

Minutes of a Meeting of the AWP NHS Trust Audit & Risk Committee

Date: Friday 15th August 2014 , 1500-1700

Venue:- Seminar Room 4, Jenner House, Chippenham

These Minutes are presented as **Final**.

Members Present

Tony McNiff – Non-Executive Director (Chair) Peaches Golding – Non-Executive Director

Staff in attendance

Alison Devereux-Pearce – Governance Support Officer (minutes)	Hannah Dennis – Corporate Governance and Legal Manager
Barry Eadle – Trust Counter Fraud Specialist	Sue Hall – Director of Resources
Simon Garlick – External Audit, Grant Thornton	Karen Williams – Internal Audit, Baker Tilly
Pippa Ross-Smith – Deputy Director of Finance	Hayley Richards – Medical Director
Norman Atkinson – HoPP – Wiltshire (in part via teleconference)	Helen Chivers - Head of Exchequer

Action

AR/14/040 – Declaration of Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee Agenda.

None was declared.

AR/14/041 – Apologies

1. Apologies were received from the following:

John Ridler – Financial Controller

Kevin Henderson – External Audit, Grant Thornton

Emma Roberts – Director of Corporate Affairs & Company Secretary

Alan Metherall – Acting Director of Nursing

Julie Hankin – Clinical Director, Wiltshire

Kristin Dominy – Director of Operations

AR/14/042 – Minutes/summary from the previous meeting on 2.6.2014

1. Pippa Ross-Smith was *in attendance*.
2. P8 - FOIs: The Committee discussed the large numbers of requests and will invite Julie Benfell, Information Governance Manager, to come to a future meeting

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to discuss further. This action is to be added to the Committee forward planner.

3. P9 – The Committee agreed that the Counter Fraud update is to be early on the Agenda and Barry Eadle can leave once this is delivered.
4. With these **amendments** the previous minutes were **approved** by the Committee.

AR/14/043 – Matters Arising from the previous meeting

1. The Committee considered the Matters Arising and resolved to note progress and remove those items completed.

1.1 Counter fraud / staff engagement: Appropriate eLearning developed by Barry Eadle and the Head of Learning & Development is now in place – action closed.

1.2 Liability over damages to staff's property during restraint of service users: – The Director of Operations has oversight of the process and Helen Chivers assured the Committee that there is a ceiling of £5k in relation to damages paid. This value is defined by the Department of Health– action closed.

1.3 Annual report: Action now closed

1.4 Internal audit/mandatory training: The Medical Director updated the Committee that the Learning and Development team has reviewed statutory and mandatory training requirements to make these focussed and relevant to different staff groups, with compliance monitored through appraisal; and 'up to date' status is an evidenced 'gateway' towards increments to salary. Training compliance will be monitored by team training reports and individual supervision with reminders/ status of modules for teams sent to team managers. Assurance was provided to the Committee in that Executives will hold managers to account. This process and levels of compliance will be monitored at the Employee Strategy and Engagement Committee. It was noted that Bank Staff will also need to be up to date. SH confirmed Bank Staff can only work shifts if their training is up to date.

ACTION: The Committee requested a flowchart of the process for clarity and assurance from Sue Hall & Hayley Richards as an action. SH/HR

1.5 Clinical Risk Register: Included on agenda – action closed

1.6 LIFT/ Executive support: Significant structural changes have been made in Swindon with the full support of the Director of Operations and a new Team Manager has been appointed. A proposal to tackle the waiting list for Memory Clinics has been drawn up by the Swindon Clinical Director for seeing patients in GP surgeries which is awaiting CCG approval. A further paper detailing the different operational and financial issues for LIFT by locality is being prepared for Finance and Planning Committee. The Chair expressed his contentment with the responses - action closed.

1.7 Procurement/non-compliance update: Included on agenda – action closed.

AR/14/044 – Counter Fraud

1. The Committee received a progress report describing progress made against the Counter Fraud work plan for the period under report, 22nd May – 1st August 2014, with the following issues discussed:

Minutes Prepared for the meeting of Audit & Risk Committee dated 15.8.2014

Sponsored by the Chair

Agenda Item: 3

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1.1 Changes in the Counter Fraud Provision: - The management of CEAC in collaboration with CEAC's current hosts, Kettering General Hospital NHS Trust, have been seeking alternative hosting arrangements. Following a period of consultation TIAA Ltd have initially been asked to provide a managerial role to CEAC. It is proposed that the staff of CEAC will be integrated as part of TIAA by the 1st of October 2014. Assurance was given to the Committee that there will be **no change in reporting**.

1.3 Self Review Assessment Return: This return has been submitted to NHS Protect for information. Once the data is examined the Trust will then know if it requires further assessment. No issues are anticipated.

1.4 Visa Investigation update: The individual concerned has now been dismissed and a claim for compensation on behalf of the Trust has been filed by BE. The file was originally submitted by UK Borders Agency who have subsequently reported that the individual did not attend court when required. BE advised the Committee that he will be continuing with proactive exercises resulting from this visa issue and will report back accordingly.

1.5 Second Opinions Concern: The LCFS of another Trust raised concerns regarding invoices that they had received from a senior member of AWP staff who had undertaken work and was providing a report regarding the provision of a second opinion. The LCFS has established that this is not a matter that is suitable to be taken forward criminally but is in liaison with Internal Audit who are conducting a review to examine the procedures and practices that are in place governing this area of work. The Medical Director is aware of the circumstances surrounding this and an audit concerning job planning and payments is under way.

2. The Committee **resolved** to **NOTE** the report.

AR/14/045 – External Audit Letter

1. The Committee received an External Audit Letter in place of an update report which confirms the outcomes reported to the Committee in June 2014 following the annual audit of the Trust's accounts, and acknowledged that the accounts have been signed off with an unqualified opinion.

2. The Committee **resolved** to **NOTE** the report.

AR/14/046 – Internal Audit Progress Report

1. The Committee received Internal Audit's Progress Report which reported that three reports had been finalised since the last meeting. Only two reports were presented to the meeting due to ongoing dialogue regarding some wording within the outstanding report. That report will be presented at the next Committee meeting. The following points were discussed:

1.1 The Transformation Audit is nearing completion and Internal Audit will meet with the Director of Corporate Affairs & Company Secretary when she returns from annual leave.

1.2 **The CQC report for 2014-15** has been issued in draft but has had a deferred start due to Executives managing the recent CQC inspection and some delays due to annual leave. Internal Audit have planned a number of audits and these are ready to be commenced.

1.3 **Medicine Management audit feedback** – The previous audit indicated issues Trust-wide with adherence to controls. Testing has been repeated across various sites as part of this re-audit. The Committee welcomed the positive news that staff were welcoming despite visits being unannounced and the initial feedback from Internal Audit that positive changes were seen in practice. Audit observed that the control framework has been strengthened and improvement has been seen. The Chair commented upon his anticipation of receiving the report at the next meeting.

2. The Committee **resolved** to **NOTE** the report.

AR/14/047 – Receipt of Internal Audit Reports and Associated Opinions

1. **Temporary Staffing (21.13/14):** This report provided conclusions from the second phase of this audit work. Progress was evident since the initial review taken in 2013/14, and it was noted that since the audit work was undertaken further progress has been made.
2. **Follow up of Payments to Staff (22.13/14):** Audit work in this area was undertaken at the end of 2013/14 and at that point some recommendations needed further attention to be adequately addressed. Internal Audit recognised that, following a recent meeting with SH and JR that a huge amount of work is now underway, and they will be revisiting any outstanding recommendations in September 2014. In particular, a continuing concern relates to monthly changes to bank details. Checks are being performed but with several hundred changes to bank details each month the team have an onerous task to check each payslip. Managers could rely on exception reporting, however there is no defined tolerance to limit the exceptions, therefore a manual check by the Payroll team has continued. JR is currently considering other ways of managing this process.
ACTION: KW to discuss further with JR and will bring back to the Committee as an agenda item as the Chair expressed his interest in tracking this particular issue.

KW/JR

3. The Committee **resolved** to **NOTE** the reports.

AR/14/048 – Progress against Internal Audit Recommendations

1. The Committee received a report summarising internal audit recommendations which have reached their implementation date since the previous Committee meeting and have been confirmed as implemented, passed their expected implementation date and require further action, or have an extended implementation date.
2. 12 recommendations have been closed since the last Committee meeting, and 9 recommendations were reported as past their implementation date.
3. PG acknowledged that recommendations made following Regularity Reviews are

challenging and that evidence needs to be robust in order to be assured the recommendation has been adequately addressed.

4. The Committee **resolved** to **NOTE** the report.

AR/13/049 – Legal Activity & Risk Report

1. The Committee received a Report from the Corporate Governance and Legal Manager summarising legal activity and associated risks faced by the Trust managed by the Corporate Affairs department currently.
2. The report informed the Committee of inquests managed, medical and clinical legal support and advice provided, and legal services provided to other corporate areas of the Trust. Risks associated with this activity have been identified and were discussed. Peaches Golding enquired if Bevan Brittan had identified risk trends other than those included in the report relating to ligatures and CQC inspections. The Medical Director advised that risks are managed and reviewed monthly on the Trust-wide Risk Register and historical issues/themed responses from clinical incidents can be tracked by CIOG and the Trust's 'Lessons Learnt' log. The Executive Team oversee inquest activity to triangulate risks and legal activity.
3. The Legal Services provision ensures that all matters are dealt with quickly for Teams who require advice regarding the Mental Health Act including capacity for consent and safeguarding. The Trust continues to track satisfaction and cost effectiveness of the legal provision.
4. The satisfactory 6 month agreement has been extended for another 6 months and future options will be considered once the outcome of the Quality Academy/Nursing Directorate review is known. If the requirement grows larger the Trust will tender for the service provision. The Committee enquired over a possible conflict of interest in that a Trust Non-Executive Director is a partner of DAC Beachcroft solicitors. SH confirmed this had been considered and there was no conflict of interest.
5. The Committee **resolved** to **NOTE** the report.

HD

AR/14/050 – Assurance Framework

1. The Trust-wide, strategic Assurance Framework is presented to the Trust Board on a quarterly basis. A complete version incorporating locality objectives is to be presented to the Audit and Risk Committee at each meeting, summarising sources of assurance within localities as well as Trust-wide.
2. It reports the objectives of the Trust and its localities for 2014/15, highlights the risks the Trust is exposed to which may affect its ability to achieve those objectives, and confirms what controls are in place to mitigate both the probability that the risk will occur and the severity of impact should it occur. The assurances are our sources of evidence which confirm that those controls are operating effectively and that the Trust is progressing toward the achievement of its objectives.
3. The Chair observed that he was reasonably comfortable that the red indicated

RAG rated items in the Framework are the same occurring on the Risk Register as expected. The Director of Resources advised that the Executives will review this in detail at the next Executive Team meeting..

4. Peaches Golding enquired about a locality objective which had been achieved in April 2014 and if this should be removed from the Assurance Framework. The Director of Resources advised that if actions had been completed by an identified date then this should be updated on the Assurance Framework, however objectives achieved would remain to document assurances to the Board.
5. The Committee **resolved** to **NOTE** the report.

AR/14/051 – Trust-wide Risk Register

1. The Trust-wide Risk Register was presented for review by the Committee. The risk register was last reviewed by the Board at its meeting on 30 July 2014. At that meeting the Board requested that the risk register be given a thorough review by Executive Directors and that directions of travel for managing risks were considered. This work is underway with Executive Directors currently.
2. The cut-off date for review of risk registers is mid-month, therefore the Committee received the most recent cut of the Trust-wide risk register.
3. The Executive Team have agreed to a full review and also to plot the trajectory for mitigating risks over time to identified target scores. This will result in the presentation of a phased reduction plan to the Trust Board in September 2014.
4. The Chair commented upon risk IBP13 and questioned if the scoring process reflects improvements. The Medical Director responded by confirming the Executive Team would investigate this as part of their planned review and would review the strength of controls in place against IBP17 in response to other concerns raised. The Chair also noted that Safer Staffing wasn't captured on the Trust-wide Risk Register; the Trust is working through financial implications of safer sustainable staffing. **ACTION: Executive Team to review and include accordingly.** ET
5. The Committee **resolved** to **NOTE** the report.

AR/14/052 – Directorate/ Locality Risk Registers

1. **Clinical Executive:** Hayley Richards, Medical Director
 - 1.1 **CE2: CIPs schemes** are addressed through Board seminars and BGAF to improve CIPs process; The content is improving and is being reviewed through weekly monitoring.
 - 1.2 **CE3: CQC compliance actions** are being completed. It had originally been planned to request that the CQC re-inspect in some areas between the main inspection and the issuing of the draft report, however this will be removed as a planned control as this cannot happen now due to timing constraints. Other Trusts are putting forward further inspections in a timely way so the Trust may be part of a smaller scheme inspection.

1.3 CE4: Funds to address ligature actions: The Trust has fulfilled actions to resolve ligature issues including completion of new assessments, and has submitted a request to the TDA for funding as well as ring fencing money internally which may prevent stopping work on capital bids.

2.4 CE5: Assurance not captured on IQ: The Director of Operations has organised a triangulation meeting with data to address and resolve.

2.5 CE6: RiO/HSCIC – An issue has been reported regarding input of some data via a system used by GP surgeries which causes some teams/ practitioners to not be able to access an individual’s clinical record on the live RiO system for 24 hours. The Committee was assured that this isn’t occurring in large numbers and this can be resolved within 24 hours. As a mitigation, clinicians can use the ‘clinical viewer’ facility instead. Work is being undertaken currently with the system contractor. It was reported that it’s unknown what other organisations do in these instances as other organisations do use RiO (The ‘clinical viewer’ however, is an Trust ‘in-house’ system). **ACTION: Committee to receive feedback on work undertaken with system contractor.**

HR

1.6 CE7: EPR: The outline business case is likely to be approved by the TDA this month and the Trust will instigate further actions ASAP.

2. **Wiltshire:** Norman Atkinson, Head of Profession and Practice - Wiltshire

2.1 WILTS6: the Committee were advised that the CCG constantly seek further assurance when reviewing RCAs that are not always related to the RCAs specifically. The Management Team are assisting them with this and will be supporting Julie Hankin, Wiltshire Clinical Director, to complete. Intensive efforts have resulted in a number of Root Cause Analyses being completed recently to close outstanding cases.

The Chair reflected on the level of scrutiny particular to Wiltshire from its Commissioners. The Medical Director will be meeting with Linda Hutchings and CSU to discuss any disputes over unclosed cases as the next stage of resolution. HR disagreed with the current risk score of 16 as the position over non reinforcement of notice is in force as of now. NA agreed with this reduction and will amend accordingly.

2.2 WILTS7 – The redesigned service model was introduced in May is now in place, however, all 4 CMHTs have recruitment issues.

Caseload profiling work is currently being instigated with CMHTs, and teams are in a slightly better position as they are now at full capacity but not overloaded as previously acknowledged. Crisis and contingency planning work is also being instigated.

2.3 WILTS8 Delayed Transfers of Care (DTCOC) – Wiltshire is currently managing 10 DTCOCs across 90 beds, mainly in its dementia ward. There have been difficulties in answering questions regarding ‘who pays’ the cost of delays. Wards are reporting on DTCOCs on a weekly basis and this information is being shared with the Local Authority and CCG, with weekly calls being held to solve problems as they arise. This is an ongoing issue but is out of the Locality’s control and there is a reliance on the Local Authority and CCG agreeing criteria to discharge

service users into other services.

2.4 WILTS9 - Peaches Golding raised concerns about recruitment which echoed the lack of speed of recruiting also prevalent in internal audit reviews. This was noted as a concern for the Trust as whole but particularly for Wiltshire as this provides the second largest income. NA assured the Committee that Wiltshire Management has met with Simon Morris, HR Partner, to review the recruitment process for immediate, medium and long term but acknowledged that Wiltshire does not have the national relocation appeal of Bristol or other larger cities.

2.5 WILTS10 – The lack of Medical Trainees at Fountain Way and North Wilts CMHT was discussed. The Locality is attempting to recruit but this has been delayed through challenges in finding suitable candidates along with changes in the Consultant posts role description to ensure alignment with Team Psychiatry. This is currently with the Royal College for approval.

The Medical Director gave assurance that with the higher level of Medical Leads and an Associate Medical Director in place there is robust, clinically led oversight in Wiltshire. In addition, the Managing Director, Denise Claydon, has a strong relationship with the CCG. The Locality is receiving support centrally to manage challenges but it was acknowledged that this could create larger issues for the Trust in covering caseloads and future medical job planning.

4. The Committee **resolved** to **NOTE** the reports.

AR/14/053 – Finance Registers (including losses & payments)

1. The Committee received a report that reviewed the following Finance Registers of the Trust:
 - 1.1 Debtors over six months old and £5K
 - 1.2 Debtors register
 - 1.3 Losses and Compensations
 - 1.4 Register of non-compliance with Standing Financial Instructions
2. Payment from Debtors Wiltshire Council & Swindon CCG is being expedited by the Director of Resources and the Chief Executive directly with a payment expected for the full amount from Wiltshire. Swindon CCG's amount owing is due to last years out of area placements but the CSU is supporting the Trust to claim the money back.
3. The Committee **resolved** to **NOTE** the update.

AR/14/054 – Losses & Compensations Payment process

1. The Committee received a report on the current process for Losses and Compensations payments to staff and service users to provide assurance that processes are in place and adhered to.
2. Compensation payments have a threshold limit of £5k through Linda Hutchings, Head of Patient Safety Systems, for approval. Historically, only 3 cases in 3 years have been reported but the Committee was reassured that there is a diligent process in place to manage losses and compensation within the Trust. A procedure exists, and it was discussed that an overarching policy should be

defined. **ACTION: Helen Chivers to circulate payment process document for HC information, and to prepare a policy documenting the Trust's approach to losses and compensations.**

3. The Committee **resolved** to **NOTE** the report.

AR/14/055 – Procurement Update – non compliance

1. The Committee received a verbal update on non-compliance with the process for raising or purchase orders for payment of invoices by the Head of Exchequer.
2. It is now identifiable where training will be needed for ordering/invoicing via the Procurement system. An added control introduced is ensuring the order number has a monetary value against it when being approved. The Chair expressed his comfort over capturing this data and the controls now in place.
3. The Committee **resolved** to **NOTE** the verbal report.

AR/14/056 – Medical Revalidation Assurance

1. The Committee was advised that this report was approved by the July Board meeting and the assurance return sent to NHS England.
2. The process is in the 2nd year of appraisal for revalidation; The Committee will review the return and send any further comments to the Medical Director. The Chair commented that he felt assured that there was a process in place for reporting on revalidation.
3. The Committee **resolved** to **NOTE** the report.

AR/14/057 – Risk Management Annual Report

1. The Risk Management Annual Report was positively received by the Committee, describing the work undertaken in respect of risk management during 2013/14, to provide assurance that risk management arrangements are clearly defined and continuing to be actively complied with in the Trust. The report also identified risk management objectives for the coming year.
2. The Committee discussed the Trust's response broadly to national health emergencies, i.e. Ebola in North Africa for example. The Medical Director confirmed that the Trust had not communicated to staff on that particular issue at present but does receive cascades of national information which reach all clinical staff, and the Resilience Manager will be informed accordingly. Currently, infection rate is globally in the hundreds but it was acknowledged that there are potential access points.

Assurance was given to the Committee that enough understanding in the Localities and Public Health information allows Nursing Staff to understand and implement segregation if warranted. The Trust may have staff from Liberia/Nigeria/Sierra Leone who have been recently travelling from these contagious areas. **ACTION: HR to issue an email to all Clinical Staff sharing on (Government) public health advice. HR to liaise with Chris Williams, Resilience Manager.**

HR

3. The Committee **resolved** to **NOTE** the report.

AR/14/058 – Committee Evaluation

1. The Committee evaluated the meeting from 3.5-4 out of a possible 5, identifying particularly successful elements as follows:

- A good meeting which covered business. It was seen as positive that the Committee invited staff to call in to the meeting for the risk register review.
- The meeting gave focus to the right areas and was enjoyable.
- A well-paced meeting.
- This is an important Committee which requires regular representation and attendance – an issue which needs to be addressed – but the debate and challenge was good.
- Excellent work being done on the ground and co-relating in teams. There are negative issues in Wiltshire but good work is being done to resolve these.

3. Less successful elements were identified as:

- The meeting ran over time (with the suggestion to extend times by half an hour and to begin the meeting earlier.) **ACTION**

AR/14/059 – Any Other Business

1. None noted.

AR/15/060 - Issues referred from/ to other Committees or to Board

1. None noted.

Date of next meeting:

24th October 2014, 1500-1700, Jenner House