



**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 18th April 2018

Agenda No: 8.1

Attachment: 09

Title of Document: Summary Report of the Audit & Governance Committee meeting on 05.12.17	Purpose of Report: To Receive and Note
Report Author: Tony Foote, Board Secretary, NELCSU.	Lead Director: Julie Hesketh/Andrew Leigh
Executive Summary: This report summarises the key items discussed at the Audit & Governance Committee meeting on 05.12.17. Note: this summary is not intended to replace the formal minutes of this meeting. Those minutes are available upon request.	
Key sections for particular note (paragraph/page), areas of concern etc: All of the summarised minutes.	
Recommendation(s): The Merton Clinical Commissioning Group Governing Body is requested to note the contents of the summarised minutes.	
Committees which have previously discussed/agreed the report: The Audit & Governance Committee has approved the full minutes of these meetings.	
Financial Implications: Only any detailed within the meeting summaries.	
Implications for CCG Governing Body: N/A	
How has the Patient voice been considered in development of this paper: N/A	
Other Implications: N/A	
Equality Analysis: N/A	
Information Privacy Issues: N/A	
Communication Plan: All documents appearing on Part 1 of the Governing Body meeting will be accessible via the CCG's website.	



SUMMARISED MINUTES

Committee:	Audit & Governance Committee
Meeting date:	05.12.17
Members Present	Andrew Leigh (Chr), Clare Gummatt, Julie Hall, Prof. Stephen Powis.
Main Items Discussed:	<p><u>Internal Audit Progress Report</u> Good progress was being made with the annual internal audit programme with reasonable assurance for all three reviews</p> <p>Risk Management & Assurance The audit confirmed good systems of internal controls in place around risk management. However, IA noted the heightened risks during times of management change.</p> <p>Conflicts of Interest All elements of NHS England's statutory guidance were included in the CCG's revised policy. Good systems were in place although the audit noted some minor inconsistencies.</p> <p>The Committee AGREED that all Members of the Governing Body should be asked to confirm and sign a form every six months confirming whether their declared interests are up-to-date.</p> <p>Continuing Healthcare – Contract Management The audit noted that some information had not been updated for example, care plans and it was important to for the CCG to closely monitor the contract as the CCG has responsibility to ensure that the care plan is appropriate to meet the needs of the patient by applying the Screening Checklist Tool.</p> <p>The Committee NOTED the Internal Audit Progress Report.</p> <p><u>Local Counter Fraud Report</u> The Fraud risk assessment was well underway, examining potential areas of risk within the CCG and aiming to focus proactive fraud resources to those areas. A counter fraud booklet was included in the November Payroll of all staff as part of the fraud awareness month. AL noted that there were no reactive enquiries of allegations of fraud and no staff had come forward.</p> <p>JHe highlighted the importance of staff being aware of who to approach should they have concerns. As the two CCGs have increasingly merged, there is a need to raise awareness as to who are the whistleblowing guardians/champions.</p> <p>The Committee NOTED the Local Counter Fraud Report</p> <p><u>Board Assurance Framework (BAF)</u> It was noted that for the BAF:</p> <ul style="list-style-type: none"> - That the key risks must be properly identified. - That the risks have been adequately assessed and with adequate mitigation in place.

	<ul style="list-style-type: none"> - The BAF risks should be reviewed regularly by each responsible Committees based on the changes by the Executive Management Team. - Review of the BAF must be continuous <p>SP suggested there were a number of strategic risks that should feature on the BAF of both CCGs. AN confirmed work was underway to ensure an alignment of risks across both organisations. However, the two CCGs currently use different risk management software/database so a decision would be needed to move to a single system.</p> <p>With regard to rating risks, clearly the aim was to reduce these but there was a potential risk of scoring them too low. JHe mentioned that the audit picked up on the risk scores; specifically, the CCGs would need to confirm how it intended to ensure consistency across the LDU. After some discussion, it was agreed that the ultimately decision rested with the EMT.</p> <p>To ensure the Governing Body was assured that the Audit Committee was fulfilling its role and applying robust scrutiny it should provide it with an annual report and to support this AM and NMc would produce annual forward planner for the Committee.</p> <p>Chux Ebenezer (CE) joined the meeting to present the Corporate Risk Register (CRR). This combined both CCGs' CRRs into one overarching document. However, a decision was needed on how the two organisations would proceed and again highlighted the current use of different systems. The Committee made the following suggestions on improving the CRR:</p> <ul style="list-style-type: none"> - A standing item at every third meeting to systematically look at every risk scoring over 16 - That the CRR be more concise. - A front sheet providing a clear executive summary and information on movement of risk scores. - The EMT will review the entire CRR every six weeks. <p>The Committee APPROVED the BAF.</p> <p><u>Tender Waivers approved by the Finance Committee</u> Two tender waivers were noted as approved by the Finance Committee.</p>
Points to Note:	None.