

ITEM:

MINUTES OF AUDIT & ASSURANCE COMMITTEE

SYNOPSIS:

**Attached are the minutes of the Audit & Assurance Committee held
on 13 September 2011**

AUTHOR:

**PAUL SIMPSON
DIRECTOR OF FINANCE AND CONTRACTING**

ACTION REQUIRED:

FOR APPROVAL

Signed by the Chair of Audit & Assurance Committee.....
(subject to amendments duly recorded)

Date:

AUDIT & ASSURANCE COMMITTEE

**Notes from the meeting held on Tuesday 13th September 2011
10.00 – 13.00**

Venue: Room AD77, Maple House, East Surrey Hospital

Present:		
Edward Cooke	EC	Non Executive Director (Chair)
John Power	JP	Non Executive Director
Norma Christison	NC	Non Executive Director
Richard Durban	RD	Non Executive Director
Nick Atkinson	NA	RSM Tenon
Darren Wells	DW	Audit Commission
Paul Simpson	PS	Chief Financial Officer
Jo Thomas	JT	Chief Nurse
Sarah Pratley	SP	Parkhill – Local Counter Fraud Specialist (Item 4 LCFS)
In Attendance (SaSH)		
Michael Wilson	MW	Chief Executive
Majid Bhatti	MB	Head of Financial Accounts
Sharon Gardner-Blatch	SGB	Head of Integrated Governance
Sue Mason	SM	Head of Employee Relations (LCFS)
Gillian Cruse	GC	Minute taking

		Action by:
1	<p>WELCOME AND APOLOGIES</p> <p>E Cooke welcomed attendees to the meeting and apologies were noted from J Thorpe and L Clegg.</p>	
2	<p>MINUTES OF PREVIOUS MEETING HELD ON 19 JULY 2011</p> <p>Two amendments to minutes held on 19 July.</p> <p>Page 3: Executive lead name for Clinical audits should read D Holden Page 3: Last bullet point should read 10%, not 105.</p> <p><u>With the amendments to page 3 above, the minutes recorded were approved as a true and accurate record of meeting held on 19 July 2011.</u></p> <p>Actions arising from the previous meeting were discussed as the current meeting progressed or noted specifically as part of this agenda.</p>	
3	<p>REPORT MB (QR)</p> <p>J Thomas gave a brief summary of discussions held at the last MB (QR).</p> <p><u>Trauma:</u> It was agreed that further assurance was required, especially as the data collated was relatively new. It was agreed that this item should be added as an item on MB(QR) agenda. Further work still required and specific issues relating to TNO and surgical site surveillance.</p>	

	<p>Action: Item to be added on MB(QR) agenda.</p> <p><u>Falls:</u> The number of falls continues to be an issue for the Trust. A huge focus on falls at the present time in the Trust to address issues. Work continues to review and amend training where necessary on handling this issue. A programme of training is rolling out into divisions, commencing with Medicine. Risk Assessments are being carried out. Key differences have been noted in the way falls are reported.</p> <p><u>Dispatches programme:</u> The four key areas of concern which were highlighted following the programme are being added to an action plan.</p> <p><u>Medical records:</u> Caroline Francis-Goulds is the lead in taking this issue forward. Currently some medical records are split into past sections kept in the ward office and a shorter set in the notes trolley which has led to a mix up between patient records. This adds risk to the process and could lead to incorrect treatment. Y Robbins questioned whether record keeping should be kept as part of the working group. Ian McKenzie to produce an update on medical records and current storage facilities to streamline processes. The staff consultation process is still in place.</p> <p><u>VTE:</u> A steady improvement being shown but work continuing. However, areas such as Maternity do not score very well. P Simpson confirmed that figures are recorded on a weekly basis and reviewed via the TDG group. The recording procedures are currently being reviewed. This will be a standing item on the agenda until targets are achieved.</p> <p><u>Radiology:</u> Large piece of work ongoing. Additional external resource being recruited and an action plan is in place. A temporary resource being used at the moment but currently out to advert for full time permanent resource.</p> <p><u>Patient Experience:</u> Further information has been received since report was distributed.</p> <p>Level 2 now at 100% Level 3 compliance is 10% in WaCH. It should be at 80%. A plan is being formulated by WaCH to achieve this but in the meantime in house training at level 3 has started. Level 3 training is a multi professional training programme which is completed once for each person. The training is provided by an external provider to the whole of the region and places are very limited. The Trust has experienced difficulties accessing the training. The agreed solution is that the current Children’s safeguarding nurse, who is a qualified trainer for level 3, will deliver single agency training to WACH staff to drive up compliance. The training is being delivered dependant on risk with the aim of ensuring at least one staff member trained in each area on every shift in WACH. Additional resource will be available after cover for maternity leave has been completed.</p> <p>N Christison questioned whether the Executive team were satisfied with compliance in preparation for the next CQC. J Thomas was not confident at this stage that every aspect of compliance would be achieved without some</p>	<p>JT</p>
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	<p>concerns being raised by CQC. Spot checks have been undertaken re compliance and further ones are planned and will feedback to NEDs in advance once plans in place.</p> <p>With regards to the issues of low numbers receiving safeguarding training N Atkinson advised that if there has been a significant control weakness that this will need to be reported within the Statement on Internal Control (SIC) and therefore it would be important to consider the mitigating evidence available so that this could also be included.</p> <p><u>IPCAS</u>: A number of challenging targets set for next year and in particular the MRSA target now very difficult to achieve.</p> <p><u>Action:</u> JT to inform AAC when assurances are in place.</p>	<p>JT</p>
	<p>BAF September version</p> <p>A request was made for the BAF to be dated, column headings to be included with definitions and also version control to be added. The initial scores were reviewed and re-evaluated. ED still remains the key area of concern. A huge amount of work continues in this area to manage risk.</p> <p>Y Robbins raised a concern around 1.1.2 and did not believe that the positive assurance received was actually as strong as an assurance as it appears to be, against the evidence currently provided, and further, it appeared as if the evidence had been selected to show a favourable position. Assurance needed to be measured against best practice guidelines.</p> <p>All data should be generic or the date entered when items are cleared.</p> <p>N Christison suggested that the language written needed to be a statement of fact rather than a statement of intent.</p> <p><u>Action:</u> S Gardner-Blatch to review presentation of document to include headings, dates and terms and choice of language.</p> <p><u>Action:</u> Any further comments should be fed back to S Gardner Blatch.</p> <p><u>Action:</u> Revised version to be circulated to NEDS with headings and version control.</p> <p>N Atkinson offered to work with S Gardner-Blatch to highlight key areas and collectively to produce a crib sheet and further understanding.</p> <p><u>Action:</u> To produce crib sheet.</p> <p>J Thomas would then review the document to ensure that the NEDs were receiving assurance from the format presented.</p> <p><u>Action:</u> To review revised BAF document.</p> <p>M Wilson reinforced the view that the board needed to work together to make the document suitable for everyone.</p>	<p>SGB</p> <p>ALL</p> <p>SGB</p> <p>NA / SGB</p> <p>JT</p>

	<p>Action: J Thomas to take the BAF to the Trust Board Seminar for further discussions.</p> <p>Other specific areas discussed:</p> <p><u>18 weeks tracking:</u> The NEDs questioned whether the tracking was adequate for purpose. The Management comments did not reflect the assurance received that systems were fully embedded within the Trust and if this was the case were they used to their full potential. P Simpson confirmed that all data was now fully embedded on the Cerner system and data was available with weekly dashboards being produced.</p> <p><u>Developing workforce:</u> J Power requested some understanding of the training available in this area and also whether improvements could be demonstrated following attendance. It was confirmed that a number of staff were receiving development training but that any improvements arising from this was difficult to measure.</p> <p>R Durban believed that progress on point 3.1.1 was going backwards and requested further assurance.</p>	<p>JT</p>
	<p>Internal Audit Review BAF Assurance</p> <p>IA had continued with their rolling assurance programme, providing feedback on the quality of the assurances and controls in place concerning the following 3 risks</p> <ol style="list-style-type: none"> 1. Quality 2. Link between assurance and reduction (timing issue) 3. Poor quality for patients <p>The report was generally positive although commented that positive assurance around patient feedback required further consideration from the evidence reviewed.</p> <p>There was an increase in the number of patients recommending SaSH. A challenge was made as to whether this was positive assurance from real time monitoring data.</p> <p>J Thomas wanted more assurance around sustainability from patient experience. The type of questions that patients are being asked has been changed and the trust is reviewing how to engage patients further, for example by reviewing the outcomes from “Dispatches programme” and focussing on links to patient experience. Plan will be to have focus groups to seek patients views linked to these themes</p> <p>E Cooke felt it would be useful to see this information at ward level.</p> <p>J Thomas advised that this data was used as a management tool via divisional meetings and challenges were managed around issues, although at the present time there have been a fairly low number of samples taken.</p>	

		P Simpson believed that the qualification was fair given the underlying deficit faced by the Trust.	
		INTERNAL AUDITORS	
		Progress Report Three reports finalised since the last Audit Committee 1. Carbon Report 2. CQC 3. Clinical Audit Review	
	1	Carbon Management Report This was an advisory audit with a number of the issues identified, already having been actioned. There were some suggestions for improvement in governance. Ian Mackenzie is the executive lead on this to give additional focus in the trust and a detailed action plan has been produced to drive forward.	
	2	CQC A document had been distributed previously. The Trust was now in a more positive position but the Trust is reviewing processes to ascertain what is required to be done to get the required level of assurances. Areas for development were outlined within the report. CQC actions need to be embedded within divisional meetings and to include CQC awareness within training given. Correct source of evidence also required. J Thomas advised that CQC spot checks are now in progress and evidence will be provided. J Thomas also confirmed that actions plans are in place. It was understood that SaSH was in a similar position to other trusts. SGB informed the committee that a handbook had been sent out to all staff about the role and impact of the CQC. In response to a question from Y Robbins it was confirmed that guidelines under the quality governance policy are written down and are mandatory, outlining what topics divisions should cover within their meetings.	
	3	Clinical Audit review N Atkinson presented a “red” opinion audit report on Clinical Audit. He commented that other NHS Organisations were also struggling to maximise the benefit from clinical audit and to use their work as a source of assurance that the controls in place to mitigate the principal clinical risks are operating satisfactorily. The Trust needs to align its clinical audit programme to its principal risks and	

	<p>objectives and tie it through so the assurance from the audit can be used in the Board Assurance Framework. The Trust needs to capture the results of the audits and link through to the BAF. It was also recognised that the Trust had a poor re-audit rate so that the Trust could not be assured that weaknesses identified in audits were being resolved.</p> <p>The issue of resources to carry out clinical audits was flagged as there had been an increase in the nationally mandated audits. A key role for the AAC was to ensure that the processes for planning and delivering clinical audits were operating appropriately and that the assurances were being suitably captured and aligned to the strategic risks of the Trust.</p> <p>The report proposed that a nominated clinical audit lead be required within each division and the Committee was advised that these are now in place and in-house training is being undertaken.</p> <p>M Wilson confirmed that he was in discussions with D Holden and with the medical school around more engagement and clinical trials. They were also looking at options to bring in more nurse specialist support to cover clinical audits.</p> <p>Y Robbins raised a concern regarding NICE compliance around audits and the lack of resources in CQC, requiring more ad hoc flexibility. She felt that there was now a much clearer process but the divisions still needed to understand process of delivery.</p> <p>Training should be built into clinical audit days as the trust was missing the opportunity to provide evidence of good practice and receiving negative points arising from not capturing responses etc.</p> <p>J Power felt there should be a balance around who determines audit and direction.</p> <p>R Durban referred to the table on P26 advising that the Trust was within the lowest 2% of organisations to have received a red rated opinion on Clinical Audit and that this audit was a good step in the right direction. Clinical Audit had been top of the AAC agenda for some time.</p> <p>M Wilson also spoke about the “Clinical Excellence Awards” which are presented each year and these were now linked into clinical audits. End of year merit awards for Junior doctors are validated against actions which are closely monitored.</p> <p>S Gardner-Blatch outlined the contents of the Q&A policy and the KPIs contained within this which gave a measure against a quality implementation plan.</p> <p>EC asked whether each speciality had an audit lead and whether training had been provided. JT was able to confirm that audit leads were in place but was not familiar with the training provided for this role. In response to a question around information on the website, it was confirmed that this required updating although this was a fairly low priority. Resource issue to be discussed with D Holden and the potential of having a Junior Doctor to input data as part of a</p>	
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	<p>project will be reviewed. Action: To review whether junior doctors can be used to improve / update website.</p> <p>In response to a question asked by EC on improving audit rates, S Gardner-Blatch suggested that the 1 year planning process be extended to 3 years.</p> <p>All the recommendations arising from the IA report to be posted to the AAC tracker and progress on their implementation to be reviewed at the November meeting.</p> <p>Completed audits are now cross referenced into standing procedures, risk register etc to confirm priorities. Action: A report on progress to be submitted to the Safety & Quality Committee.</p> <p>N Christison raised a question around how the executive team became aware of any missing information. Noted that this is improving as Junior Doctors come in who have been trained and are allocated specific audits as part of their development requirements.</p>	<p>DH</p> <p>DH</p>
	<p>Audit Tracker</p> <p>At the last AAC it was agreed to focus on two key areas:</p> <ul style="list-style-type: none"> • Old recommendations • Endoscopy audit recommendations <p>Of the 33 outstanding recommendations there were now 5 medium and 4 high actions remaining which would be cleared off by next meeting. If not cleared the relevant executive lead to be invited to attend AAC to give reasons for non compliance. P Simpson advised that one old PWC recommendation which was over 2 years old was no longer relevant and requested that this be removed. <u>AAC approved removal of this recommendation.</u></p> <p>Endoscopy: Positive news that 16 of the original 18 recommendations have now been cleared and evidence provided since the submission of this report. The two outstanding recommendations not currently due for completion. This was a verbal update from the paper presented at the AAC meeting.</p> <p>Payroll Feeder System. Evidence was also to be produced this week which will be checked and items removed from tracker if evidence sufficient.</p> <p>The outstanding recommendations on the tracker are now reducing significantly making it far more manageable, although it is an ever changing document as further final audits produced.</p> <p>Thanks expressed to Majid and Gillian for support to RSM in chasing responses.</p>	

5	<p>LCFS</p> <p>A few additional cases added since the last AAC.</p> <p>Illegal worker. This person was sentenced in August with the value of fraud recorded at £21K. Person received 18 months conditional discharge.</p> <p>Timesheet fraud: A witness statement required and the police have agreed to take on this case.</p> <p>No. 4344 has been investigated and is a false claim. The outcomes of any fraudulent cases will be published on the SaSH window.</p> <p>A demonstration is being given next week to the HR department on the “Veriscan” which scans official papers with the aim of avoiding false documents.</p> <p>A very positive result recorded with SaSH achieving a Level 4 for LCFS. Only 6% of Trusts have achieved this. This was achieved by demonstrating innovative practice within the trust:</p> <ul style="list-style-type: none"> • The use of the Veriscan document scanner <p>Congratulations expressed to LCFS and to P Simpson and team and this result will also be published on SaSH window as a positive success.</p>	
6	<p>SASH REPORT (covering Losses and Compensation and Waivers)</p> <p>1) Losses and Compensations</p> <p>N Christison found the table a little difficult to understand and requested a little more narrative to understand how to read table. M Bhatti explained that in order to provide greater clarity of losses that have occurred since the last AAC, these have now been segregated.</p> <p>2) Waivers</p> <p>Much reduced level of waivers being raised now compared to previous years with justification processes now firmly embedded.</p> <p><u>Report approved by AAC</u></p>	
7	<p>ANY OTHER BUSINESS</p> <p>No other business raised.</p>	
	<p>DATE OF NEXT MEETING</p> <p>Tuesday 15th November 10.00 – 13.00, Room AD77 Pre meet for NEDS, Internal and External Auditors at 9.30am, Room AD77.</p>	