

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 25 July 2019	Paper No: 19/48a
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Title of Paper: Audit Committee Minutes of 18 April, 21 May and 20 June 2019

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓

Purpose and Executive Summary:
This summary is intended to provide Board Members with an understanding of the Minutes of the Audit Committee Meetings referred to.

Annual Report and Accounts 2018/19
Both Meetings of the Audit Committee were primarily concerned with gaining assurance from management and internal and external auditors that the process of preparing the Annual Report and Accounts was proceeding efficiently and in a timely manner and that no untoward activities or matters had been uncovered or caused concern.

The Committee at its meeting on 21 May received the final drafts of the Report and Accounts for 2018/19 supported by the Financial Control and Governance Assessment; the Ernst & Young Audit Results Report 2018/19; the RSM UK Annual Internal Audit Report 2018/19; the RSM UK Local Counter Fraud Specialist (LCFS) Annual Report 2018/19; and the RSM UK Continuing Health Care (CHC) Internal Audit Report.

Based on the documents received, the Committee was able to recommend to the Board the adoption of the Report and Accounts 2018/19 and thanked the management teams, the CSU, Ernst & Young and RSM UK for their involvement in preparing the Report and Accounts and the efficiency, timeliness and quality of the work undertaken.

Audit Committee Self-Assessment and Annual Report
The Committee considered it had discharged its duties during the year in testing the levels of risk identified and their mitigations in running the CCG; the internal controls; and in gaining reassurance from management (and from external parties) in the proper conduct of the activities and duties of the CCG. No changes to the terms of reference were proposed by the Committee.

The Committee continues to be proactive and is planning to keep under review:

- inputting to and taking an overview of the emerging Oxfordshire Integrated Care Partnership (ICP) governance framework and keep major decisions relating to service proposals for investment or service changes under review as part of the development of governance arrangements to underpin the ICS;
- developing comprehensive reporting and risk management across the CCG and across the ICP, bringing together finance, performance, quality and outcomes, if the parties to the ICP are going to effectively and comprehensively monitor performance of the Oxfordshire system to meet the requirements of their respective statutory duties and review post implementation reports on use of resources and the realisation of agreed benefits;
- strengthening governance and the monitoring of the development and security of IT, business intelligence systems and use of healthcare technologies to support and underpin the ICS activities; and gaining further assurance of the timeliness, quality and consistency of the data shared between the bodies involved
- having regard to the continuing statutory obligations of the OCCG, to keep under review the local region Sustainability Transformation Plan to the extent it affects the OCCG and its activities.

Use of Single Tender Action Waivers (STW) Report

Given the relatively low total spend values; the Committee agreed that if a STW has a total value of less than £20k it should not be included in future reports.

In Year Progress Report – Internal Audit

Three reports have been finalised in respect of the 2018/19 plan. The Continuing Health Care (CHC) Report was given a partial assurance rating and had been discussed in detail previously. The Clinical Quality Governance report was given a reasonable assurance opinion with some issues noted around documentation review and updating of the clinical risk register. In relation to the Data Security and Protection (DSP) Toolkit Report, RSMUK reviewed OCCG's self-assessment and agreed sufficient evidence had been included to support OCCG's assertions in the report.

RSM is currently completing work in relation to Section 117 mental health arrangements. This area was identified as other CCG's have reported having issues in this area. Early indications from the report show that OCCG do not appear to have these issues.

Information Governance Annual Report

The majority of FOI requests come from either activity pressure groups or commercial companies seeking opportunities. An analysis of FOI requests come to a future Audit Committee meeting.

IM&T/Digital Programme Report

The paper demonstrated the responsibilities of OCCG and areas where the CCG interacts with the rest of the Oxfordshire system to deliver objectives.

The issues with interoperability and the shared care records are not something that OCCG can implement on its own and requires effective system working. Work around the system governance is still in progress. The Oxfordshire Digital Steering

Group (ODSG) will drive the work forwards. Stuart Bell, Chief Executive for Oxford Health (OH) chairs the ODSG meetings and GK acts as deputy.

Oxford University Hospitals (OUH) and OH meet in ODSG meetings. There is currently no delegated authority from other organisations other than the authority people have within their own roles. Feedback and actions are then taken from the meetings back to the individual organisations of members who attend.

Placement of the analytic and change resources is still to be agreed and put in place before implementation can commence. The work being undertaken on benefits realisation is reflected in the operational plan in terms of description, deliverables and key milestones. With many of the milestones having deadlines by March 2020 the current resource (in terms of manpower and skills) presents a significant risk to the plan.

Regarding GP concerns because of potential Information Governance liability and financial risk', it was reported there may already be a partial national solution in the new GMS contract. However, the GMS contract mandates information sharing only for the purpose of direct care. OCCG are looking into whether there is an option for the system to underwrite the risk and data governance and data breaches. If progress can be made with primary care around data sharing for direct care and its definition, then it would hopefully build confidence in the system arrangements in place.

Engagement: clinical, stakeholder and public/patient: Not Applicable

Financial Implications of Paper: None

Action Required: None

OCCG Priorities Supported Not Applicable

Equality Analysis Outcome: Not Applicable

Link to Risk:

Audit Committee is responsible to the Board (in conjunction with the Finance and Quality Committees) for reviewing the risks relating to the business and activities of the OCCG and ensuring the levels of risk and mitigations of those risks are appropriate and are properly recorded in the Risk Register of the OCCG.

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Date of Paper: 7 July 2019