

<b>Title of paper:</b>	<b>Audit Committee Minutes</b>
------------------------	--------------------------------

<b>Meeting:</b>	Governing Body
<b>Date:</b>	19 <sup>th</sup> December 2014
<b>Author:</b>	Justin Dix, Governing Body Secretary
<b>email:</b>	<a href="mailto:justin.dix@surreydownsccg.nhs.uk">justin.dix@surreydownsccg.nhs.uk</a>
<b>Exec Lead:</b>	Matthew Knight, Chief Finance Officer

<b>Purpose</b>	To Agree	
	To Discuss	
	To Note	

### **Development**

These are the minutes of the 26<sup>TH</sup> September and 24th November Audit Committee meetings.

### **Executive Summary and Key Issues**

The following issues are particularly highlighted:

September 26<sup>th</sup> Meeting:

- Risk appetite and how this is being taken forward
- Audit report tracking
- Counter fraud highlights
- Bristol CCG issues with patient engagement

November 14th meeting:

- Ongoing work in relation to hospitality and gifts
- Arrangements for the annual report and accounts
- Disclosure and Barring concerns
- Developments in risk maturity would come back to the January meeting

<b>Agenda item</b>	17
<b>Attachment</b>	14

- Delegated limits were agreed but more work would be undertaken in this area particularly relating to SBS

### **Recommendation(s):**

To note

**Attachments:** Minutes of 26<sup>th</sup> September and 14<sup>th</sup> November meetings

## **Implications for wider governance**

### **Quality and patient safety**

DBS issues are particularly highlighted

### **Patient and Public Engagement**

No specific issues

### **Equality Duty**

No specific issues

### **Finance and resources**

SBS Delegation and delegated limits are particularly highlighted, as is the work on the annual report

### **Workforce**

DBS issues are particularly highlighted

### **Information Governance**

No specific issues

### **Conflicts of interest**

Ongoing work on hospitality and gifts

<b>Agenda item</b>	17
<b>Attachment</b>	14

### **Communications Plan**

This paper is on the CCG web site

### **Legal or compliance issues**

Counter Fraud compliance was discussed at both meetings

### **Risk and Assurance**

See section on risk maturity, risk register and assurance framework





# Surrey Downs Clinical Commissioning Group

**Meeting: Audit Committee**

**Date and time: 26<sup>th</sup> September 2014**

**Present**

Peter Collis, Chair  
Gavin Cookman  
Alison Pointu (Quality Committee  
Chair)

**In attendance**

Miles Freeman, Chief Officer  
Matthew Knight, Chief Finance Officer  
Justin Dix (Minutes)

Dr Simon Williams

**Internal Audit**

Clarence Mpofu  
Martin Coe

**External Audit**

Christian Heeger

**Counter Fraud**

Andrew Morley

**1. Apologies for absence**

Apologies were noted from Jamie Bewick and Giles Parratt

AC260914/001

**2. Declaration of interests**

Gavin Cookman's interest in Ernst and Young (Audit Division) was not a conflict but was noted as they were an NHS client (not locally on a recent basis but historically for Surrey Downs CCG as the "Better Services Better Value (BSBV)" main consultancy).

AC260914/002

**3. Quorum**

The meeting was noted as quorate

AC260914/003

AC260914/004

**4. Minutes of the last meeting**

Giles Parratt not Martin Coe attended the last meeting. Otherwise these were agreed as an accurate record.

AC260914/005

## 5. Matters arising and action logs

A revised action log was circulated.	AC260914/006
056 Proposal for full review of the risk management framework – On agenda.	AC260914/007
055 - Justin Dix to take policies list to Exec for agreement – This had been deferred until 14 <sup>th</sup> October. It was agreed this could be closed but policies should be monitored closely on an ongoing basis.	AC260914/008
054 - TIAA to benchmark CCG policies – completed and can be closed.	AC260914/009
015 – Guildford and Waverley Disclosure and Barring. The positive assurance from Eileen Clark was noted. Eileen would be asked to share the detail with Alison Pointu and Clarence Mpfu and the information should be incorporated into the forthcoming safeguarding audit.	AC260914/010

### Action Alison Pointu / Eileen Clark

11 and 54 - Research Governance policy – Alison Pointu updated the committee on discussions with Karen Parsons and Eileen Clark – this was considered to be very peripheral to the CCG's activities and a policy was not felt to be a priority at the moment. To be closed.	AC260914/011
Actions 10 / 02 / 52 (all relating to hospitality) – It was noted that the 5th August email asking staff to declare gifts and hospitality had generated a few minor responses, mainly refusals of hospitality.	AC260914/012
It was agreed that the above actions could be closed but the above exercise should be extended to Governing Body members and localities to ensure complete coverage. An explanatory narrative explaining the rationale should accompany this. Dr Williams noted that GPs were also monitored by NHS England in this respect.	AC260914/013

### Action Justin Dix

Clarence Mpfu noted that one local CCG had failed to declare a number of significant honorariums relating to staff working with the pharmaceutical industry. It was agreed that we should do some proactive work with GPs who advise on medicines management and ensure that these were declared.	AC260914/014
---	--------------

### Action Justin Dix

49 – Counter Fraud (specific case) - Andrew Morley updated. This work could not be completed until Epsom St Helier HR team agreed that this was appropriate for the public domain. There were underlying medical issues for the individual who had been cautioned by the police. To be kept open.	AC260914/015
---	--------------

52 – Replacement policy for working with the pharmaceutical industry – It was agreed that as there were not believed to be any material issues we would work with existing policies and close this action. AC260914/016

03 - Peter Collis to discuss Audit Committee attendance with Dr Williams – can be closed. Dr Williams had very kindly offered to make arrangements within his practice so as to enable him to attend future meetings of the Committee. AC260914/017

## 6. Annual Audit Letter

This was noted and it was agreed it could go to go to Governing body for information on the 10th October. AC260914/018

## 7. Audit Panel arrangements

The paper was noted. The CCG would need a panel to appoint external auditors beyond April 2015. The current membership of the Audit Committee from which a panel could be appointed was consistent with the guidance. AC260914/019

There were options for CCGs to procure this service collaboratively. There would be cost efficiencies associated with this. AC260914/020

The timetable in the paper was noted; the existing arrangement with Grant Thornton ended in December 2017. The CCG needed to select a firm from the approved list prior to this. A paper giving the CCG's specific timetable should come back to the next meeting. AC260914/021

### Action Justin Dix and Matthew Knight

## 8. Annual Audit Plan

There were still a number of outstanding audit actions which the committee needed to review. It was agreed that Internal Audit would maintain this log and it would be reviewed again in November. A second column would be added showing the current level of assurance. AC260914/022

### Action Clarence Mpofo

*CHC Placements database* AC260914/023

The delay in completing this was action was due to long term sickness in the CSU although a contractor had been bought in to support this. To be completed by December 2014. This did involve a substantial amount of money but as these were retrospective cases there was not much scope for mitigation. Matthew Knight outlined the nature of the problem in relation to commissioning care from individual care homes and the issues with benchmarked costs. The current procurement process was key to achieving value for money going forward. AC260914/024

It was agreed that this should be reported on more fully at the next meeting. AC260914/025

### Action Matthew Knight

<p>The overall resourcing position in CHC was noted as improving but with significant turnover in the team. The leadership role (Head of Continuing Care) had been appointed to. The future challenge was for a more efficient assessment process and greater integration with the local authority although there was work to do on professional development.</p>	AC260914/026
<p><i>Scheme of delegation compliance</i></p>	AC260914/027
<p>This was dependent on changes to SBS and the explanation given was an accurate statement of the current position.</p>	AC260914/028
<p><i>Disclosure and Barring</i></p>	AC260914/029
<p>This would be picked up as part of the new HR arrangements post CSU transfer. A manual check had been done on existing staff but a protocol / process note was needed for future arrangements.</p>	AC260914/030
<p><i>Budget holders sign off of budgets / meetings with budget holders</i></p>	AC260914/031
<p>A new process with budget holders has just been put in place following reorganisation. It was accepted that this was effectively under control but formal sign-off was important.</p>	AC260914/032
<p><i>Contracts with providers</i></p>	AC260914/033
<p>Matthew Knight updated on remaining contract disputes, particularly with Epsom St Helier where there were a range of concerns such as ambulatory care. The trust had made offers to resolve this which did not guarantee a sustainable approach going forward and potentially perpetuated historical claims; a response to the latest CCG proposals was awaited. NHS England were monitoring this and it might need to go to formal dispute resolution, for which there was an NHS England process.</p>	AC260914/034
<p>There were also issues relating to AQP contracts which were lower risk. The CSH Surrey contract was also unsigned and there were complications due to Health Visitor activity that was NHS England's responsibility.</p>	AC260914/035
<p><i>Quality Metrics</i></p>	AC260914/036
<p>AP reported that she was happy with the current provision.</p>	AC260914/037
<p><i>Monitoring of LES's</i></p>	AC260914/038
<p>There were 4 practices out of 33 that had not returned their forms. This was being pursued with them.</p>	AC260914/039
<p><i>Governing body finance reports</i></p>	AC260914/040
<p>There were no significant issues; standard reporting was however being reviewed based on this audit.</p>	AC260914/041
<p><b>9. Counter Fraud</b></p>	
<p>The report was noted. Andrew Morley gave a verbal update.</p>	AC260914/042

Case 68740 (prescription fraud) was noted and was under investigation although it was not clear what benefit could accrue to the person who had committed the fraud.	AC260914/043
00180 overcharging by a clinician in relation to an AQP contract. Further detailed information was being requested as there were some issues. It was noted that this did not relate to a governing body member.	AC260914/044
A further issue had arisen since the report had been written on whether the contracted level of care was being provided to CHC patients. Sampling of cases was being undertaken. The additional update paper in this respect was noted. Andrew Morley set out how the auditing was done by looking at rotas and staffing and signatures on paperwork, as well as asking for relatives' views. A similar exercise in Kent had recovered £6,000 in one case.	AC260914/045
Cyber attacks on switchboards: Andrew Morley would circulate further details. A key issue was pin numbers for voicemail boxes.	AC260914/046
<b>Action Andrew Morley</b>	
Counter Fraud Survey results would be benchmarked and released shortly.	AC260914/047
Fraudulent invoices – these continued to be received from seemingly legitimate organisations whose email servers had been hacked. Suspect invoices were being referred to the Metropolitan Police fraud squad and the companies concerned were being contacted by the finance team.	AC260914/048
<b>10. External audit</b>	
Christian Heeger updated the committee.	AC260914/049
Planning for next year's audit would commence shortly. There was no new guidance at the moment. Gavin Cookman would circulate some guidance he was aware of that was in the public domain. A key change was to replace going concern for one year with longer term viability statements.	AC260914/050
<b>Action Gavin Cookman</b>	
It was agreed to bring a plan for the 2015 Annual Report to the meeting in November.	AC260914/051
<b>Action Justin Dix</b>	
<b>11. Risk Appetite</b>	
Matthew Knight asked for views from the committee on how helpful a risk appetite statement was at this stage of the CCG's development.	AC260914/052
Gavin Cookman said that he felt the organisation should have a statement of risk appetite in place. The Governing Body should make a statement which should then be used to support risk	AC260914/053

scoring and the way in which mitigations are developed.

Miles Freeman noted that this was more complex in the NHS than in the private sector. He felt that the process of trying to produce a risk appetite statement would of itself be useful. AC260914/054

Peter Collis said that this was partly about the way risk was presented. The examples of Clostridium difficile and MRSA were discussed as an example of what can and cannot be achieved. It was also noted that there would be exceptions to any risk appetite rules. It did inevitably lead into issues of prioritisation. AC260914/055

Clarence Mpfu noted that having the discussion was quite useful as a developmental tool for the organisation. It could also be used in different divisions of the organisation rather than the organisation as a whole. Examples of where this had effectively been done included the BSBV programme and the CHC team. AC260914/056

It was agreed that Miles Freeman would take this issue forward using a practical example. Justin Dix would provide the executive with some examples of other CCGs approaches. Ultimately however the GB would need to own risk appetite, within the scope of directions nationally. AC260914/057

The paper tabled by Justin Dix was noted. Gavin Cookman felt that the committee's position should be to understand risks to strategic delivery rather than the detail of operational risk. This also related back to whether risks were being managed within risk appetite, as per the earlier discussion. AC260914/058

It was agreed to bring back a further update on risk appetite to the November meeting. AC260914/059

#### **Action Justin Dix**

## **12. Policy update**

Miles Freeman noted that a key issue was consistency checking. Gavin Cookman reiterated that compliance and embedding was for him the key issue. It was noted that some organisations required staff to undertake training on policies with mandatory pass levels. AC260914/060

It was noted that some policies could be integrated such as IG. Other needed to be singled out and highlighted. AC260914/061

Peter Collis summarised the process as set out above regarding compliance and assurance and whether staff were adhering to policies. It was agreed that there should be a written statement for the next meeting. AC260914/062

#### **Action Justin Dix**

**13. Patient and public engagement – legal issues**

The implications for the Bristol Case were noted. SDCCG was not felt to be high risk as it was engaging with patients and the public but there was scope for learning. Agreed to share with DC and ask her view.

AC260914/063

**Action Justin Dix**

**14. Auditing the accounts of NHS Bodies**

This was noted. There were a small numbers of NHS bodies who had had to report material concerns. It was noted that Epsom and SASH were in this group, probably because of being in recovery. These were internal control issues rather than concerns for us as commissioners. Dr Williams asked what referral to the Secretary of State meant. Christian Heeger said this did not necessarily mean the issues were significant.

AC260914/064

The committee did not feel there was anything that required governing body action but would review the relevant board papers.

AC260914/065

**15. Any other business**

It was agreed that the approval of the Part II Minutes from the last meeting would be delegated to the committee chair.

AC260914/066

**Action Justin Dix / Peter Collis**

**16. Items to bring to the attention of the Governing Body**

It was agreed that the following should be highlighted:

AC260914/067

- Risk appetite and how this is being taken forward
- Audit report tracking
- Counter fraud highlights
- Bristol issues with patient engagement

**17. November meeting**

It was agreed that the risk maturity matrix should be reviewed individually by committee members outside the meeting and the scores reviewed in November as part of a normal business agenda.

AC260914/068

**Action Justin Dix**

**18. Date of next meeting**

14<sup>th</sup> November 2014 at 10.30am, venue to be confirmed

AC260914/069



# Surrey Downs Clinical Commissioning Group

**Meeting: Audit Committee**

**Date and time: 14<sup>th</sup> Nov 2014, 10.30am**

**Present**

Peter Collis, Chair  
Gavin Cookman  
Alison Pointu

**In attendance**

Miles Freeman, Chief Officer  
Matthew Knight, Chief Finance Officer  
Justin Dix (Minutes)  
Dr Simon Williams  
Jade Brelsford

**Internal Audit**

Clarence Mpofo

**External Audit**

Christian Heeger  
James Thirgood

**Counter Fraud**

Andrew Morley

**1. Welcome and Introductions**

James Thirgood was welcomed as the new External Audit lead working with Christian Heeger.

**2. Apologies for absence**

Giles Parrat sent his apologies due to a clash with a meeting at another CCG.

AC141114/001

**3. Declaration of interests**

Gavin Cookman declared a change of interests as he had accepted a role in a company providing insurance broking for people with long term conditions such as Diabetes, Cystic Fibrosis, Alzheimer's. This did not do any work with the NHS and he did not believe there was a conflict. However, he had resigned from the Board of Diabetes UK. The change would be noted at the next Governing Body and the register updated accordingly.

AC141114/002

#### 4. Quorum

The meeting was declared quorate.

#### 5. Minutes of the last meeting

These were noted as an accurate record other than (in relation to appointment of external auditors):

AC141114/003

- Para 019 – Should read April 2017 not April 2015
- Para 021 – the last year would be to March 2017 but completing the audit work for that year up to May 2017

#### 6. Matters arising and open actions on the action log

The actions were reviewed.

AC141114/004

AC260914/14 - The pharmaceutical industry honorariums were discussed and it was noted that there had not been any responses to this, as opposed to positive assurance of nil relevant interests. It was noted that regulatory activity involved NHS England and the GMC (General Medical Council).

AC141114/005

Justin Dix had followed up with the two heads of medicines management and had been told that they were not aware of any honorariums, but could not provide further or absolute assurance.

AC141114/006

Gavin Cookman asked if we were confident that we could identify the appropriate target groups who might be in receipt of honorariums. Justin Dix said that the communications had been sent to all the clinical leads that the CCG paid directly.

AC141114/007

It was agreed that these should be subject to positive assurance and should therefore all be asked to fill out individual annual declarations.

AC141114/008

#### **Action Justin Dix**

Dr Williams said that GPs were not used to dealing with this issue and did not always recognise it. Support and training would be needed to take this forward properly.

AC141114/009

Following further discussion it was agreed that Dr Fuller should write to all practices highlighting this issue, probably jointly with the LMC.

AC141114/010

#### **Action Dr Fuller**

Justin Dix was asked to re-check the hospitality position with regards to Governing Body members as members of the committee could not remember seeing any request to declare gifts and hospitality.

AC141114/011

#### **Action Justin Dix**

AC260914/59 Risk appetite – it was noted that the Executive had agreed the need for a risk appetite statement but the key issue was agreeing what it would look like and the level of detail it would go into.

AC141114/012

Actions for closure: These were agreed but there would be further actions relating to Disclosure and Barring within the CCG (see below). AC141114/013

*Hospitality, Gifts and Inducements Policy* AC141114/014

The revised version of the policy was AGREED as most of the changes were housekeeping. AC141114/015

Miles Freeman however said that there was a need for more ongoing work to integrate policies and to make them more robust in terms of the previous discussions about ownership in the wider GP community. AC141114/016

5.2 was noted as containing a reference to a paragraph that did not exist ("3c above"). Justin Dix would correct this before issuing the final version. AC141114/017

Gavin Cookman said that he felt that a future iteration of the policy needed an additional clause that required individuals to seek assurance if they were in doubt and not make assumptions that they met the policy; in particular we should be requiring people to seek prior approval e.g. for sponsorship. AC141114/018

It was queried whether the hospitality register should be published on the CCG website and was part of the scheme of publication. It was agreed that it should be and should be published quarterly. AC141114/019

#### **Action Justin Dix / Jade Brelsford**

*CHC Payments Update* AC141114/020

Matthew Knight spoke to this item. Considerable work had been done to bring this up to date using an external contractor. There was now a plan to meet the necessary deadlines by the end of December in most cases but there was a lot of dependency on third parties. AC141114/021

Andrew Morley updated the committee on the work that had been done on high cost contracts which had identified some accounting errors and documentation problems relating to care home invoicing. AC141114/022

Miles Freeman noted that, other than emergency placements, new contracts were much more robust. There was however a lot of ongoing work required on contracts across the board. AC141114/023

AP queried whether this meant that all placements were being reviewed, and it was agreed there needed to be more work on this. To be on the agenda for a further written report in January. AC141114/024

#### **Action Matthew Knight**

### **7. Draft Annual Report and Accounts project plan**

Matthew Knight presented the project plan. His aim was to demonstrate a clear linkage between the CCG's planning and commissioning activities and the annual report and get ownership of the membership. There would be a presentation to the Council of Members next week to this effect, including getting a small group of people involved in the member's report. AC141114/025

<p>It was noted that there was scope for referencing material already available on the website rather than including this in the report itself, which would help to make it slimmer.</p>	AC141114/026
<p>Matthew Knight said that work would be done between now and the next Audit Committee to update or replace all the sections of the report that were fairly straightforward to reduce the workload in the final weeks leading up to submission.</p>	AC141114/027
<p>It was agreed to bring this work in progress to the January meeting.</p>	AC141114/028
<p><b>Action Justin Dix</b></p>	
<p>The deadline for the submission of accounts was noted as May 29<sup>th</sup> and an audit committee would be needed prior to this. Drafts needed to be submitted towards the end of April so an Audit Committee would also be needed to review this submission.</p>	AC141114/029
<p><b>Action Justin Dix</b></p>	
<p>Gavin Cookman asked for an earlier Remuneration and Nominations Committee to sign off on remuneration, although it was noted this might not include pensions which were outside the CCG's control.</p>	AC141114/030
<p><b>8. Counter Fraud Progress Report</b></p>	
<p>Andrew Morley updated on issues in his report.</p>	AC141114/031
<p>It was noted that no further action would be taken by a local acute trust in respect of an individual who had been identified as having committed prescription fraud. They were being supported to deal with their personal issues by their employer and the decision not to publicise was supported by the committee as it would not bring any benefits to the wider population and might harm the individual's rehabilitation. It was clear that the Surrey Downs GP involved had acted properly in respect to this case.</p>	AC141114/032
<p>Case 180 – query about overcharge – there was almost certainly insufficient evidence to take this case forward.</p>	AC141114/033
<p>Proactive work – training sessions were planned between now and the end of the year, one for Continuing Healthcare as a team and one for the rest of the organisation.</p>	AC141114/034
<p><b>9. Fraud and Whistleblowing Awareness report</b></p>	
<p>This was noted. There was considerable scope for improvement and hopefully future surveys would highlight that training and other initiatives were having an effect.</p>	AC141114/035
<p>It was queried whether staff should go straight to counter fraud when they had concerns, and following discussion it was felt this was appropriate in order to give staff confidence that they could approach someone without prejudice. There was a help line and other ways of contacting the service confidentially.</p>	AC141114/036
<p>It was noted that NHS England had only just appointed someone to lead on counter fraud for GPs.</p>	AC141114/037

Andrew Morley was offered an open invitation to attend team briefing or provide materials relating to counter fraud that the communications team could circulate. AC141114/038

Andrew Morley added that North East Hants and Farnham CCG had contacted him last week about a potential fraud in relation to CHC where personal care was being charged for but not provided. He would keep the committee updated on this. AC141114/039

#### 10. Internal Audit Charter

Clarence Mpofo spoke to this; It had been updated against revised public sector internal audit standards. The Audit Committee could build in additional Key Performance indicators by agreement if it was felt these were needed. AC141114/040

Peter Collis asked if there would be an annual report against these standards and it was confirmed there would be. AC141114/041

Peter Collis noted that Giles Parratt had been unable to attend on a number of occasions and asked that this be reviewed as the committee would normally expect the Head of Internal Audit to be in attendance. Matthew Knight would raise this with him. AC141114/042

#### **Action Matthew Knight**

It was noted that the first draft of the following year's audit plan should be available in January. This would be based on the risks identified by the CCG in its assurance framework and risk register. AC141114/043

#### 11. Internal Audit Plan, Progress Report, Internal Audit Reports and review of outstanding actions

Three new reports had been concluded, these were: AC141114/044

- Business Continuity and Emergency Preparedness (Reasonable Assurance.
- Public and Patient Engagement Review (Reasonable Assurance)
- Governing Body Assurance Framework and Risk Management (Reasonable Assurance)

These reports were discussed in some detail. Residual issues were: AC141114/045

- Patient engagement had been acknowledged at Governing Body level and the loss of lay members in this area was An acknowledged risk – interviews were scheduled for 2<sup>nd</sup> December.
- It was noted that the Exec had signed off on the comms strategy and was receiving reports. The strategy would go to the Governing Body in December.
- The appointment of an engagement manager within the comms team was seen as a a big step forward in this area.
- It was noted that Datix had been agreed this week as the risk management software solution for the CCG.

- Risks within the collaborative context were an issue which could need some attention. Miles Freeman noted that there were some risks shared across each CCG. It was agreed that Dr Fuller should ask the collaborative to establish a risk register for services that were commissioned collaboratively.

**Action Dr Fuller**

Existing audit actions were noted and had been updated recently between the CCG and the Internal Auditors. Gavin Cookman noted the delay in resolving some of these and asked for discipline in hitting agreed deadlines.

AC141114/046

Matthew Knight spoke on the issue of CSU handover of DBS checks. An audit had shown almost no evidence of the required checks in the form of a database other than the CCG's own entries and this, along with the absence of any paper checks, was felt to be a significant lapse.

AC141114/047

The Audit Committee was highly critical of this failure on the part of South CSU and was now putting alternative arrangements in place. This should be completed by the end of the year. It was agreed that a written statement should be provided to next Audit Committee at the end of January.

AC141114/048

**Action Matthew Knight**

It was agreed this should be noted as a Serious Incident and a letter sent to South CSU setting out the CCG's concerns.

AC141114/049

**Action Alison Pointu**

It was agreed that the Executive should provide an action plan on this issue and undertake a risk assessment of the staff who needed DBS checks. It was also agreed that this should include registration checks for registered practitioners in the CCG's employ as South CSU had only given verbal assurance in this area and there was felt to be a need to check this matter thoroughly as well.

AC141114/050

**Action Alison McQuillan**

**12. External audit update**

Christian Heeger spoke to this. A formal plan for year-end would come to the January Audit Committee with an agreed timetable, with the majority of the early work completed by this stage.

AC141114/051

The challenge questions under "emerging issues" were noted.

AC141114/052

There was an extensive discussion on reviews of the Governing Body and Committee effectiveness. It was noted that these had not been done since the start of the CCG and it was agreed that Dr Fuller as the CCG Chair should agree how the CCG would evaluate its performance at Governing Body and Committee level. It was noted that the best practice standard was to do this with external facilitation every third year.

AC141114/053

**Action Dr Fuller**

<p>There were a number of tools available to the CCG including those developed by the Good Governance Institute and Diabetes UK. Miles Freeman noted that this work could be shared with the Area Team as part of the assurance process.</p>	AC141114/054
<p><b>13. External Audit Value Statement</b></p>	
<p>Christian Heeger took the committee through the statement circulated with the meeting papers. This was AGREED by the committee.</p>	AC141114/055
<p>It was noted that Grant Thornton offered workshops on developing risk appetite statements.</p>	AC141114/056
<p><b>14. Risk Maturity Assessment</b></p>	
<p>Justin Dix spoke to this. Not everyone had had an opportunity to do the scoring but the paper presented the range along with median and mean scores from those that had.</p>	AC141114/057
<p>Following discussion it was agreed to use average scores. There was some improvement on the previous year but also a lot of room for further improvement.</p>	AC141114/058
<p>It was agreed that although this was a very useful exercise that would support some of the assurance in the annual report, there also needed to be some developmental actions arising from it. It may also require discussion in a more detailed forum. Miles Freeman agreed to bring back a report to the next meeting giving some proposed actions against each of the lines.</p>	AC141114/059
<p><b>Action Miles Freeman</b></p>	
<p>In general the biggest challenge was felt to be embedding the culture of risk throughout the organisation.</p>	AC141114/060
<p><b>15. Governing Body Assurance Framework and Risk Register</b></p>	
<p>The entry on financial balance was noted as being in need of updating ahead of the December Governing Body.</p>	AC141114/061
<p>Achieving benefits from change programmes was noted as being a major issue. It was noted that the Service Redesign Team had been severely affected by turnover and this needed discussion with the Governing Body.</p>	AC141114/062
<p><b>16. Policies update</b></p>	
<p>Justin Dix outlined the discussions on the paper that had taken place at the Executive Committee earlier in the week. In broad terms the paper had been agreed with the committee noting the need for some policies to be developed urgently, others requiring review, and others for future consideration. However, it was agreed that there was scope to integrate a number of policies and this was part of the ongoing work in this area.</p>	AC141114/063

## 17. Delegated limits

The paper giving delegated limits for contract and invoicing authority was noted. Matthew Knight updated the committee and said this was in the process of being updated so that it could go to the December Governing Body.

AC141114/064

There was an issue with SBS and the audit trail – SBS would not recognise these limits. A sample audit as part of the internal audit plan could be used to give some assurance that limits were being observed. It was felt that there was scope for improvements to SBS as a system in this area and Matthew Knight would see if there was an SBS user group for this.

AC141114/065

Gavin Cookman asked about £30m limit and said he would expect this to come to Governing Body. Miles Freeman said this would only be for existing contracts such as Epsom St Helier and not for new contracts.

AC141114/066

## 18. CCG Audit Committees Joint Working

Peter Collis noted there had been discussion in the past about joint Audit Committees and other collaboration. Joint membership had been suggested as an idea but Peter Collis said he did not feel this was appropriate at this time. It was agreed to revisit this as policy developed.

AC141114/067

## 19. Any other business

There was no other business

AC141114/068

## 20. Matters to be drawn to the attention of the Governing Body

Due to time constraints, Peter Collis would address this outside the meeting with Justin Dix.

AC141114/069

AC141114/070

## 21. Dates of future meetings

These were:

AC141114/071

AC141114/072

- 30<sup>th</sup> January, 10.30 am
- 27th March, 10.30 am

Justin Dix would set future meeting dates around Governing Body Seminars.

AC141114/073

