NHS
West Norfolk
Clinical Commissioning Group

Minutes of the Meeting of the CCG Audit Committee
Held on Wednesday 23 September 2015
at the CCG Headquarters, King's Court, Chapel Street, King's Lynn

Present:	Revd Hilary De Lyon	(HDL)	Lay Member (Audit), Chair
	Dr Tony Burgess	(TB)	GP Governing Body member
	Rob Bennett	(RB)	Lay Member (Audit & Finance)
	Cathy Gale	(CG)	Lay Member (Patient & Public Involvement) (part only)
In Attendance:	Dr Ian Mack	(IM)	CCG Chair
	John Ingham	(JI)	Chief Financial Officer
	Heather Farley	(HF)	Governance Manager
	Julie Sherwood	(JS)	Governance Officer
	Alison Riglar	(AR)	External Auditor, Ernst & Young (EY)
	Kevin Limn	(KL)	Internal Audit, TIAA
	Neil Abbott	(NA)	Internal Audit, TIAA (part only)
	Sue Cook	(SJC)	PA to Chief Officer & Chair (Minutes)
	Angela Rusbridge	(AR)	NELCSU (For Item 15.86c only))
	Emma Kriehn-Morris	(EKM)	Finance Manager
	Lisa George	(LG)	Counter-Fraud Manager, TIAA

ACTION

15.81 Declarations of Interest

No new declarations were raised

15.82 Apologies for Absence

Apologies were received from Mark Hodgson, Audit Director EY.

15.83 Minutes of the Last Meeting held on 16 July 2015

The minutes were **APPROVED** subject to the following amendments:

- Item 15.65 Internal Audit, page 4, 4th paragraph, 9th sentence to read, "It was the CCG's **understanding** that these providers had not been paid";
- Item 15.65, Internal Audit, page 4, 6th paragraph, Kate Barlow and Maggie Carter (MC) to be added to the action column;
- Item 15.65 Internal Audit, page 4,7th paragraph, the reference to Internal Audit picking up reconciliation between the ledger and Broadcare in the following year to be included in the Action Points.

15.84 Confirmation of any part of the Minutes that is currently considered Freedom of Information Act (FOIA) exempt

Item 15.91 Clinical Academic Reserve.

15.85 Action Points from Minutes

It was agreed to only go through those actions where no update had been provided. Members noted that HF will be reviewing the format as it is not consistent with other CCG meeting action logs.

53: Dr Sue Crossman (SC) is due to meet with Harold Bodmer (Executive Director of Adult Social Services) in the next week or so to discuss residential care homes.

64: TB reported that a meeting was organised with the Norfolk & Suffolk NHS Foundation Trust (NSFT) for the following week to discuss the whistleblowing case. Feedback would be given to the next Audit Committee meeting. **TB**

67: In the absence of Kate Barlow no update was given on continuing health care (CHC) backlog number. An update will be provided at the next Audit Committee. An update on Norfolk County Council (NCC) recharge cases and timeframe for moving to NHS contracts was provided under Agenda Item 15.86. **HF**

70: No update was available on the North and East London Commissioning Support Unit

(NELCSU) process for monitoring care home contracts. MC would be asked to provide this for the next meeting. **HF**

ACTION

71: No update was available regarding the consideration of a Service Level Agreement (SLA) with NCC for monitoring nursing and residential homes. MC would be asked to provide this for the next meeting. **HF**

Key Questions

HDL explained that these had been included at the suggestion of Jean Clark (JC). HF said that it would be useful to indicate whether these were closed or active.

Q2: "Have we considered whether use of outcome based contracts could mitigate our 'buyers' risk?" - RB would liaise with KE regarding including this as an agenda item for a future Finance & Performance Committee. **RB**

Q16: Establishment of a Nominations Committee – HDL would raise this at a forthcoming Audit Chairs' meeting to see if there was any enthusiasm for setting up a Norfolk-wide committee. **HDL**

RB agreed it would be helpful for HF to have a look at the format of this document in the interests of consistency of approach and asked if it would be possible to circulate the action points ahead of the meeting papers, so that members are seeing the most up-to-date position. **HF**

RB pointed out that a number of the actions indicated that they would be added to the September agenda but this had not been the case. HF explained that this was due to gap between JC leaving and her appointment and the intention was to go through the action points in detail and as part of the revision of the document to include a 'completed' column and minute as such. IM asked if there was a forward planning cycle and HF said this was something which would be available in the near future. RB asked if this applied to the stakeholder survey report and JI confirmed that this would be raised at Senior Management Team (SMT). **JI**

RB referred to the previous discussion regarding Service Auditor Reporting (SAR) which was not shown on the action points for this month. HDL said this would be added as an area of concern. **HF** JI gave a brief update on a recent workshop with NELCSU and NHS England (NHSE) and other auditors to discuss SAR; detailed feedback to follow. **JI** The main concern had been the timing of the report and its scope which had a very narrow focus. This had been an opportunity to air a number of issues, one of which was the firm line taken by NHSE that other auditors should not have access to CCG premises and pieces of work. It was noted, however, that no change of approach had been seen so far. RB said that this issue had originally been raised through the Audit Chairs' group and asked if there was any update. KL said that Harry Turner would be pleased to attend a future meeting (together with himself) to discuss these restrictions. IM referred to the fact that the CSU does not appear to have a Non-Executive Director in terms of its Audit Committee and therefore there is no external challenge which is not good governance. It was suggested that a Parliamentary question be framed in this respect. KL added that there had been a useful document circulated on interpreting and understanding the Service Auditor's report. JI understood that this had been shared but would double-check. **JI**

JI said that items 38 and 61 referred to long standing potential fraud issues and in order to close these down a brief report would be brought to the next meeting. **JI**

The Committee **NOTED** the action points.

ACTION 1: To draft a Parliamentary question regarding the lack of external challenge to NELCSU's Audit Committee. **HDL/JI**

ACTION 2: To suggest to the Audit Chairs group that it may wish to invite Harry Turner and KL to a future meeting to discuss auditors' restricted access to CCG premises. **HDL**

ACTION 3: To circulate the guidance on interpreting and understanding the Service Auditor's report, if this has not already been shared. **JI**

At this point CG joined the meeting.

ACTION

For Item 15.86 the reports were taken out of sequence.

15.86 Internal Audit

c) Care Homes Audit Follow-up

At this point Angela Rusbridge (AR) joined the meeting. AR explained that as a result of the TIAA audit undertaken earlier in the year, the outstanding actions that related to the NELCSU CHC team have now been completed and this paper sets out to confirm and outline those actions. These had been signed-off as complete at the August meeting of the CHC Operational Group.

RB had two comments, one relating to the production of a monthly report by Paul Coker to Chief Financial Officers (CFOs) on outstanding CHC invoices and JI confirmed that this had not identified any particular concerns. Secondly, the 28 day calculations and whether the target is actually being met. AR said this was not so in every case; a weekly dashboard is now produced and a 'stop the clock' has been introduced. The issue of social worker availability for Multi-Disciplinary Teams (MDTs) has been raised at Chief Executive level. RB asked whether the backlog of individual care agreements was now up-to-date. AR said that additional staff had been recruited into the team and a new process has been designed which will be rolled out from 1 October. This had been presented to all CCGs, the CSU had engaged with providers, and it had been favourably received by the Complex Case Review Panel. RB noted that progress was being made but there is still more to do. AR said that sign-off is now within two weeks, whereas previously it could be months. TB commented that all documents should be anonymised for sign-off but some were being received with patient identifiable data. These should be rejected but the CCG was taking a pragmatic line. AR would take this back to the team. **AR**

RB said that when looking at the Internal Audit Progress Report and the follow-up of Audit Recommendations (page 20) this showed 7 overdue and asked whether KL could provide any further information. KL said it was not possible to provide validation but an update could now be given which is extremely positive. This will be further improved once the new process is rolled out in October and KL would look specifically at those recommendations.

At this point Neil Abbott (NA) joined the meeting.

IM referred to the consent form being rejected due the lack of consent and queried the metrics for this. AR did not know the rejection rate but would take this question back. IM said this was clearly an issue and it would be helpful to have some assurance that it is consistently being achieved. JI said that this would be something which would be encapsulated in the new SLA with the CSU through Key Performance Indicators (KPIs). There will be regular monitoring information coming back to the CCG which can be brought to the Audit Committee. A further concern was around individual care agreements and the number of historical NCC packages the CCG has inherited. AR said that the various options had been reviewed, and an email drafted, and the ICO process is going to be rolled out with packages via NCC as well. JI said that these were positive steps forward. **AR**

AR said it was important that all patients are treated the same and there will be increased scrutiny particularly around day care and transport. JI said that many of these actions are related to the reconciliation between Broadcare and the ledger which internal audit will pick up. AR confirmed that Broadcare is one of the CSU's biggest priorities.

HDL thanked AR for attending and presenting the report.

ACTION 4: A further brief paper reporting progress on the CHC audit and picking up on the additional concerns raised to be brought to the next meeting. **AR**

a) Internal Audit Progress Report

KL introduced NA, who members noted was also the audit lead for Suffolk CCGs so it

would be possible to undertake some benchmarking. .

ACTION

NA took members through the report drawing attention to page 4, items 8 and 9 which also link to Annex D, page 20, relating to progress in actioning audit recommendations. A number of these are overdue but a tracker has been introduced and there will be regular updates in future. On a general point, HDL asked if there was reasonable assurance as to how this relates to other CCGs and it would be helpful to have a benchmarking exercise to give an idea of how the CCG is performing in relation to others. NA agreed to include benchmarking information in future updates to the Committee. NA said there was reasonable assurance with regard to the Better Care Fund (BCF) and Conflicts of Interest (CoI) is similar too. KL said consideration needs to be given to the timing of some of the reviews, although the position continues to move on, particularly with regard to Quality, Innovation, Productivity & Prevention (QIPP) as the new interim lead settles in. **NA**

RB commented that it was pleasing to see reasonable assurance in critical areas such as the BCF, CoI and QIPP and the CCG should take credit from that; however, around follow-up (page 20) there are a number of overdue areas. JI said that it can be a sign of an organisation under pressure when there are overdue actions and it was agreed to provide an update for the next meeting. KL said that one of the benefits of the portal will be to give live access to drive forward implementation and actions.

IM referred to the review of the BCF and Health & Wellbeing Boards and the recommendation that the CCG's Constitution should be updated to reflect changes to governance structures which have been set up to monitor delivery of the BCF plans. Whilst it is right that this should be reflected, there are currently many different drivers in health and social care and IM urged caution before drawing up any amendment to the Constitution. Similarly, any update to the CCG BCF Partnership Board's terms of reference.

HDL made reference to page 16, and whilst the CCG is conscious of the importance of keeping the Register of Interests up-to-date, it is a less onerous task if this is updated quarterly. HF said that this was in hand.

The Committee **NOTED** the Internal Audit Progress Report

b) Care Homes Audit Follow-up Review

NA said that this report identifies those recommendations still to be implemented and includes comments (in red) from Sarah Taylor. HDL referred to Recommendation 5 and asked when the revised template would be available. NA did not have any further detail but the likely timing was October.

With reference to Recommendation 6, HDL said that looking at a restructuring of the department is not a satisfactory answer; it needs to be action to deal with the problem. TB said this links to AR's earlier comments about building the team and time should be allowed for these changes to bed-in. HDL said the Committee needs to understand exactly what that restructuring means and that it would helpful for the CSU and Sarah Taylor to provide an update at the next meeting.

IM said that care homes are a pivotal part of the health and social care system and how does the Audit Committee get assurance that these actions are taken in enough granularity to get drive. The audit report did not include metrics and there needs to be high level challenge and scrutiny. TB said that the quality aspects of care homes are reviewed at the Patient Safety and Clinical Quality Committee (PS&CQC) but agreed that the functioning of the team is key part. At the suggestion of RB, it was agreed to go back to the CSU advising that a discussion had taken place on these two priorities which are pivotal within the system and the Audit Committee would like these to be progressed as quickly as possible. JI would also raise this issue at a forthcoming monthly performance meeting with the CSU.

With regard to collecting local intelligence, TB pointed out that the number of patients from care homes going into hospital was a relatively low number.

ACTION

IM said that there are systems and process in place and care homes are an important part of this, particularly for the most vulnerable patients. IM then referred members to the recently published Atlas of Variations. RB said that this would be further aspect of the conversation to be had between SC and Harold Bodmer. TB agreed to brief SC on this issue. **TB**

ACTION 5: To invite CSU and Sarah Taylor to the November meeting to provide assurance that the results of the implementation of the changes outlined in the report will realise benefits by 31 December 2015 at the latest. JI and HDL to draft an appropriate letter to be signed-off by MC as the Senior Responsible Officer (SRO). **JI/HDL**

ACTION 6: JI to raise this issue at a forthcoming monthly performance meeting with the CSU too. **JI**

ACTION 7: TB to brief SC on the discussion regarding care homes prior to the conversation with Harold Bodmer. **TB**

15.87 External Audit

a) External Auditor Formal Responsibilities

JI reported that although raised on the Assurance Framework, there was no specific paper on today's agenda about financial risk and the CCG's financial position at month 5 showing a year to date deficit of £0.5m, ie 1.5m adrift of planned surplus to date. Since reporting this to NHSE, it has triggered a train of events culminating in the need to develop a Financial Recovery Plan (FRP) for submission to NHSE by 5 October. This position has been flagged to EY and as a result a briefing has been prepared for the Audit Committee. Further detail will be provided to the Governing Body (GB) at its meeting the following day.

Members considered the requirement by the auditors, when they become aware of a potential breach of a resource limit, to make a referral to the Secretary of State to fulfil the requirements of s30 and whether there was any leeway in when such a letter is sent; particularly in the context of producing an FRP by 5 October. RB suggested that it would be helpful for MH and AR to link up with JI once the FRP had been produced to see if this negated the need for such a letter. IM explained the background to the introduction of the Local Audit and Accountability Act 2014, which was as yet untested. IM said it would be helpful if EY, as the professional body, could provide an analysis and understanding of the legislation. JI suggested that MH attend the next Audit Committee meeting to discuss the audit implications, in particular the distinction between a s30 letter and a Public Interest Report.

RB commended JI for the open approach with NHSE around the CCG's financial position and agreed it would be useful to have a discussion with the External Auditors at this time.

ACTION 8: To invite MH to the November meeting to discuss the audit implications of Section 30 of the Local Audit & Accountability Act 2014, and the distinction between the options of a s30 letter and a Public Interest Report. **JI**

b) Audit Committee Briefing

Members considered the key questions 1 to 4, on page 8, as follows:
Q1 - Impact of the National Living Wage – No direct consequences to CCG staff but possible impact in terms of provider planning assumptions and tariff options.
Q2 – Information Governance (IG) requirements of the Health and Social Care (Safety and Quality) Act 2015: JI reported this had been discussed at a recent Senior Information Risk Owner (SIRO) session; the CCG is sighted on this and it will be picked up via the IG Committee. TB said it would be useful to issue guidance to GP colleagues on the legal requirements of sharing information and what this actually means in practice.
Q3 – Members were not aware of any patients, carers or citizens that they would wish to nominate for the EY Digital Innovation Programme.
Q4 – The issue of how will the CCG engage with the CQC strategy review to ensure that its work takes into account EY's needs was considered to be more relevant to the GB and

this would be included as a future agenda item.

ACTION

.IM said that a pertinent question not raised was one around governance and devolution and how this will affect Audit Committees. AR would take this back and HDL suggested it be included on next month's briefing.

ACTION 9: The issue of how will the CCG engage with the CQC strategy review to be included as a future GB agenda item. **JI**

ACTION 10: To suggest inclusion of a question on the issues around governance and devolution in the next Audit Committee briefing. **AR**

15.88 Counter Fraud

a) Progress Report

b) NHS Protect Quarterly Report

KL explained that there had been problems with the formatting of the appendices and apologised that it had not been possible to view all the information contained within them. A further copy would be circulated electronically. HDL said it was important to receive papers well in advance of the meeting and KL would take this message back. HDL said it was important for Lisa George (LG) to attend the next meeting to present in person. RB said it would helpful to know how much time has been spent at particular points in the year to see if everything is on track. KL said that this will be included going forward. HDL referred to the Fraud Summary, 1.8 and asked whether a discussion had taken place with JI and if not, could a deadline be included. This related to a number of standard questions and JI and LG would meet to agree a response. There are a number of areas where things need to improve such as the level of scrutiny in terms of providers and the CCG will seek to evidence that in the contracting round for next year.

The Committee **NOTED** both reports.

ACTION 11: An electronic version of all the Counter Fraud data to be circulated. **KL**

ACTION 12: KL to remind LG of the importance of preparing papers well in advance of meetings. **KL**

ACTION 13: Lisa George to be asked to attend the next meeting in person to present the Counter Fraud report. **KL**

15.89 CCG Financial Governance Assurance Submission

JI introduced the paper which gave an overview of the CCG's financial control environment assessment including details of the submission. Members noted that a higher level summary would be presented to the GB. JI referred to a meeting of CFOs chaired by NHSE which shared an overview of the arrangements including CCG ranking to enable benchmarking to take place. One area where improvement was required for this CCG is the lack of a signed agreement with NELCSU and this is scheduled for October. HDL said it was positive that there was only one area for improvement. JI agreed to share previous versions off-line with RB. Varied feedback had been received on the submission which concluded that this was a reasonable reflection. **JI**

At this point CG left the meeting.

Members agreed this was the right approach and commended the Senior Management Team for the effective reporting of issues. JI said this would be followed up at future meetings. HDL asked if there was any other information on CCGs locally and regionally relating to this and KL said that Internal Audit was currently mapping something across its client base. JI also had further information, showing a variable picture, which could be circulated. **JI**

The Committee **NOTED** the West Norfolk CCG Financial Control Environment Assessment.

ACTION 14: JI to share previous versions off-line with RB.

ACTION 15: JI to circulate further information to Audit Committee members regarding the submission.

ACTION

15.90 Risk Management

a) Governing Body Assurance Framework (GBAF)

JI reported that there had been a reasonable amount of movement with two new risks added, ie 3.9 and 3.10. HDL queried why the inherent risk in 3.3 (risk of failure to discharge financial duties) is only 15 which is lower than a number of the others. JI said this could have come from a holding register without the likelihood being increased and agreed it should be 20. **JI**

IM referred to 1.12 Care Homes and queried whether enough assurance had been given to reduce this risk to amber. TB said this is related to quality of care and also links to 3.2 - continuing care growing demand and cost. However, this did not cover the concerns which had been raised earlier in the meeting. IM said that these do not logically join together and it is muddled thinking and suggested that these risks go back to the owners to unpick. HDL said there are two parts to look at, firstly to clarify 1.2 and secondly to ascertain where the other part of the risk relating to finance is actually covered. TB pointed out that although the risks are noted for the CCG's main providers, including care homes, smaller providers are not reflected anywhere. It was pointed out that these could be held in another risk register and this is something which should be picked up in the audit plan. KL said that as the CCG is a small organisation there is always the risk of things being missed, not covered, or evolving. There may be a simpler way to do this and keep on top of all the risks and KL suggested that a conversation take place outside of this meeting with HF and a report be brought back to the next meeting. TB said that personally he found the detail on the GBAF extremely valuable, as it was the only place where this information was collected together in a succinct format.

RB said it was good to see reference to financial risks and cancer waits but dementia and Improving Access to Psychological Therapies (IAPT) did not appear in this version. IM said that this had been rolled into 1.7 and perhaps this could be teased out separately, as 1.7 is much broader.

The Committee **NOTED** the GBAF.

ACTION 16: To undertake a review of the GBAF and Corporate Risk Register and bring a report to the November meeting. **HF**

15.91 Clinical Academic Reserve (CAR)

This item is considered to be exempt from the FOIA disclosure as it relates to an on-going legal case.

15.92 Conflicts of Interest Committee Chair's Report and Minutes of July Meeting Assurance to NHS England

RB gave a verbal update on a meeting of the Conflicts of Interest Committee held on 9 September 2015. This meeting had followed through the actions arising from the July meeting, the key ones being approval of the Conflicts of Interest Policy and welcoming a new member from Healthwatch Norfolk to the Committee. From the TIAA report today, members will see that there are still things to do but progress is being made. JI added that a conflicts of interest session had been included on the agenda for the recent GB development session, as well as a Council of Members' meeting. JI said that this had also included the response sent to NHSE around assurance in this area and JI was grateful to TIAA for their input. IM referred to a recently published document by the National Audit Office on Managing conflicts of interest in NHS clinical commissioning groups and assumed this would be discussed at the next meeting - http://www.nao.org.uk/wp-content/uploads/2015/09/Managing-conflicts-of-interest-in-NHS-clinical-commissioning-groups.pdf .

The Committee **NOTED** the minutes of the Conflicts of Interest Committee held on 7 July 2015.

ACTION

15.93 Health & Safety

JI reported that due to capacity issues it had been possible to provide a report for this meeting. It was agreed to raise any issues as and when they arose rather than reporting at each meeting. It would be useful, however, to have a report at the next meeting.

15.94 Capacity & Recruitment

JI explained that although an initial draft had been produced and discussed at SMT it required further work, particularly with the impact of financial recovery and the changing landscape with regard to co-commissioning. HDL appreciated that it was difficult to set aside time but a position statement on future pressures and how they are being addressed is required. RB recognised the need to create headroom but agreed this was an important piece of work and queried whether there was a revised timeline. JI said the intention was to bring something to the November meeting. IM hoped that this would look at a medium term plan; the GB development session had looked at new models of care and this is about establishing roles which will migrate into a new structure which is fit for purpose. There is a responsibility on the GB too to work on this vision and support managers. **JI**

15.95 Tender Waivers

There were none to report.

15.96 Losses & Compensations

There were none to report.

15.97 Items for Information

Internal Audit Reports

a) **Review of Serious Incidents**
b) **Review of Better Care Fund and Health & Wellbeing Boards**
c) **Review of QIPP**
d) **Assurance Review of the Management of Conflicts of Interests Arrangements**

The Committee **NOTED** the above Internal Audit reports.

15.98 Patient Safety & Clinical Quality Committee Minutes 16 June and 21 July 2015

RB referred to the minutes of 21 July 2015, page 3, 8.1, Quarterly Safeguarding Children and Looked After Children (LAC report) and expressed concern that the initial health assessments had not been completed within the statutory 28 days timeframe. TB said this related to capacity in the LAC team to deliver assessments and the timeliness of undertaking them. TB reported that both of these issues will be criticised in an OFSTED report which was due to published during the previous week. West Norfolk CCG is well sighted on this and has reflected its disappointment to the lead CCG who holds the contract.

The Committee **NOTED** the minutes.

15.99 Finance & Performance Committee Minutes 16 June and 21 July 2015

The Committee **NOTED** the minutes.

15.100 Reflection on the meeting

HDL said it had been very helpful to have present the CCG Chair, who had raised some useful and interesting issues. RB agreed and said if there were any items IM wanted to input rather than attend in person that would be useful too. RB commended the new focused approach to presenting Internal Audit reports.

IM thanked members for their invitation and said it was good to attend at least once a year. IM was pleased to see that the strengthened membership had allowed the

Committee to provide better challenge and grip and thanked everyone for their input which is much appreciated by the CCG.

ACTION

15.101 Any Other Business

There were no items of any other business. The meeting closed at 1pm.

Date of Next Meeting: 12 November 2015, 12.30pm to 3.30pm CCG Offices

MINUTES OF THE AUDIT COMMITTEE MEETING
HELD ON WEDNESDAY 23 SEPTEMBER 2015
AT KING'S COURT, CHAPEL STREET, KING'S LYNN

FOI EXEMPT ITEM 15.91

Clinical Academic Reserve (CAR) ****FOI EXEMPT****

JI reported that the risk of not funding the CAR on reputation and finances had been included on the Governing Body Assurance Framework (GBAF) and would be referred to at the forthcoming GB meeting.

JI briefly outlined the background to this item and updated members on the latest advice contained in an email which was for the 10 CCGs collectively to seek the opinion of a QC specialising in this area of law. It is unfortunate to have to incur this further cost but this has to be taken in the context of the CCG not budgeting for the CAR costs in 2015/16 and did not accrue them for 2014/15; if these costs need to be honoured then the impact for 2015/16 would be £0.5m.

In addition, on 11 September 2015 West Norfolk CCG received a copy of an anonymous letter sent to Jeremy Hunt, Secretary of State for Health, 'whistleblowing' about the stance of NHS England and Dr Paul Watson in particular in relation to the CAR. It also alleged a conflict of interest for Dr Watson in this issue. Although this is an anonymous letter it has to be dealt with under the Department of Health's Whistleblowing Policy and the CCG is not aware, at this point in time, of any formal response or follow-up to this letter.

RB asked how much would it cost if the CCG went down the line of getting QC's opinion and what is this CCG's share relative to other CCGs. Secondly, Dr Paul Watson's letter of 4 September 2015 refers to an agreement which was signed in 1999. It is possible to have sight of that agreement and can somebody look at it to see what it says about contractual liability. IM said that legal advice has already been obtained and SC can share that correspondence. Thirdly, is there any sense in holding back until it is known what the outcome of the whistleblowing letter is. HDL said that this is something which can be discussed at the local Audit Chairs' meeting the following week, with a further action being to follow this up in writing to NHS England's Audit Committee Chair.

IM said that this will be reported to the GB as a financial challenge to the organisation and that the CCG does not believe it has a legal or statutory responsibility to pay these sums to the CAR.

HDL said there is a risk to the CCG's reputation if the QC's advice is to challenge another NHS organisation and to spend money in this respect could be argued by the Press as a waste of public money.

It was suggested that the timescale within the Department of Health's Whistleblowing Policy for responding to such letters be obtained, and then to work out a timescale for seeking QC opinion. HDL would raise this issue with Audit Chairs, including the possible implications of using public money in this way and how this might be raised at a higher level with NHSE's Audit Committee Chair.