

Minutes of the Joint Audit Committee & Quality Governance Assurance Committee

held on:

**Date**                      **Wednesday 20 April 2016**  
**Venue**                     **Boardroom, G099, Building 12**  
**Time**                      **1.00pm to 2.00pm**

<b>Present:</b>	<b>Name</b>	<b>Role</b>
	R Dunshea <b>(RD)</b> (Chair)	Non-Executive Director
	M Arthur <b>(MA)</b>	Head of Governance & Legal Services
	R Edwards <b>(RE)</b>	Non-Executive Director
	C Etches <b>(CE)</b>	Chief Nursing Officer
	M Gennard <b>(MG)</b>	Internal Audit
	S Mallinson <b>(SM)</b>	Internal Audit
	M Martin <b>(MM)</b>	Non-Executive Director
	G Nuttall <b>(GN)</b>	Chief Operating Officer
	Dr J Odum <b>(JO)</b>	Medical Director
	J Parkes <b>(JP)</b>	Non-Executive Director
	A Sargent <b>(AS)</b>	Trust Board Secretary
	D Shariff <b>(DS)</b>	Senior Manager - KPMG
	K Stringer <b>(KS)</b>	Chief Finance Officer
<b>Apologies:</b>	<b>Name</b>	<b>Role</b>
	Dr J Anderson <b>(JA)</b>	Non-Executive Director
	D Loughton <b>(DL)</b>	Chief Executive

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Item No		Action
1	<p><b>Apologies for absence</b></p> <p>These were noted.</p>	
2	<p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest.</p>	
3	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the meeting held on Wednesday 22 April 2015 were accepted as a correct version.</p>	
4	<p><b>Matters arising from the Minutes</b></p>	
5	<p><b>2015/16</b></p>	
5.1	<p><b>Internal Audit Annual Report for year ended 31 March 2016 (Head of Internal Audit Opinion) - Mike Gennard</b></p> <p>MG presented the Internal Audit Annual Report.</p> <p>The meeting was informed that 31 individual audits had been undertaken during 2015 / 16 with updates being provided to the Audit Committee throughout the year. MG advised that the opinion of the Head of Internal Audit is the Trust has an adequate and effective framework for risk management, Governance and internal control. The meeting was also informed that the Internal Audit report had indicated further enhancements to the framework of risk management, Governance and internal control to ensure that the Trust remains adequate and effective.</p> <p>MG reported that there were 3 red opinions:-</p> <ul style="list-style-type: none"> <li>• Serious Incidents - Quality Assurance</li> <li>• Return of Deceased Patient Property</li> <li>• Consultant Job Planning</li> </ul> <p>RD asked MG how he could assure the committee that with their workload the company is up to the task of supporting the Trust. MG replied that every 5 years there is an independent assessment and this is always passed. There are also internal quality assurances.</p> <p>RD thanked MG for all of their hard work over the year.</p> <p>The meeting accepted this report.</p>	
5.2	<p><b>Annual Governance Statement 2015 / 16 – Adrian Sargent</b></p> <p>AS presented the Annual Governance Statement report to the meeting.</p> <p>MM queried the <i>Financial risk of Vertical Integration and Risk of adverse impact following</i></p>	

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	<p><i>service transfer</i> on the Looking ahead to 2016/17 part of the report. MM asked if these were still key identified risks on the Trust Risk Register. KS assured the meeting that the Financial risk of Vertical Integration had been downgraded to the risk register. KS to speak to GN with regards to risk of adverse impact following service transfer from Mid Staffordshire Foundation Trust.</p> <p>RD felt that the negative assurance issues raised by Internal Audit on Consultant job planning etc should be reported on the same section as the reports that gave positive assurances..</p> <p>RD asked for comments to be fed back to AS.</p> <p>The meeting accepted this draft report.</p>	KS /GN
5.3	<p><b>Internal Audit Progress Report – Shauna Mallinson RSM</b></p> <p>SM presented the Internal Audit Progress Report.</p> <p>The report contains the executive summary and the key findings of the assignments since the last Audit Committee in February 2016. The main areas were:</p> <ul style="list-style-type: none"> <li>• Major Incident Planning</li> <li>• Patient Access Policy Review</li> <li>• Safeguarding Children &amp; Adults</li> <li>• Follow Up of Fit and Proper Persons Requirements for Directors</li> </ul> <p>SM informed the meeting that Safeguarding Children and Safeguarding Adults were rated as amber / red. The main issue within these areas which (management were not surprised by) was the Safeguarding lead had left the post and there was an interim Head in post. SM feels that the processes had not been as rigorously implemented as they could have been. SM has met with the new Head of Safeguarding and the recommendations from the reports have been agreed. CE confirmed that the new head is picking up the action plan and processes.</p> <p>RE raised concerns about the issues within Safeguarding and asked why it had not been noted that referrals from outside of this site had not been submitted. CE informed RE that both the Interim and new Head feels that a Trust of this size is under reporting and this has been looked into. CE reported that it is currently still low within West Park and Cannock but plans are in place to improve this within the next 12 months.</p> <p>RD asked if the Trust is confident that the Community are using the referral process. CE assured the meeting that the Community are using the referral process. CE confirmed that following the Vertical Integration transaction the staff that transfer into our employment will be included in our Safeguarding processes.</p> <p>RD queried if the date on the action plan regarding the Multi-Agency Safeguarding Hub could be implemented before 30 September 2016. CE advised that this was external to the Trust and cannot be brought forward and is led by Local Authority.</p> <p>SM advised the meeting that advisory support work has been undertaken with the Head of Governance &amp; Legal Services in regards to the Board Assurance Framework during the last financial year.</p> <p>The meeting accepted this report.</p>	

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5.4	<p><b>Internal Audit Plan 2016 / 17 – Mike Gennard – RSM</b></p> <p>MG presented the Internal Audit Plan report.</p> <p>MG informed the meeting that following the presentation of an outline plan at the February Audit Committee discussions were held with the Executive Directors and then the draft Internal Audit Plan for 2016/17 was produced.</p> <p>KS notified the meeting that the internal audit work for R&amp;D hosting would be on top of the 285 days and there is a separate fund for this.</p> <p>RD queried if the Cyber Security will include GP's. MG to check with their IT team and feedback.</p> <p>The meeting discussed the scope of some of the audits and accepted this report.</p>	MG
5.5	<p><b>External Audit Interim Report – David Shariff – KPMG</b></p> <p>DS presented the key points of the External Audit Interim Report to the meeting.</p> <p>KS commented that the report looked at other areas that no other external report had viewed before. This included looking into Payroll and Human Resources using analytics.</p> <p>The meeting discussed staff bank details being provided to external auditors. Discussions took place regarding sharing of details to a 3<sup>rd</sup> party and ensuring they complied with Information Governance requirements.</p> <p>GN queried the top 10 areas for sickness by a single employee and stated that these individuals are ill and queried the usefulness of the report. After discussion it was agreed that future reports should include short term sickness and frequency.</p> <p>The meeting accepted this report.</p>	
5.6	<p><b>Audit Committee – Review of Activities – Roger Dunshea</b></p> <p>RD presented the Audit Committee – Review of Activities report.</p> <p>The meeting accepted this report.</p>	
5.7	<p><b>Quality Governance Assurance Committee / Summary of Activities – Rosi Edwards</b></p> <p>RE presented the report to the meeting.</p> <p>MA asked the meeting to note the following amendment to the report:</p> <p><i>Page 5 - Mortality section of the table, column 3 stating - HMSR and SHMI (Mortality rates) have seen a consistent improvement year on year on all main indicators.</i></p> <p><i>To be replaced with:</i></p> <p><i>SHMI has showed a consistent performance for the past 2 years with very low variation. The HSMR indicator has not been published in England for more than 2 years and currently there is no oversight and data validation around this indicator. RWT continue to monitor HSMR via internal assurance processes.</i></p>	

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	<p>Also page 8, 1.4 should read: <i>Assurance Priorities 2016 / 2017</i>.            RE thanked MA for producing the report. RE informed the meeting of the success of the Quality Review Visits which will support the Trust in future CQC visits. RE has taken part in 2 visits and reported that staff are eager to take part in such visits.</p> <p>The meeting accepted this report.</p>	
<b>6</b>	<b>Other Items</b>	
<b>7</b>	<p><b>Any Other Business</b></p> <p>There was no other business to discuss.</p>	
<b>8</b>	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting of the Joint Audit Committee and Quality Governance Assurance Committee will be convened in April 2017.</p>	

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**COMMITTEES ACTION SUMMARY REPORT**

ITEM	Action to be taken raised from the meeting	Lead	Committee Date	Review date	Update
5.2	<b>Annual Governance Statement 2015 / 16</b> KS to speak to GN with regards to risk of adverse impact following service transfer.	KS / GN	April 2016	April 2017	
5.4	<b>Internal Audit Plan 2016 / 17</b>  RD queried if the Cyber Security will include GP's. MG to check with their IT team and feedback.	MG	April 2016	April 2017	

**Closed Agenda Items – To be removed at the next meeting**

ITEM	Action to be taken raised from the meeting	Lead	Carried forward from	Committee Review date	Update
4	The Chair asked the minute taker to insert an action table at the end of future minutes.	CEm	22.04.15	April 2016	Completed
5.5	The meeting challenged this fee and after discussion it was agreed that NS would seek the reasoning behind the cost and ask for a breakdown.	NS	22.04.15	May 2015	Completed