terms of reference of the Committee

AC260416/004

The terms of reference approved by the Governing Body in March were noted. Terms of Reference for all the committee will be reviewed in the autumn as a follow up to the implementation of the actions from the Governing Body review in 2015-16.

AC260416/005

Jonathan Perkins asked about annual reports for committees. It was understood that these might not be necessary due to the Governing Body review but a simple summary of the issues covered during the course of the year would be helpful.

AC260416/006

Following discussion it was agreed to keep a log of issues for the review of terms of reference in the autumn. The need to show clear accountability to the Governing Body was emphasised. It was noted there were references to the work of the committee in the Annual Report, and in particular the Annual Governance Statement, that showed how it had discharged its statutory and other duties.

AC260416/007

Action Justin Dix

5. Attendees Interests relevant to the meeting

The interests of committee members were noted as being consistent with the overall register of interests. There were no specific issues relating to this meeting.

AC260416/008

6. Minutes of the last meeting, held on 26th February 2016

Correct other than AC260216/091 where there was a typo – “work” should read “word”.

AC260416/009

7. Matters arising and action log amendments

Better Care Fund. Matthew Knight noted the need to have an appropriate wording around the Better Care Fund in the annual report, and that work was ongoing with Surrey County Council to understand their processes for budgeting before this was concluded. It was agreed that the CCG’s view on this needed to be robust and give accountability to patients about how the funds were being spent. It was not intended to change the S75 agreement but there did need to be a shared approach to risk pooling between the parties if joint working was to be successful.

AC260416/010

AC260216/021 – Information Governance training for members of the Governing Body. This had been completed and could be closed.

AC260416/011

The achievement of the 95% target for staff training was noted, resulting in reasonable assurance on the IG toolkit audit overall, as highlighted in the internal audit reports..

AC260416/012

On a related matter, Debbie Stubberfield would email Justin Dix regarding inaccuracies in the CCG's Information Governance leaflets and the need for amendments, and Justin Dix would ensure these were picked up.

AC260416/013

Action Justin Dix

019 – Staff compliance with policies. Close action and agenda for September.

AC260416/014

Action Justin Dix

018 – Internal audit report to be revised to reflect the action plan developed following the Governing Body review process. Clarence Mpofo updated and confirmed this had been done.

AC260416/015

089 – Conflicts of interests – it was confirmed that this would be undertaken once the new NHS England guidance was available. Close action and agenda for November.

AC260416/016

095 – Working with the pharmaceutical industry. Debbie Stubberfield asked about pharmaceutical decision making and the role of the Surrey Priorities Committee and it was agreed that clarifying this would be an action for Justin Dix and Steve Hams to complete. It was probable that the decisions would be signed off in the clinical cabinet.

AC260416/017

Action Justin Dix

8. Update from previous audits - Internal Auditors

Clarence Mpofo updated.

AC260416/018

It was noted that there had been a number of actions in relation to previous audits that were not reflected in the report. In future TIAAs online portal would give clarity about this. There was a discussion about how individual items were dependent on actions in other meetings such as the Surrey Priorities Committee and the CCG's Governing Body. It was also noted that some actions had been closed and new ones had been opened.

AC260416/019

As there was not sufficient time to review individual actions in the meeting, and there were issues with year-end capacity, it was agreed that Matthew Knight and Clarence Mpofo would provide an updated report that presented the status of the actions more clearly, possibly at the May meeting.

AC260416/020

Action Clarence Mpofo / Matthew Knight

Collaborative arrangements

AC260416/021

RM reported that consultancy work was close to conclusion and was being influenced by the changing environments such as the STP footprint, lead and host arrangements for each CCG, and relationships with suppliers such as Surrey and Borders Mental Health Trust. There was detailed work required before these were confirmed as it was important not to destabilise existing arrangements and ensure a managed transition arising from the recommendations of the consultancy work. For July Agenda.

Action Ralph McCormack

Adult Safeguarding

AC260416/022

Eileen Clark attended for this item. An action plan had been produced as a result of the audit and there had been substantial progress with this although the Farnham part of NE Hants and Farnham was in a transitional arrangement.

Work had been done with the collaborative on the possibility of bringing child and adult safeguarding together as a single function and this was being appraised at the moment, although there were some concerns that this had not been successful elsewhere and advice was being provided by NHS England and Royal Colleges on the best way forward. Given the shortage of specialist staff it was also important not to lose the confidence of those working in the field.

AC260416/023

The Safeguarding Adults Board performance framework would be used to give information and dashboards that minimised duplication of effort for providers.

AC260416/024

A paper would be produced in May with proposals for change in September as part of the wider update. Clarence Mpofo would also include this in routine audit reports.

AC260416/025

Action Eileen Clark/Clarence Mpofo

Head of Internal Audit Opinion

AC260416/026

Clarence Mpofo noted this had been updated including the reasonable assurance for the IG toolkit.

The committee thanked the internal auditors for their work and for the quality of the Head of Internal Audit Opinion.

AC260416/027

9. Internal audit reports

Both the reports (Key Financial Systems and Performance Reporting) had received reasonable assurance.

AC260416/028

Clarence Mpofo noted that the "Performance Reporting" audit highlighted the need to see the Quality Improvement Framework as soon as possible.

AC260416/029

Peter Collis asked if the timescales for action were reasonable and Matthew Knight said that to some extent this depended on responses from other committees. It was noted that the responses were from individual managers, and that it was

AC260416/030

important that relevant committees reviewed these as necessary. Peter Collis emphasised that committee chairs as well as managers needed to be confident with deadlines established in responses to individual audit reports.

Simon Darby would ensure that all reports identified the relevant committee as well as the relevant lead manager in future.

AC260416/031

Key financial systems – Clarence Mpofu identified the increased emphasis on Her Majesty's Revenue and Customs (HMRC) compliance and the need for Remuneration Committees to oversee this. Some CCGs had received HMRC visits.

AC260416/032

The budget meetings with managers were noted and Matthew Knight acknowledged that this was an area where the CCG had not had enough resource in the past. This was now being addressed. Peter Collis noted that managers would normally be expected to sign off on their budgets and held to account.

AC260416/033

RM highlighted that the “reasonable” assurance was very positive in the light of everything the CCG was trying to do and this was endorsed.

AC260416/034

10. External audit report

Christian Heeger noted that fieldwork would commence on Monday regarding the year end accounts. He highlighted that there was still no clarity on guidance on Value for Money (VFM) which was an issue for a CCG in a deficit position with a large QIPP challenge and a significant collaborative agenda. Sustainability was a major issue that would form part of the outcome. The risk around not receiving assurance on VFM was highlighted and understood by the committee. It was important that CCGs across the country were judged consistently in this respect.

AC260416/035

Peter Collis noted that the fieldwork seemed to be in good shape and was starting earlier this year. Matthew Knight thanked GT for this and for the early start which made for a better process in the month leading up to the audit committee on the 20th May.

AC260416/036

There was a contextual discussion for new members of the committee about how VFM judgements worked. Peter Collis highlighted the difference between the last two financial years. Matthew Knight noted that it was important to distinguish between internal controls and business risks and it was agreed that there were significant issues outside the CCG's control. Specialised commissioning recovery planning was an example of this, which was determined by NHS England not by the CCG.

AC260416/037

The qualification of the accounts because of the deficit was noted.

AC260416/038

Jonathan Perkins highlighted “working with partners” and asked how wide the review of this was. He highlighted the successful committees in common as an example of this. It was agreed that this would form part of the context .

AC260416/039

11. Draft Annual Report

It was noted that there had been an extensive telecon on this issue on Monday. The report would be submitted today with some minor changes expected before the final submission at the end of May.

AC260416/040

It was noted that the interim submission was being made today and had been assured against the NHS England checklist.

AC260416/041

Debbie Stubberfield highlighted Para 4 on Page 7 in regard to equitable distribution of resources which was potentially open to misunderstanding. This would be picked up in the final changes.

AC260416/042

Final version to be signed off on the 20th at the special meeting of the Audit Committee convened for that purpose.

AC260416/043

12. Risk management update

The outcomes from the seminar on Wednesday were noted. These were noted as Audit Committee actions for follow up through the action log as follows:

AC260416/044

Risk would be on each formal EMT agenda with Each Executive Director setting out key risks in their area and how these were being managed.

AC260416/045

Action Justin Dix

Heads of service to take on a lead role for risk starting with next Joint Heads of Service meeting – to review existing risk register and recommend changes as appropriate. All existing risks should be accounted for and a rationale given for change / closure.

AC260416/046

Action Justin Dix

Discussion to take place at Governing Body about risk management in the CCG, giving the new Governing Body a chance for a “clean slate” discussion.

AC260416/047

Action Ralph McCormack

New risk management strategy to be based on a revised risk architecture worked through by Datix project manager (Haneef Khalid) during implementation phase. Key aspects are supporting managers to make sound judgements about risks as part of their role, with agreed escalation to the corporate risk register in defined circumstances.

AC260416/048

Action Justin Dix

Set out a clear basis for how PMO / Project risks (as opposed to Business As Usual risks) are managed.

AC260416/049

Action Antony Collins

Peter Collis said that this had been one of the best discussions with the Executive on risk management that he had been party to. Ralph McCormack said that he would add that there should be a view of what corporate risk should look like and that this was the purpose of the discussion with the Governing Body. It was

AC260416/050

important to get a sense of what the Governing Body considered important and how it wanted it managed, in particular the point at which an operational risk became a strategic risk.

AC260416/051

Jonathan Perkins said that the breadth of contribution had been very useful and anticipated that the Governing Body would have a better ability to analyse major risks by the time of its July meeting.

It was noted that the Risk Management Strategy would be reviewed as part of this process and that internal audit would be engaged in understanding the changes.

AC260416/052

13. Debt write-offs

There were none to report; Matthew Knight noted that the CHC invoice lodged with Surrey County Council remained outstanding and had not been written off.

AC260416/053

14. Counter Fraud Report

Grant Bezuidenhout highlighted the counter fraud standards for commissioners, and the CCG's positive position in this respect. Three areas had been highlighted for focus in the coming year:

AC260416/054

- Continuing Health Care CHC.
- Agency Pre Employment checks.
- Staff Expenses and Mileage claims.

The pros and cons in relation to the recovery of debt relating to Personal Health Budgets was discussed. Management did not intend to pursue a criminal prosecution in this case and that it was more useful to focus on the learning and proactive work in future.

AC260416/055

The growth in PHBs was noted as a matter of concern as it potentially put vulnerable people at risk and put significant governance obligations on ordinary members of the public.

AC260416/056

Jonathan Perkins asked if there was national information on this and it was confirmed that TIAA were investigating this and would bring further information in future routine reports. It was noted that voluntary bodies might have useful literature.

AC260416/057

The Counter Fraud workplan for 2016/17 was focused on minimising risk and the committee welcomed and endorsed this.

AC260416/058

15. Conflicts of interests

The proposed national policy arrangements were highlighted and welcomed. It was expected that these would be issued as final in July.

AC260416/059

Justin Dix said that all staff had been asked to refresh their interests as part of the routine annual exercise, but it was also emphasised that the responsibility was on individuals to report any changes and make a new declaration if necessary.

AC260416/060

<p>GP practices had also been asked to update their interests although this was a far more complex issue and there were limitations due to administrative capacity.</p>	<p>AC260416/061</p>
<p>16. Hospitality and Gifts</p>	
<p>The revised register showing gifts and hospitality since the last period was noted.</p>	<p>AC260416/062</p>
<p>It was noted that the cost of some events included a notional estimate of the value of this as a training event and not just the cost of the lunch and other hospitality.</p>	<p>AC260416/063</p>
<p>Matthew Knight highlighted the clinical commissioners event in July and the identified value of this. It would be necessary to include this in the future log.</p>	<p>AC260416/064</p>
<p>Action Justin Dix</p>	
<p>Dr Sharp asked about medicines management and how this was being monitored as this was probably the most high risk area for the organisation. It was confirmed that as well as the individual arrangements, Justin Dix held quarterly meetings with Kevin Solomons and Sarah Watkins as the two Heads of Service in Medicines Management to identify any individuals or issues requiring resolution.</p>	<p>AC260416/065</p>
<p>17. Policies</p>	
<p>It was noted that the “Working With the Pharmaceutical Industry Policy” was not yet ready as there was an ongoing dialogue with GPs and this would in any case be affected by the new conflicts of interest policy from NHS England.</p>	<p>AC260416/066</p>
<p>The procurement policy was discussed and welcomed by the committee. This was AGREED.</p>	<p>AC260416/067</p>
<p>18. General policies update</p>	
<p>This was deferred to the next routine meeting</p>	<p>AC260416/068</p>
<p>19. Any other urgent business</p>	
<p>There was no other urgent business.</p>	<p>AC260416/069</p>
<p>20. Items to highlight to the Governing Body</p>	
<ul style="list-style-type: none"> • Annual Report • Risk Management update • Audit actions to be highlighted across committees • Procurement policy • New COI guidance 	<p>AC260416/070</p>
<p>21. Date of next meeting</p>	
<p>20th May 2016 (Annual Report and Accounts sign-off only).</p>	<p>AC260416/071</p>

Minutes

Committee members present:

Peter Collis, Lay Member for Governance
Jonathan Perkins, Lay Member for Governance
Dr Andrew Sharpe, Governing Body GP

Others in attendance:

Dr Claire Fuller, Clinical Chair
Debbie Stubberfield, Registered Nurse on the Governing Body
Ralph McCormack, Interim Chief Officer
Matthew Knight, Chief Finance Officer
Justin Dix, Governing Body Secretary
Clarence Mpofu, TIAA (Internal Audit)
Simon Darby, TIAA (Internal Audit)
Christian Heeger, Grant Thornton (External Audit)
James Thirgood, Grant Thornton (External Audit)

Chair: Peter Collis

Minute taker: Justin Dix

Meeting started: 12.35

Meeting finished: 1.25

1. Welcome and introductions

Peter Collis welcomed everyone to the meeting

AC200516/001

2. Apologies for absence

Grant Bezuidenhout, TIAA (Counter Fraud) (by agreement)

AC200516/002

3. Quorum		
	The meeting was declared quorate	AC200516/003
4. Attendees Interests relevant to the meeting		
	There were no interests declared relevant to the agenda.	AC200516/004
5. Head of Internal Audit Opinion		
	Clarence Mpofo noted that this had been received at an earlier Audit Committee meeting and no further changes had been made. It showed that the CCG had reasonable assurance around its internal controls and showed the progress made or being made in areas such as Individual Funding Requests and Safeguarding. The Department of Health required the opinion to be included in full in the annual report and accounts.	AC200516/005
	It was clarified that only the opinion itself needed to be included in the report and not the auditor's annual report (to which it was appended).	AC200516/006
	It was noted this was TIAA's corporate opinion and as such did not need to be signed by the Head of Internal Audit. For the sake of clarity it was agreed this should be made clear by including an appropriate reference as such at the end of the opinion.	AC200516/007
	Action Matthew Knight	
6. External Audit Findings		
	Christian Heeger introduced this. There were unqualified opinions on the Financial Statements and Value For Money but Regularity, due to the deficit position, had to be qualified.	AC200516/008
	Peter Collis said the unqualified Value For Money opinion was welcomed, as it reflected the reality that – notwithstanding the deficit – the CCG's finances were well planned and managed, and the QIPP target had been achieved.	AC200516/009
	Matthew Knight said that there had been a number of issues resolved during the audit process and the local office of NHS England had been consulted in coming to a conclusion on the an appropriate Value For Money decision. Overall it had been a very positive experience.	AC200516/010
	It was noted that the deficit was not the only material issue in relation to the Value For Money decision. This had been a balanced judgement but NHS England's support had been very useful and clear.	AC200516/011
	James Thirgood said this was a very positive improvement over the previous year and Peter Collis concurred, saying it acknowledged the CCG's increased grip and improved arrangements for financial management.	AC200516/012
	Jonathan Perkins said that the arrangements now in place to achieve the FRP such as an enhanced PMO had been very positive; however there was a significant challenge ahead.	AC200516/013

Jonathan Perkins asked about Pages 13 and 16 and changes to disclosures. It was confirmed that these would be in the final version. The amber rating was simply to highlight a gap that needed to be closed. Matthew Knight said that the amber flag was not a major concern and highlighted some of the underlying issues the CCG was dealing with e.g. the range of contracts.

AC200516/014

James Thirgood said that CCGs could add more narrative to the template when undertaking annual reporting and should not feel bound by the structure.

AC200516/015

Debbie Stubberfield asked about changes to the annual report and Annual Governance Statement required by the auditors and James Thirgood said that all the required changes had been made apart from one minor issue with presentation of the accounts. A lot of their work had been about consistency checking.

AC200516/016

The letter of representation was noted. Specific non-standard issues were noted as follows:

AC200516/017

- xvi and xvii – these related to the former Chief Officer's secondment and the Chief Operating Officer's pension calculation. It was noted that the latter was a late adjustment due to the calculation of redundancy payments arising from the post holder working longer. This has been agreed through the Remuneration and Nomination committee and did not form part of the accounts.

AC200516/018

Matthew Knight said that the former Chief Officer's position meant he was not now adding value to the CCG's work and the whole payment was therefore included in the 2015/16 year. The sums were below the normal materiality limits but did require disclosure because there was no tolerance for remuneration matters.

AC200516/019

- xxvii – CHC risk sharing. This was noted as a requirement of the CHC hosting arrangements.

AC200516/020

The letter was AGREED by the committee and would be signed by the Chief Officer and Chair of the Audit Committee.

AC200516/021

7. Annual Report and Accounts

The revised version of the annual report and the table of adjustments was tabled.

AC200516/022

It was agreed that the committee were happy to agree the report with the following caveats and subject to the chair of the committee and the Chief Officer reviewing the final draft that would be signed.

AC200516/023

- It was noted that the register of interests was incomplete and would be updated. This was an error.

AC200516/024

Action Justin Dix

- Jonathan Perkins's comments circulated the previous day would be incorporated into the final version. It was noted that Ralph McCormack had reviewed these and was in agreement with them.

AC200516/025

Action Suzi Shettle

It was noted that not all suggested changes from Governing Body members had been incorporated as they were dependent on internal discussions; specifically the point in the members statement about equitable services had been retained as this was the view of the locality leads representing their members.

AC200516/026

Ralph McCormack noted the performance section and the Referral To Treatment standards. It was agreed, subject to checking with Mable Wu, Head of Planning and Performance, that these would be removed where they were not a constitutional standard. The one constitutional standard would be retained.

AC200516/027

Action Matthew Knight

P27 "Looking forward" – The wrong year was referenced – should be 2016/17 not 2015/16.

AC200516/028

Action Suzi Shettle

Register of interests – it was clarified that this would be a composite of all the interests over the year.

AC200516/029

P86 Remuneration report – Matthew Knight noted that the Interim Turnaround Director's payment was included as this was the convention in the NHS. It was noted that having a Turnaround Director was a requirement of the Directions and was a fair requirement given the NHS's expectations around transparency. In general it was agreed that the comms team should be prepared for enquiries from the media on this issue and potentially others in the remuneration report.

AC200516/030

Agreed that signing would be on Wednesday and the final version needed to be dated and signed that day. Justin Dix would co-ordinate sign off.

AC200516/031

Action Justin Dix

It was noted there were some minor rounding errors (note 4 page 104) which GT would amend.

AC200516/032

Action James Thirgood

It was agreed that members of the committee would be given a hard copy of the report for reference.

AC200516/033

Action Justin Dix

Publication on the CCG's web site was a requirement. Grant Thornton were required to confirm to the Department of Health that this had been done.

AC200516/034

The committee expressed particular thanks to Suzi Shettle for all her hard work on the report; and also to the communications and engagement team, the finance team, the Governing Body Secretary and the corporate team. The Internal and External Auditors were also thanked for their contribution in bringing this work to a successful conclusion.

AC200516/035

8. Any other urgent business

None

AC200516/036

9. Items to highlight to the Governing Body

It was agreed to highlight the following:

AC200516/037

- Reasonable assurance from the Head of Internal Audit Opinion

AC200516/038

- A positive outcome from the external audit work as reflected in the External Audit findings

AC200516/039

- That the Committee, subject to final sign off by the Interim Chief Officer and Audit Committee Chair, were happy to sign the Annual Report and Accounts on behalf of the Governing Body, with the formal signing as set out above.

AC200516/040

- That the letter of representation would be signed by the Interim Chief officer and Audit Committee Chair.

AC200516/041

10. Date of next meeting

The next formal meeting would be at 9am on the 1st July, prior to the Governing Body Seminar.

AC200516/042

Minutes

Committee members present:

Peter Collis, Lay Member for Governance (Chair)
Jonathan Perkins, Lay Member for Governance

Others in attendance:

Ralph McCormack, Interim Chief Officer
Matthew Knight, Chief Finance Officer
Jo Silcock, Interim Head of Corporate Governance
Clarence Mpofo, TIAA (Internal Audit)
Simon Darby, TIAA (Internal Audit)
Christian Heeger, Grant Thornton (External Audit)
James Thirgood, Grant Thornton (External Audit)
Grant Bezuidenhout, TIAA (Counter Fraud)

Chair: Peter Collis, Lay Member for Governance

Minute taker: Jo Silcock

Meeting started: 09:00am

Meeting finished: 11:00am

1. Welcome and introductions

Peter Collis welcomed everyone to the meeting.

AC220716/001

2. Apologies for absence

Christian Heeger, Andrew Sharpe, Debbie Stubberfield, Justin Dix

AC220716/002

3. Quorum

The meeting was quorate.

AC220716/003

4. Attendees Interests relevant to the meeting

Christian Heeger & James Thirgood declared they worked for Grant Thornton and had an interest in the External Audit Procurement.

AC220716/004

Clarence Mpofo & Simon Darby declared they worked for TIAA and had an interest in the approval of the Internal Audit Fee contract extension.

Peter Collis declared his son is a tax director at RSM, who may be interested in the External Audit Procurement.

5. Minutes of the last meeting, held on 22nd April 2016 and 20th May 2016

22nd April – Page 7 Item 12 JP meant to say “a better ability to analyse major risks.” The meeting approved the amended minutes.

AC220716/005

20th May – The meeting approved the amended minutes.

AC220716/006

6. Matters arising and action log amendments

Date	Para ID	Description	Action	Status
Feb-16	EX150316/042	It was agreed that the Audit Committee should review the handover position arising from the Governing Body. Review with the internal auditors in the autumn.	Completed	Closed
Feb-16	AC260216/89	Refresh conflict of interest awareness with localities	Transferred to EMT	Closed
Feb-16	AC260216/27	Matthew Knight should explore a form of words for the annual report that reflected the CCG’s concern about the lack of information on BCF performance	Completed	Closed
Apr-16	EX260416/47	Discussion to take place at Governing Body about risk management in the CCG, giving the new Governing Body a chance for a “clean slate” discussion.	Completed	Closed
Apr-16	EX260416/17	Clarify Surrey Prescribing Committee reporting route for prescribing decisions.	Completed	Closed
Apr-16	EX260416/48	New risk management strategy to be based on a revised risk architecture worked through by Datix project manager (Haneef Khalid) during implementation phase. Key aspects are supporting managers to make sound judgements about risks as part of their role, with agreed escalation to the corporate risk register in defined circumstances.	New architecture produced. EMT to complete work	Closed
Apr-16	EX260416/49	Set out a clear basis for how PMO / Project risks (as opposed to Business As Usual risks) are managed.	Completed	Closed

Apr-16	EX260416/46	Heads of service to take on a lead role for risk starting with next Joint Heads of Service meeting – to review existing risk register and recommend changes as appropriate. All existing risks should be accounted for and a rationale given for change / closure.	Completed	Closed
Apr-16	EX260416/45	Risk would be on each formal EMT agenda with each Executive Director setting out key risks in their area and how these were being managed.	Completed	Closed
Apr-16	EX260416/20	Update report on outstanding audit actions	Completed	Closed
Apr-16	AC260416/013	DS to email JD regarding inaccuracies in the CCG's IG leaflets and the need for amendments	Duplicate of EX260416/13	Closed
Apr-16	AC260416/014	Add to agenda for Audit Committee meeting to be held in Sep 2016	Completed	Closed
Apr-16	AC260416/017	Clarify pharmaceutical decision making and the role of the Surrey Priorities Committee	Transfer to EMT to implement 28th June DH guidance.	Closed
Apr-16	AC260416/0020	Provide an updated report presenting the status of audit actions more clearly, possibly for the May meeting	Completed	Closed
Apr-16	AC260416/021	Collaborative arrangements to be added to agenda for Audit Committee in July.	Completed	Closed
Apr-16	AC260416/045	Risk to be on each formal EMT agenda with each Executive Director setting out the key risks for their area and how these were being managed	Completed	Closed
Apr-16	AC260416/046	Heads of service to take on a lead role for risk starting with next Joint Heads of Service meeting – to review existing risk register and recommend changes as appropriate. All existing risks should be accounted for and a rationale given for change / closure.	Completed	Closed
Apr-16	AC260416/047	Discussion to take place at Governing Body about risk management in the CCG, giving the new Governing Body a chance for a “clean slate” discussion.	Completed	Closed

Apr-16	AC260416/048	New risk management strategy to be based on a revised risk architecture worked through by Datix project manager (Haneef Khalid) during implementation phase. Key aspects are supporting managers to make sound judgements about risks as part of their role, with agreed escalation to corporate risk register in defined circumstances.	Duplicate of EX260416/48	Closed
Apr-16	AC260416/049	Set out a clear basis for how PMO / Project risks (as opposed to Business As Usual risks) are managed.	Duplicate of EX260416/49	Closed
Apr-16	AC260416/068	Deferred to the meeting in July 2016	Duplicate of AC260216/94	Closed
May-16	AC200516/033	Committee members to have hard copies of annual report	Completed	Closed
May-16	AC200516/032	Correct rounding errors in accounts	Completed	Closed
May-16	AC200516/027	Remove 18 week RTT references where not constitutional requirements from performance section	Completed	Closed
May-16	AC200516/025	Incorporate J Perkins comments into final version	Completed	Closed
May-16	AC200516/031	Arrange signing for 25/05/16	Completed	Closed
May-16	AC200516/028	Amend for correct year on P27	Completed	Closed
May-16	AC200516/024	Correct omissions in register of interests for annual report	Completed	Closed
May-16	AC200516/007	Add comment at end of Head of internal report stating status and why not signed	Completed	Closed

AC220716/007

Audit

7. Update on Collaborative Arrangements

Berkeley Partnership has completed its review and discussed the results with all 6 Surrey CCGs. There is an issue on handling mental health commissioning. The preferred route is for North East Hants and Farnham to form one hub and the 4 other CCGs to form a second hub. (This reflects the 4 CCGs who use Surrey Heartlands Trust.) Guildford & Waverley CCG will lead the larger hub for MH & PLD following advice from the Trust. The contract will be disaggregated next year (6 to 4 and 2). The Collaborative meeting 21st July will agreed the next steps. A 30 day consultation for staff on changes will be required. There is considerable learning from the development of collaborative process. The committee notes that Guildford & Waverley CCG are also responsible for Child & Adolescent Mental health Services and Adult Safeguarding therefore this should help with the commissioning transition.

AC220716/008

The other collaborative arrangements remain the same.

AC220716/009

RM to update the GB explaining the proposal helps reduce risk and allows

SDCCG to have a greater engagement in MH commissioning. This is timely with the CQC findings for Surrey Heartlands (“requires improvement” because of 7 PLD social services homes moderating their rating. The CQC report will go to GB.)

8. Internal Audit Reports

TIAA highlighted from their report:

AC220716/010

- Business Continuity – reasonable assurance with some recommendations
- A number of policies are still in draft but have a plan to go to EMT
- Core standards are showing good progress
- NHSE will require IA to review compliance with the “Conflict of Interest” guidance, and this review is within IA’s programme. MK explained that a plan to implement the new guidance will be submitted to the next Audit Committee. The number of responders is likely to now exceed 1,000 people especially in General Practice. The CCG will produce a short explanatory summary and then look to produce an online form for completion. Additional guidance is required on the use of electronic signatures or equivalent. The timing for this exercise is critical to make sure the IA can be completed after the work for HOIA.
- Page 6 – There is a recommendation to split the Emergency Response Plan into 3 separate plans. There is a staff capacity issue as to when this can be done.

AC220716/011

The committee expressed concern that there was a corporate risk with staff capacity in Corporate Governance. RM & the Chair will review the situation. (ACTION)

AC220716/012

9. Outstanding Internal Audit Actions

A number of the outstanding items are still within their planned timetable. The committee welcomed the presentation. Page 6 highlights the relationship between when reports generate the recommendations and the outstanding recommendations.

AC220716/013

Online tool for monitoring progress with recommendations has been developed. Clarence to share with JS. (Action)

AC220716/014

Internal Audit Procurement (3b) (TIAA left room) All parties wish to extend contract for one year using the option within the existing contract. The External Auditors advised the CCG to not change IA and the EA at the same time. In the future RM would prefer more than 3 CCGs to be involved in the procurement of an IA provider.

AC220716/015

(TIAA returned)

10. External Audit Fee Letter

The committee noted the prescribed fee, and the details of the Public Sector Audit requirements following the dissolution of the current arrangements.

AC220716/016

11. External Audit Re-procurement (Grant Thornton left)

The Committee in Common meeting was due to follow on 22nd July to take this item forward.

AC220716/017

The committee noted the support for the process being provided by Essentia. The committee noted that the ITT paperwork needed to be urgently approved. The CIC TOR had been formally approved by Chairs Action for all involved CCGs. Elaine Newton (G&W) who is leading the process advised that each CCG should have a member and deputy.

AC220716/018

The committee noted that the SWL CCGs were following a different approach. The more structured approach in Surrey was selected to help ensure formal decision making.

A progress report to NHS England declared that the process is on track.

The committee agreed that the assessment of bids will be on price and quality.

(Grant Thornton returned)

The External Audit plan for rest of the year will include a focus on governance and finance for the NHS. This will benefit from work being carried out across the country.

A draft Annual Audit letter was submitted to CFO yesterday.

Internal Controls

12. Risk Management Update

JS explained that he had converted the Risk Register into four directorate Risk Registers for each of the directorates. A further change is the implementation of the Audit Committee direction to delegate the routine management of risk to service heads with a mechanism that will highlight serious risks to the attention of the Governing Body. The Risk Register will work closely with the Assurance Framework.

AC220716/019

The committee noted the tabled early version of the risk registers and the early version of Risk Management Strategy.

AC220716/020

The committee noted the Corporate Risk from Brexit – eg cost of drugs and devices are subject to currency exchange rates. The committee view was that the impact will affect the whole NHS and it is difficult to predict the impact on the CCG. The view was that the CCG should follow national guidance as it emerges and not add this to the corporate risk register.

AC220716/021

13. Debt write-offs

The committee noted the following write offs:

AC220716/022

- £196k - EDICS release
- £132 for other suppliers to write off.

Standards of Conduct

14. Counter Fraud Report

The committee was informed that there were no outstanding issues. The counter fraud policies have been reviewed (Procurement, Fraud) and only

AC220716/023

low level recommendations were made.

Personal Health Budgets will need to be reviewed and this will require development with TIAA.

AC220716/024

15. Conflicts of interests

- **Policy development – NHSE**

Discussed in earlier item – AC220716/012

AC220716/025

TIAA highlighted that there could be a major impact on the IA plan if assurance was required at a GP Practice level.

16. Hospitality and Gifts

The committee noted the 6 new entries to the Hospitality & Gifts Register.

AC220716/026

Matthew Knight CO has asked Heads of Service to remind staff to declare any gifts or hospitality received.

Other Matters

17. Any other urgent business

None

AC220716/027

18. Items to highlight to the Governing Body

- Collaborative Arrangements for Mental Health Commissioning
- Extend TIAA contract for Internal Audit for one year
- External Audit procurement update
- NHS England Conflict of Interest guidance with the impact on Corporate Governance and GP Practices

AC220716/028

AC220716/029

AC220716/030

AC220716/031

19. Date of next meeting

23rd September 2016 at 12:30

AC220716/032

PART II Confidential Session

20. Any urgent Part II business

None

AC220716/033

Surrey Downs Clinical Commissioning Group

Quality Committee – Part 1

Friday 8th July 2016

Cedar Room, Cedar Court, Leatherhead, KT22 9AE

Minutes

Committee members present:

Debbie Stubberfield, Governing Body Registered Nurse
Dr Louise Keene, Governing Body GP
Steve Hams, Director of Clinical Performance and Delivery
Gill Edelman, Governing Body Lay Member – PPE
Dr Tim Powell, Governing Body GP
Jacky Oliver, Governing Body Lay Member - PPE
Jennifer Smith, Public Health Lead

Others in attendance:

Jackie Moody, Clinical Quality and Safety Manager

Chair: Debbie Stubberfield, Governing Body Registered Nurse

Minute taker: Jackie Moody, Clinical Quality and Safety Manager/ Minute Taker

Meeting started: 09.30

Meeting finished: 12.40

1. Welcome and introductions

Debbie Stubberfield welcomed everyone to the meeting

QC080716/001

2. Apologies for absence

Eileen Clark, Chief Nurse
Dr Tony Kelly, Secondary Care Doctor
Justin Dix, Governing Body Secretary

QC080716/002

3. Quorum

The meeting was declared quorate.

QC080716/003

4. Attendees Interests relevant to the meeting

There were no interests declared.

QC080716/004

5. Minutes of the last meeting, held on Friday 6th May 2016

The minutes of the last meeting were agreed subject to the following amendments:

QC080716/005

053 – Replace “The social enterprise status impacted across a number of other domains in relation to the transparency of reporting and learning, and sign up to safety” with “The social enterprise status impacted across a number of other domains in relation to the transparency of reporting and learning, including not being able to register on the NHS England ‘Sign up to Safety’ initiative.”

6. Matters arising and action log amendments

Mar-16 080 - Quality Impact Assessments. This action was for discussion later on this agenda and was therefore closed.

QC080716/006

Mar-16 083 - Quality Team Capacity and Capability. The new Clinical Quality and Safety Manager is due to commence in September and had joined the team away day held on the 6th July 2016. The action was closed.

QC080716/007

Mar-16 082 - Clinical Quality Review Meetings. Steve Hams advised that there were good processes in place for reviewing quality of care and contract management for Trusts and Any Qualified Providers. Action closed.

QC080716/008

The Clinical Commissioning Group (CCG) was reviewing processes for care homes, primary care NHS contracts and the locality community medical teams which were outside of the usual contract governance structures. Gill Edelman sought clarification that these matters were being noted on the risk register. Steve Hams advised that primary care and community hubs would be brought to the next Seminar for discussion. Add to the Forward Plan.

QC080716/009

Action: Jackie Moody

Mar-16 056 - Carers. It was noted that the Scheme of Delegation is under review by NHS England (NHSE). A new ‘expected completion date’ was agreed that aligned with the next quarterly assurance meeting with NHSE in August.

QC080716/010

Mar-16 051 – Escalation. This action was for discussion later on this agenda and was therefore closed.

QC080716/011

Mar-16 028 – Coding. This matter had been addressed through contract meetings. Regarding paediatric coding, Dr Suzanne Moore had been involved in audit work with Epsom and St Helier University Hospitals NHS Trust (EStH). Action closed.

QC080716/012

May-16 113 – Policies. The equality impact assessment on the CCG Complaints Policy was to be done in August 2016. The action remains open. QC080716/013

May-16 101 – Morecambe Bay. Steve Hams advised that the most recently published Confidential Enquiry into Maternal Deaths in the UK (MBRRACE-UK report) showed that the CCG rating and its three main providers were rated 'Green'. The web-link to the information would be shared with committee members. <https://www.npeu.ox.ac.uk/mbrpace-uk/reports> QC080716/014

Action: Steve Hams

May-16 090 Patient Safety. It was noted that the format of the Committee Serious Incident (SI) report had improved. Action closed. QC080716/015

May-16 089 Patient Safety- poor compliance by Trusts around reporting of SIs within 48 hours. Jackie Moody confirmed that work had been done with St George's University Hospitals NHS Foundation Trust (SGH) by NHSE and CCGs to improve this for which there is an action plan. The matter had also been raised for action at the ESH SI meeting the previous day along with the threshold for declaring SIs according to the level of harm of an incident. QC080716/016

May-16 076 - Primary Care. The GP Five Year Forward View is will be discussed at the October Seminar once the new Head of Primary Care has commenced employment. Action closed. QC080716/017

May-16 058 – Primary Care. Never Events were highlighted at the May Governing Body. Action closed. QC080716/018

May-16 047 – Patient Experience. This is on the Forward Plan for the September meeting. Action closed. QC080716/019

May-16 045 – Patient and Public Engagement. This is on the Forward Plan for the September meeting. Action closed. QC080716/020

May-16 035 – Continuing Health Care (CHC). The annual report was on this agenda and on the forward plan for next year. There was discussion about the best method of ongoing reporting to the Committee; assurance around contract monitoring; and what checks and balances were in place for outcomes for patients. Steve Hams noted that the CHC Programme Board had a specific responsibility on behalf of all CCGs to ensure that quality monitoring was robust. It was agreed that general CHC issues could be reported by exception in the integrated quality and performance report but that further assurance was needed on how quality of CHC is monitored, noting that the local authority has a key role. Steve Hams would invite Lorna Hart, Head of CHC, to a future Quality Committee. QC080716/021

Action: Steve Hams

May-16 025 Mazars Report into mental health and learning disabilities deaths in Southern Healthcare NHS FT. Steve Hams commented that he had written to Providers asking how they monitor mortality in their Trust and was waiting feedback from some. Action remains open. QC080716/022

QC080716/023

May-16 024 AQP providers of Improving Access to Psychological Therapies (IAPT). For discussion at the October Seminar. Action closed.

May-16 114 – Medicines Management. Action completed and closed.

QC080716/024

May-16 020 Minute taking. Action closed.

QC080716/025

Assurance on Quality and Safety

QC080716/026

7. Quality and Performance Report

Steve Hams presented the report and key points were discussed.

QC080716/027

Regarding the cover sheet, Debbie Stubberfield requested that the read across to the corporate risk register and assurance framework as described in para1.7 is added; more information about what patient public feedback is monitored; and that the recommendation 2) includes reference to “areas where further assurance is required”.

QC080716/028

Steve Hams drew attention to the ongoing concerns around South East Coast Ambulance Service (SECamb) which were being robustly addressed through the lead commissioner; and the EstH Care Quality Commission (CQC) report for which the Trust action plan would be available in August.

QC080716/029

Regarding the increase in patient with pressure ulcers being admitted to CSH Surrey, Steve Hams informed the Committee that, in many incidences, the SIs being declared were for pressure ulcers that had developed in other settings such as care homes and that learning across patient pathways was needed. A local system-wide learning event would be planned.

QC080716/030

The workforce issues in CSH Surrey were discussed noting that, aside from the vacancies, other factors such as the contract procurement, might destabilise the workforce and that there was an internal gap around monitoring quality due to long term sickness.

QC080716/031

Steve Hams confirmed that, although CSH Surrey did not publish Safer Staffing metrics as Trusts do, they are currently reviewing the use of the Safer Nursing Care Tool or similar acuity and dependency tool for community services. Also, if complexity and acuity of patients has increased and consequently more staff are needed, this should be evidenced as part of the contract procurement.

QC080716/032

CSH Surrey have participated in national benchmarking around outcomes for patients in community hospitals and sit in the middle range. QC080716/033

Steve Hams drew attention to the difficulty the CCG has monitoring CSH Surrey because they have opted not to publish data due to commercial sensitivity. Committee members agreed that this data should be available to commissioners. QC080716/034

Regarding St George's Hospital, the changes at leadership level were noted; there had been two 52-day breaches; one of which was an administrative error and one the patient had chosen to delay treatment. Work on the SI reporting process (mentioned in line 016) was noted. QC080716/035

Surrey and Borders Partnership NHS Foundation Trust (SABPFT) – it was noted that a CQC quality summit was due to be held on 19th July 2016 which Eileen Clark would be attending. The Trust had not shared the draft report with commissioners. QC080716/036

Kingston Hospital NHS FT – Jackie Moody reported that the June 2016 CQRG had received a presentation from the Trust's Tissue Viability Nurses on the pressure ulcer prevention and safety programme which gave commissioners assurance on the commitment to patient safety and quality of care. QC080716/037

Steve Hams took the committee through the new dashboard format covering the CCG's performance against NHS Constitution Metrics, Outcomes Indicators and Operating Plan which will also be taken to the Finance and Performance Committee, the Clinical Cabinet and possibly the Governing Body. Committee members welcomed the new format. QC080716/038

Key points noted were: QC080716/039

NHS Constitution

- Red rated the Accident and Emergency performance and information from the Systems Resilience Group that there had been an increase in paediatric attendance.
- Modest improvement in cancer performance indicators since March 2016
- Concern about 62-day cancer screening

Operating Plan

- IAPT – detailed work is being undertaken to identify the issues affecting access to the service. One element is the 9am -5pm opening times which do not suit potential clients of working age.

The report was noted and the matter agreed for escalation to the Governing Body was CSH Surrey workforce. QC080716/040

8. SECamb update

Steve Hams explained that the presentation brought together national, Surrey-wide and Surrey Downs CCG data noting that locally there was a high proportion of 'See and Convey' activity which commissioners would like to shift to 'See and Treat' and 'Hear and Treat' however data from a pilot in Thanet appeared to make little difference to activity.

QC080716/041

Surrey Downs SECamb performance was poor and there was particular concern about the outcomes for patients who were seen outside of the 8 minute response target (fractile response). In response to the question from Gill Edelman about how patients were being triaged and whether the fractile response was being reviewed, Steve Hams explained that the complex clinical system relied heavily on the answers to questions asked by the operator and how this was put into the system. SECamb had made some adjustments to the questioning towards the end of 2015.

QC080716/042

Steve Hams stated that focus on outcomes for patients that had not met the standard was being increased and that the CCG would request the result, from the lead commissioner, of the tail-end audit on patients seen at 18, 20 and 25 minutes. This would be brought to the Quality Committee.

QC080716/043

Action: Steve Hams

The quality team would contact North West Surrey CCG, the lead commissioner, for information on patient feedback and serious incidents.

QC080716/044

Action: Jackie Moody

Gill Edelman described an anecdote that indicated that ambulance crew did not always know where the nearest hospital was located. Steve Hams commented that this may relate to the warning notice that had been issued to SECamb about failure to update postcodes in the dispatch system.

QC080716/045

Regarding ESTH, Steve Hams advised that ambulance handovers delays had increased and the Epsom site were doing some back end service redesign to assist with patient flow.

QC080716/046

Commissioner next steps set out in the presentation were noted.

QC080716/047

The report was noted and the matter agreed for escalation to the Governing Body where all areas of poor performance.

QC080716/048

9. Epsom and St Helier NHS Trust CQC report

Steve Hams took the Committee through the presentation that has been received at the Quality Summit in June 2016, highlighting that the overall rating for the Trust was 'requires improvement'; the inter domain variability between the Epsom and St Helier site; and that the South West London Elective Orthopaedic Centre were rated 'outstanding'.

QC080716/049

Steve Hams drew attention to the key issues and steps being taken to address them as set out in the presentation, particularly noting: Ward B5 – ‘caring’ domain; critical care; maternity; infection prevention and control; agency staff and the estate.

QC080716/050

The CQC action plan was due for review at the August CQRC where it would be subsequently monitored by CCG, NHS England and NHS Improvement. The plan would be brought to the Quality Committee in September 2016.

QC080716/051

Action: Jackie Moody

There was recognition that the CCG would be monitoring three CQC action plans – EStH, SGH and SECamb – and that robust third party assurance from lead commissioners would be required.

QC080716/052

Regarding maternity services; the Trust was currently consulting on a Case For Change which would improve pathways of care for women and cross-site working. Jennifer Smith asked for clarification on how Sustainability and Transformation Planning (STP) linked with this work. Steve Hams explained that the Trust interfaced with both South West London and Surrey Heartlands STPs.

QC080716/053

The report was noted and the matters agreed for escalation to the Governing Body were the additional assurance needed on Infection prevention and control performance and maternity.

QC080716/054

10. CCG response to national publications relevant to quality

Leading Change, Adding Value – A framework for nursing, midwifery and care staff <https://www.england.nhs.uk/ourwork/leading-change/>

Jackie Moody drew attention to the key points for note. Steve Hams noted work was ongoing to link this framework with other strategic initiatives including the Primary Care Five-Year Forward View.

QC080716/055

The paper was noted.

QC080716/056

11. Quality Impact Assessment / Quality Innovation Productivity and Prevention (QIPP) in Programmes

Steve Hams presented the paper which provided an update to the Committee on the process for equality and quality impact assessment of cost improvement programmes (CIP), service changes, and strategy and policy decision making. The current CIPs have all undergone EIA, QIA and privacy impact assessment (PIA).

QC080716/057

There was acknowledgement that the formal sign off process for assessments needed to be more robust. The integrated assessment policy appended to the paper would be reviewed to strengthen this and brought to the September 2016 committee. The Programme Delivery Board monitors the CIP programmes and is now minuted.

QC080716/058

In response to a question from Gill Edelman about the balance between cost and quality, Steve Hams referred to the Right Care programmes which focused on outcomes benefits and suggested that the CCG needed to redress the balance by moving towards a more clinically focussed approach and transformation.

QC080716/059

Regarding the policy review, Debbie Stubberfield asked that the appropriateness of the sign-off being with the CCG Registered Governing Body Nurse be re-considered as initial approval should be an executive function.

QC080716/060

Other elements to include in the policy: introducing a medical view perhaps through the clinical director for each CIP; ongoing monitoring and evaluation once the initial assessment of the programme is done; improvement to the impact matrix required.

QC080716/061

It was noted that the dermatology procurement had been paused.

QC080716/062

Louise Keen commented that clinicians were concerned at how quickly procurements were done and agreed that clinical input needed to be strengthened in the initial work-up and throughout the programme.

QC080716/063

The communications path between the Localities and Clinical Cabinet since the governance reconfiguration of the CCG was discussed and it was agreed the Committee would recommend to the governing body that procurements were an agenda item on the Clinical Cabinet to further support an appropriate balance between cost and quality in programmes.

QC080716/064

It was noted that the Chief Officer and Chair were also looking into the balance between legal duty and clinical involvement in respect of queries that had arisen in procurements in the Dorking locality.

QC080716/065

The report was noted and the recommendation to the Governing Body about the interface with the Clinical Cabinet agreed.

QC080716/066

12. Provider Quality Accounts

Steve Hams presented the papers which set out how the Quality Team had been involved in reviewing the CCG's main Providers' Quality Accounts. The CCG formally responded to the draft CSH Surrey, Princess Alice Hospice and EStH accounts and commented on the remainder. Jackie Moody drew attention to the fact that, although it was not in the paper, the CCG had also reviewed and commented on the SGH quality account.

QC080716/067

The aspirations contained within the quality accounts would be monitored through Clinical Quality and Review Groups.

13. Safeguarding Children Annual Report 2015/16

Steve Hams presented the report which was for agreement. The Committee expressed some concerns about the format of the report; discomfort with articulation of the risks as 'reputational' rather than about looking after children; and being unclear about the key risks for the CCG.

QC080716/068

Steve Hams described the role of the Multi Agency Safeguarding Hub (MASH) in bringing together various agencies, including GPs, to ensure that safeguarding concerns are dealt with immediately. In relation to a question from Jacky Oliver about whether the MASH is fully established, it was noted that progress was being made and the risks set out in the report were noted.

QC080716/069

Jackie Moody gave some updates that had been provided by Eileen Clark. These were that there was work being done to integrate the Surrey CCGs collaborative hosted services for Adult and Children's safeguarding which would sit under Guildford and Waverly CCG with an integrated dashboard and reports. There would also be a look across Female Genital Mutilation and Domestic Abuse.

QC080716/070

Jennifer Smith drew attention to the involvement of Surrey County Council Children's Service in the safeguarding agenda.

QC080716/071

There were also specific roles and responsibilities held by CSH Surrey which the CCG monitors.

QC080716/072

The report was discussed and noted. The Committee were assured that the CCG is discharging its duties to safeguard children based on the information provided and acknowledged the significant risks affecting the safeguarding agenda.

QC080716/073

Strategy and Redesign

QC080716/074

14. Right Care update

Steve Hams, CCG Director Lead for the programme, provided a verbal update on the Right Care programme which focussed on valuing outcomes patient through clinical and patient engagement and delivering services at better cost. The CCG's main focus was cardio-vascular, respiratory and musculo-skeletal.

QC080716/075

The programme would report to the Clinical Cabinet and Finance and Performance Committee from the CIP perspective and it was suggest that the Quality Committee receive a summary about the quality outcomes. This would be added to the forward plan scheduled for September.

QC080716/076

Action: Jackie Moody

15. CCG Outcome Indicators 2014/15 and 2015/16

Steve Hams presented the summary of the indicators, some of which related to 2014/15 and some to 2015/16, explaining that it is the mechanism by which the CCG is held to account by NHSE. Going forward there will be an increased focus on performance against these indicators which will be reviewed quarterly by NHSE.

QC080716/077

The table on pg. 3 set out the CCG's position and attention was drawn to the mismatch between the good performance on outcomes with the poor performance on operational process, for example, around mortality for cancer being in the best quartile but recording the stage of cancer at diagnosis being worst quartile.

QC080716/078

The CCG was amongst the worst in the country for physical health checks for people with a serious mental illness and some discussion took place about why this might be, including cultural issue and people not wishing to be stigmatised, and how it could be improved, for example through improved shared care and recording of data.

QC080716/079

Jennifer Smith drew attention to prevention and early detection through public health initiatives, especially for cancer. Steve Hams commented that CCG 360 degree feedback from partners showed that that they were unclear about the CCG's commitment to quality but this was beginning to shift. Areas of focus are increasing immunisations uptake, cervical and breast screening uptake.

QC080716/080

Louise Keen commented that people might be accessing breast screening and IAPT through private providers, community or voluntary groups which might skew the CCG's performance.

QC080716/081

The overlap with the Right Care programme was noted and that bringing the two elements together would be an effective way of working to improve outcomes for patients. There was already work being done on Stroke following the national clinical review.

QC080716/082

Regarding, fractured neck of femur in the Right Care programme the gain is for <65year olds however the CCG and social care work on improving quality of care in care homes will also contribute to reducing falls. Jennifer Smith mentioned a public health initiative through 'Active Surrey' to do with increasing activity in the >50s. She would share information on this with the Committee.

QC080716/083

Action: Jennifer Smith

The areas for improvement on pg. 4 and linked action were noted and that quality elements will be regularly reviewed by the quality committee.

QC080716/084

The report was noted.

QC080716/085

Jennifer Smith left the meeting at 12 md.

QC080716/086

Governance

16. Escalation Framework

Steve Hams spoke to this item. He tabled a copy of the formal NHS contract escalation process flow chart for reference which, if served on providers, requires formal remedial action planning and is challenging for them reputationally and in relationships with commissioners.

QC080716/087

Before such formal action there would be concerns raised through the CQRG or CCG assurance/3rd party assurance processes and therefore noted in the minutes. This tends to be based on good provider/commissioner relationships but the ability to provide robust challenge is also needed.

QC080716/088

Jackie Moody commented that the question originally arose in relation to the difficulty for the CCG of monitoring a large number of providers and how the Quality Committee can be assured that we have a grip on each one.

QC080716/089

Debbie Stubberfield summarised; the Quality Committee would want to be sighted on anything where extra actions and assurance was required, for example, CQC 'inadequate'; opportunities for quality improvement; assurance that all they are seeing everything they need to see and the associated risks.

QC080716/090

Discussion also covered assurance that can be gained within the CCG's from the various teams and work streams regarding quality surveillance.

QC080716/091

Jackie Moody drew attention to the relationship with risk management and that it could be incorporated into the CCG's risk management approach which was currently under review.

QC080716/092

17. Workforce assurance report

Steve Hams presented the report noting that CSH Surrey data was not included because, as a social enterprise, they do not have the same duty to report as the Trusts.

Key points of concern were noted for each provider. The workforce risks would be highlighted to the Governing Body.

QC080716/093

18. Serious Incidents Review Sub Committee Annual Report

Jackie Moody presented the report.

QC080716/094

Regarding CSH Surrey, Jackie Moody advised that their work on pressure ulcers is contained within a CQUIN (Commissioning for Quality, Innovation and Improvement) this year in a system-wide approach. They are also tapping into the Patient Safety Collaborative.

QC080716/095

As referred to in line 016 the commissioners have asked EStH to look into their threshold for reporting incidents and SIs in relation to the degree of harm and the 48 hour standard for declaring SIs. The Trust is conducting training on root cause analysis to improve the quality of investigations.

QC080716/096

Items to note

QC080716/097

19. Continuing Healthcare Annual Report 2015/16

Steve Hams presented the report for note. The report had previously been approved by the CHC Programme Board.

QC080716/098

Pg. 10 Debbie Stubberfield asked whether the local authority were now involved in the local review process and Steve Hams advised that a senior level meeting was taking place in August 2016 and a number of meetings have taken place with Surrey County Council to secure their involvement in the review process.

QC080716/099

Pg.12 Outcome of Appeals – the fact that Surrey Downs CCG have many more appeals that other CCGs was remarked upon.	QC080716/100
Jackie Moody informed the Committee that she, Jacky Oliver and Maria Bruce (former CHC project lead) attended the Sutton Homes of Care Vanguard event on 5 th July 2016 which was reporting on their progress to date with system-wide improvement. There was commitment to learning and sharing good practice, some of which would be drawn into improvement work currently being planned by Surrey Downs CCG.	QC080716/101
The report was noted.	QC080716/102
Committee business	QC080716/103
20. Items for next Agenda	
Items have been noted as actions throughout the minutes for logging on the forward plan.	QC080716/104
21. Any other urgent business	QC080716/105
There was no additional business raised.	QC080716/106
22. Items to highlight to the Governing Body	QC080716/107
CSH Surrey workforce issues noted above and that the CCG is trying to push contractual levers to address the issue.	QC080716/108
SECamb – all areas of poor performance noted above and the assurance being sought by the CCG.	QC080716/109
EstH CQC action plan and additional assurance as described above.	QC080716/110
Cost Improvement Programmes and procurement – the Committee recommends that procurements were an agenda item on the Clinical Cabinet to further support an appropriate balance between cost and quality in programmes.	QC080716/111
Safeguarding Children - risks	QC080716/112
Escalation Framework – the conversations have started.	QC080716/113
Provider Workforce risks	QC080716/114
23. Date of next meeting	QC080716/115
<ul style="list-style-type: none"> • Quality Committee meeting to be held on 9th September at 9.30 	