

Date: 14.4.2016 Governing Body
Item No. 8.11
Public

REPORT TITLE: CCG Audit Group

DECISIONS TO BE MADE: To receive and note the Audit Group minutes and assurances contained within it.

Author: Paul Evans, Governing Body Lay Member and Audit Group Chair


GB Lead: Paul Evans, Governing Body Lay Member and Audit Group Chair

Continue to improve the quality of services	X	Improve patient experience	X
Reduced unwarranted variations in services	X	Reduce the inequalities gap in North Lincolnshire	X
Deliver the best outcomes for every patient	X	Statutory/Regulatory	

Executive Summary (Question, Options, Recommendations):
The Audit Group minutes provide assurance to the CCG Governing Body that its subcommittee is fulfilling its workplan and terms of reference.

Equality Impact	N	Not a plan/policy/guidance
Sustainability	N	
Risk	Y	Includes reference to Annual Governance Statement
Legal	Y	Completing and auditing the accounts and annual report is a legal requirement. Legal updates are provided to the group.
Finance	Y	Audits relate to the accounting of and use of resources

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:	X				Clinical:	X			
Public:	X				Other:	X			

MEETING:	NHS North Lincolnshire	 NHS North Lincolnshire Clinical Commissioning Group NHS NL CCG Audit Group
MEETING DATE:	Wednesday 13 th January 2016	
VENUE:	Training Room, Health Place, Brigg	
TIME:	09:00-12:00	

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Paul Evans (PE)	Lay Member (<i>CHAIR</i>)	NHS North Lincolnshire CCG
Ian Reekie (IR)	Lay Member	NHS North Lincolnshire CCG
Jackie Rae (JR)	Manager, Public Sector Audit, KPMG	KPMG
Benita Jones (BJ)	Director of Audit Services	ECAC
Shaun Fleming (SF)	Counter Fraud Manager	ECAC
Satpal Shekhawat (SS)	GP	Kirton Lindsey Surgery
John Pougher (JPo)	Assistant Senior Officer- Quality & Assurance	NHS North Lincolnshire CCG
Robert Bassham (RB)	Audit Manager	ECAC
Viv Simpson (VS)	PA (<i>for the notes</i>)	NHS North Lincolnshire CCG
APOLOGIES:		
Catherine Wylie (CW)	Director of Quality and Risk Assurance	NHS North Lincolnshire CCG
John Prentice (JP)	Director KPMG	KPMG
John Doherty (JD)	Deputy Chief Finance Officer	Y&HCS

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	
1. APOLOGIES		
Apologies noted above. PE reported that the CCG does not currently have an Interim DOF. AO aware of her responsibilities cover DOF responsibilities. Decisions still being taken on way forward and BL offered support.	Noted.	
2. DECLARATIONS OF INTEREST AND CONFIRMATION OF QUORACY		
The Chair invited those with any Declarations of Interest to make them known to the meeting. There were no Declarations of Interest made. It was confirmed the meeting was quorate.		
3. NOTES FROM THE AUDIT GROUP MEETING 11TH NOVEMBER 2015 & ACTION LOG		
No issues were raised and the minutes from both public and private were agreed as an accurate record. Action log – updates noted.	Agreed. VS to submit to Governing Body	VS
4. MEMBERSHIP		
Details of vacancy have been advertised via Practice Despatches and are now awaiting responses. It was questioned whether it would be of benefit to have		

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a broader clinical membership, SS not aware of any senior nurses with business/financial interests and did not feel this would have a significant impact.		
5. ISSUES REFERRED FROM OTHER SUBCOMMITTEES OF GOVERNING BODY		
None		
6. MATTERS ARISING (NOT COVERED ON AGENDA)		
<p>External audit plan 15/16 has not been agreed with CCG for the current year. JR sought a mechanism for agreement in the absence of Interim CFO. JR suggested they share the draft plan with audit group and AO asap and come to audit group for ratification in March. Scale fee has already been set and agreed.</p> <p>Annual Governance Statement – JP notified the group that the CCG is required to provide a draft AGS by the 22 February. As there are no meetings prior it was agreed to circulate virtually for views. JP confirmed that at the moment there are no notifications of any serious concerns. This was noted and agreed by the Audit Group</p> <p>Month 9 accounts – PE notified the group that the CCG accounts must be submitted by the 21.1.2016 and it was agreed that these will be distributed for comments and ratified at the 9th March meeting</p> <p>Comments to be returned to BL and copied to all group members. Amy Bahl to collate comments for March meeting.</p>	<p>Decision – agreed draft plan to be ratified at March meeting</p> <p>Action: circulate draft AGS for comments</p> <p>Action: BL to circulate accounts for comments to all.</p> <p>Action: AB to collate responses for March meeting</p>	<p>JR</p> <p>JP</p> <p>BL</p> <p>AB</p>
7. DRAFT STRATEGIC 3 YEAR AUDIT PLAN		
<p>The Audit Group were asked to review and formally approve the strategic audit and counter fraud plan for the period 2016/17 to 2018/19.</p> <p>RB noted this is the final year of the first three year plan for the CCG. RB met with TP to start the process and prepared an outline plan which was discussed at the Engine Room last November with subsequent comments being included in the first year plan.</p> <p>RB asked whether the group felt satisfied with this as a starting point with a more detailed version being brought back to the next meeting.</p> <p>RB highlighted the addition of Clinical (GP) engagement (value for money achieved), prescribing and themes such as joint commissioning</p> <p>IR – expressed concern on the section on risks as the data seems very dated. RB stated the headings in the strategic plan are deliberately broad which gives opportunities to allow for flexibility.</p> <p>Allocating days to the plan – under informed commissioning, the heading joint commissioning floats the idea that the audit may also look at wider healthcare commissioning arrangements to the CCG. IR indicated that in his view, if the audit was just looking at joint commissioning it would not require the 8 days</p>		

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<p>suggested. RB replied that by the time this audit is done the CCG could be moving towards full delegation and the potential audit scope may alter substantially – it was agreed that the outline audit scope in the plan would be altered to say that it <u>will</u> look at wider healthcare commissioning arrangements and that a more detailed scope will be agreed with the CCG nearer the time of the audit.</p> <p>Under access to services, SS queried what areas would be looked at? RB confirmed it would depend on what the CCG wants, some of the headings are deliberately broad to enable us to look at whatever the key issues are in any particular year. On procurement would expect it to be mainly finance based, but it may look at healthcare or specialist services. Performance management will depend on what the current focus is, but this would always be discussed with the CFO and Execs.</p> <p>JP felt the key areas are fine and having built-in flexibility is important. IR – suggested rewording section to say there is flexibility built in rather than the contingency allowance provides for flexibility. JR suggested including financial provider management in every year.</p> <p>It was confirmed that if there are any requirements to change these, they would be made throughout the year and the plan will be brought back to the Audit Group</p> <p>The Audit Group agreed to sign off the strategic plan element and in principle the Annual Plan with RB providing more clarity at the next meeting</p>	<p>Decision: Agreed to sign off draft strategic 3 year plan</p>	
8. AUDIT GROUP EFFECTIVENESS SELF REVIEW		
Not minuted	Notes to be circulated by BJ	BJ
9. ANY OTHER URGENT BUSINESS		
BL offered to meet with any member of the Audit Group who wished to review the Month 9 “Hard Close” Accounts before submission. It was agreed that BL should present them at the next meeting.	Action: VS to notify BL	VS Completed 14.1.16
10. DATE AND TIME OF NEXT MEETING		
<p>Wednesday 9th March 2016 at 9.00 am CCG meeting room or Training Room Health Place, Brigg</p>		
<p>Dates for year-end meetings: Wednesday 27th April 2016 at 9.00 am Wednesday 25th May 2016 9.00 am pre meet, commence meeting at 9.30 am</p>	Action: April meeting to be brought forward one week	AB