

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

Date:- Friday 24th October 2014, 1430-1645

Venue:- Seminar Room 4, Jenner House, Chippenham

These Minutes are presented for **Approval**

Members Present

Tony McNiff – Non-Executive Director (Chair)	Dr Hayley Richards – Medical Director
Tony Gallagher – Non Executive Director	Kristin Dominy – Executive Director of Operations
Peaches Golding – Non-Executive Director	Sue Hall – Executive Director of Resources
	Emma Roberts – Director of Corporate Affairs/Company Secretary

Staff In attendance

Hannah Dennis – Corporate Governance and Risk Management	Mathew Page – Deputy Director of Operations
Simon Garlick – External Audit, Grant Thornton	David Taylor – Internal Audit, Baker Tilly
Karen Williams – Internal Audit, Baker Tilly	Kevin Henderson – External Audit, Grant Thornton
John Ridler – Financial Controller	Bill Bruce-Jones – CD – BaNES (in part via teleconference)
	Eva Dietrich – MD – North Somerset (in part via teleconference)

Action

AR/14/060 – 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/14/061 – Apologies

1. There were no apologies received.

AR/14/062 – Minutes/summary from previous meeting on 15.8.14

1. The Committee approved the minutes from the previous meeting.
The Chair requested sight of minutes from 2.6.2014 for final approval.

HD

AR/14/063 – Matters Arising from previous meeting 15.8.14

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

1.1 Internal Audit Plan 2014/15 – Statutory Training: Hayley Richards updated the Committee and advised that a flowchart was not available but could confirm that the process of statutory mandatory training is being analysed to make sure that data is cleansed with staff shown in the right teams and booked onto the right training program, checks are being undertaken to ascertain which staff are currently on long term sickness, maternity leave and external secondments to reduce our non-compliance. To support training within teams/localities, an additional 50 training programs have been put in place to allow for training to be completed before year end. The training is endorsed through Operations and Team Managers. Lack of engagement will be picked up through the usual HR processes. The Chair made reference to training within the internal audit report where we referenced that some outstanding issues had been cleared. The auditor advised that since the report was written progress has been made, this action can be closed.

1.2 Internal Audit Reports – Payments to Staff: Included on agenda. John Ridler confirmed that the process has been redesigned.

1.3 Legal Activity & Risk Report – Action now closed.

1.4 Trustwide Risk Register – Action now closed.

1.5 Wiltshire Locality Risk Register – Action now closed.

1.6 Clinical Executive Risk Register: Update on Health & Social Records. IT can now carry out fast-track data fixes; reported issues are fixed in 2 hours. Looking at the GP systems where errors are caused. The risk has reduced significantly and proposed that this should be closed from the risk register.

1.7 Losses and Compensation Payments: Carried over to December 2014.

1.8 Risk Management Annual Report: Kristin Dominy attended an extraordinary Local Health Resilience Group meeting last week which focused on ebola mainly concerning acute care and first responders. Instructions come through Cobra and cascaded appropriately. This issue has also been discussed at an Executive Team Meeting.

AR/14/064 – Internal Audit

1. Progress against Internal Audit Recommendations – There have been 11 recommendations closed down since the last meeting, 2 are past the implementation date with 4 recommendations with a revised implementation date.

1.1 Medicine Management (3.1.4) - Liz Bessant is progressing this and an update will be provided at the next Audit Committee. Emma Roberts

ER

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advised that at times there has been a struggle internally to meet deadlines for reports. Colleagues will be encouraged to respond when they need to.

1.2 Payments to Staff – John Ridler confirmed that a process was in place and this recommendation can be closed.

1.3 Bribery Risk Assessment – Various policy changes and seeking wider input from other organisations which have added to the delay in closing these. This is a valid extension.

1.4 On Call Payments – Changes made within Operations and now taken wider across the Trust, recommendation has been met and can be closed.

1.5 Asset Management – Paper to Investment Planning Group in November and how we track material assets on the register, outstanding from external audit.

1.6 Preparation of Quality Accounts – The Quality and Standards Committee will look at the work plan next February/March.

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

AR/14/065 Assurance Framework

1. This is the second report that the Committee has received on the Trustwide Assurance Framework. The Chair was concerned that strategic priority 1 shows a gap in controls, a gap in identified work and funds on the assurance framework. The Hayley Richards advised that this work had been reprioritised and the statement needs to be updated to reflect this.

Staff Survey (priority 2) – Grant Thornton submitted a proposal to go out to staff in our localities. Tony Gallagher advised that The Employee Strategy and Engagement Committee were concerned along with the Board about bullying and harassment and are looking for an improvement in this area.

Gaps and controls – page 6 – to be changed.

The Chair sought assurance that we continued to focus on business development issues. Tony Gallagher reported that Malcolm Sinclair had developed a process flow that could be used Trustwide and this would be in place by the next F&P Committee.

Tony Gallagher referred to the CIP program that mentions the quality academy; this will be redesigned by the Deputy Director of Nursing.

Foundation Trust (priority 5), gaps in position and assurance states ‘worsening at present’. The Chair suggested that the wording needs to be made clear.

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

AR/14/066 – Trust-wide Risk Register

1. The Trust-wide Risk Register was presented for review by the Committee. The Committee is also presented with the risk escalation process which has been interrogated and discussed at Exec Team to check if this works in practice. A number of risks had been identified by Sue Hall throughout the month which are indicated on page 3 and will appear in the next version of the risk register that

we bring to the Committee. Page 4 shows movement of trajectory in terms of where risks are moving.

Issues about scoring on the Trust wide risk register were discussed and rationalised by Kristin Dominy.

Organisational Culture – The Chair felt the mitigated risk of 8 seemed low. However, it was noted that there were lots of mitigating plans in place. The staff survey results would not be available until later this year. To be reviewed again.

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

AR/14/067– Directorate/Locality Risk Registers

1. Bath and North East Somerset – Bill Bruce-Jones

Two items shown on risk register. Safeguarding – this has remained on the register for a long time and remains static. It relates to concerns about lack of clarity in the operation of safeguarding requirements and the central team as well as the possibility of lack of resource in terms of safeguarding. A paper due to be presented to SMT written by Alan Metherall has been delayed. The locality are doing their best to mitigate risk and meet requirements of partners and stakeholders around safeguarding but there is a concern that it is not enough. Kristin Dominy explained that the paper Alan Metherall has written will allow for the safeguarding resource to be distributed into localities; however it is not a huge resource. The Chair requested that a conversation needs to take place with the locality as to the reality if this is a risk in their area or if it is a management issue.

The other risk relates to Sycamore, and was around clinical nursing leadership on the unit due to a succession of ward managers. The risk can now be closed as we now have a team of effective new staff.

The Chair highlighted that these risks had been on the register since February 2014, how often is risk looked at in the locality. Risk registers discussed at monthly meeting, in terms of service and team managers, conversation about risk not as developed as it could be. When you remove one item from register and show one risk which is safeguarding does that accurately reflect the risk for your locality. Bill confirmed that the risks are added when it cannot be managed locally.

Sue Hall highlighted that bed pressure, out of area detoc was not on the risk register, was this not considered a risk to BaNES? Bill is aware that this is an issue although not specifically to his locality, however this risk does appear on the risk register elsewhere.

2. North Somerset – Eva Dietrich

There are two risks outstanding since February; the first relates to identifying resources which has now been mitigated, the second risk is around delivering psychological therapy.

The resource risk has been mitigated, a re-audit took place in October and await the result.

The second risk is around PTS, there is currently a Trust wide review led by Claire Williams and that review brings data together which suggest that PTS services are under resourced, trying to meet with commissioners about this. We will be making a bid for more investment but this is delayed as we are waiting for the paper.

Junior Doctor rota, small area with small number of doctors to provide out of hours care, breached European time directive. This has been raised with junior doctors as well as ensuring that modern matrons are aware of this. The rota is more robust. The acute ward was re-monitored in May and there were no breaches. Only admit North Somerset patients so less out of hour's admissions. Hayley Richards explained that over a two week period if junior doctors miss a 15 minute break that is considered a breach, relatively easy to breach. To demonstrate our efficiency of cover, we look to use the annual GMC junior doctor's survey which we benchmark very highly with the deanery and nationally, we had one breach in several years.

Juniper, a number of issues such as staffing and environment. To mitigate we reduced the number of beds on adult wards. Immediate work carried out on environmental safety, ligature risks and gardens. Project supported by Kristin Dominy around safer staffing levels although it has been difficult to recruit nurses in this area, however we now have a recruitment strategy. We have produced an action plan, the risk is mitigated now that work carried out, and all actions will be completed by 7th November 2014.

AR/14/68 – External Audit Progress Report

1. Project Proposal – Partnership Review by External Audit

The timetable is the same as for previous years, the report will be provided in January. New items to add, however the new code doesn't change significant amount from audit commissions code of practice, difference is it covers both NHS Trusts and Foundation Trusts rather than separately.

Project proposal is an optional fee-based piece of work, as AWP is a large geographical organisation this work will gain an insight into working relationships with partners. It looks at relationships between community teams and GP's. This is a survey based tool and will need full commitment to follow through.

Separately by picking up areas identified in the CQC report around bullying and harassment, we would need to develop a different study to address this.

The Committee agreed that this was a great opportunity to get some indicators. Maybe it would be good to look at Bristol and look at evidence in 12 months' time. Sue Hall suggested that we could look at this after Christmas when we have delivered more actions from the CQC. AWP would be the first mental health trust to undertake this.

From an audit Committee perspective we are supportive if management wish to proceed.

2. Update on actions from Year End Accounts

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A report was provided from the audit findings report for the 13/14 audit. It was a detailed paper showing clearly the progress made on the findings. Areas for improvement were identified through last year's audit, some logistical and some relating to resources but the paper was clear on progress. The main focus was on issues that the Committee is concerned about. The Chair was surprised at issues that are basic, but felt that the report was transparent and answered very well and considered it an excellent report.

AR/14/69 – Internal Audit Progress Report

1. Three audits have been finalised since the last meeting. Draft reports included brief themes along with opinions being considered by management. Only report outstanding is Transformation Review and will be released soon. Reported verbally on Medicine Management at the last meeting, there have been significant improvements. In respect of Medical Staffing, undertook testing and couldn't find job plans in place, action has been taken and progress had already started. Liaising with Counter Fraud regarding a fraud case. Currently showing as amber/green.

Incident reporting – findings were in line with CQC Inspection, process was in place but adherence to the process was key point and ensure flow of lessons learnt to close the loop.

Transformation Review – Feedback was provided to Emma Roberts and met with the executive team. There is a real cohesive understanding by the team. The Trust is in a positive position with the changes made. The Chair queried the report timescale, noting that this report commenced in February with the final report being issued in August. Emma Roberts reported that the process is clunky and we are encouraging managers to respond promptly. The Chair expects to see a report within a month of its issue at whatever stage. Emma Roberts will redesign this process.

Discussions were had around the process to agree any additional audit work recommend that we seek Chairs action rather than wait for a Committee meeting. Extend to that implication for other audits, as a result of issues out of the CQC report.

A request for three reports to be postponed until later in the year in respect of clinical and quality governance, patient and safety and quality reviews. Plan to start after immediately after Christmas and it is purely timing to make sure undertaken at right time (quality review). Work underway for next three audits. Set out timescales for work completed for the rest of the year. No other delays for work. The Chair requested that papers Final Audit reports are distributed to members between meetings.

AR/14/070 – Receipt of Internal Audit Reports and Associated opinions

1. Regularity Report had been held up by auditors; provided to Committee at last meeting on some of the issues. Number of those issues focused on implementation around stat/man training. Action plan had 6 recommendations,

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all covering different areas such as petty cash, return to work interview, sickness management and payroll returns. Number of these were picked up by other audits. Payroll returns has improved. Also aware of action around appraisal and links to training.

2. CQC report from the summer noted a new central function to undertake CQC reviews, highlighted two areas namely CQC self-assessment required more rigour on reporting to make sure the declaration were supported by evidence and the framework process on learning to be shared properly.

The Chair was pleased with the results of the audits.

3. Medicines Management Report – audits carried out in previous 2 years shown as red, keen to have re-audit carried out to make sure framework used and in place. An amber/green assurance given. There are still issues outstanding but more minor issues and easier to address than found before. The Chair re-read the report to Quality and Standards and found some differences. Tony Gallagher attended Finance & Planning Committee earlier whereby he felt there was an issue on CIP reductions for medicine management, it was difficult to triangulate progress and results do not appear to reflect that. We are making progress but there are issues. Hayley Richards as sponsor of the report will look back at other reports that doesn't stack up against this report. We need to follow through on what we said we would do.

The Chair used nursing/drug charts for service users as an example, we are looking at revised e-learning with accountability shifted to ward managers and modern matrons. We need to focus on quality improvement plans where there are differing perspectives on the ways things are done, we need to demonstrate the required outcome and physically show that missing part of the assurance processes and not rely entirely on IQ data but by checking mechanisms such as visits and ward rounds.

It was recognised that we have huge numbers of assurance systems and have a governance framework, these need to knit together with a different lens, the process is clear it requires evidence and checking, there will be review and refinement of this. Also looking at mapping a new approach to the accountability framework and who is responsible.

4. Payments to Staff – Two reviews requested and currently in phase 1 review. Progress report is good with two actions still being worked on, namely changes to bank details an update is in place, and the updating of delegated authority list – good progress.

AR/14/071 – Committee Evaluation

1. The Committee evaluated the meeting from 3 to 4 out of a possible 5, identifying particularly successful elements as follows:
 - Agenda was not too lengthy and had a good flow.

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- Level of challenge was strong.
- A constructive meeting.

AR/14/072 – Any other Business

1. Our Counter Fraud has changed to TIAA. Barry Eadle remains our contact.

AR/14/073 – Issues referred from/to other Committees or to Board

1. None noted.

AR/14/074 – Date of next meeting:

9th January 2015, 1430 to 1630, Jenner House