

Item 11.3

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 12 SEPTEMBER 2017 AT 9.00AM IN THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY

PRESENT:

Karen Marshall, Lay Member, Hull CCG (*Chair*)
Paul Jackson, Lay Member, Hull CCG (*Vice Chair*)
Jason Stamp, Lay Member, Hull CCG

IN ATTENDANCE:

Mark Kirkham, Partner, Mazars LPP
Nicola Hallas, Manager, Mazars LPP
Sue Kendall, Head of Audit (Yorkshire), AuditOne
Emma Sayner, Chief Finance Officer, Hull CCG
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG (*from Item 9.2*)
Mike Napier, Associate Director of Corporate Affairs, Hull CCG (*from item 9.6*)
Mel Bradbury, Head of Mental Health and Vulnerable People (*for item 9.7 only*)
Erica Daley, Director of Integrated Commissioning (*for item 9.8 only*)
Pam Heaford, Personal Assistant, Hull CCG (*Minute Taker*)

1. APOLOGIES FOR ABSENCE

Robert Bassham, Audit Manager, AuditOne
Danny Storr, Deputy Chief Finance Officer (Finance), Hull CCG

WELCOME AND INTRODUCTIONS

Mark Kirkham and Nicola Hallas of Mazars LLP and Sue Kendall of AuditOne were welcomed to the meeting and introductions were made.

2. MINUTES OF THE PREVIOUS MEETING HELD ON 4 JULY 2017

The minutes of the IAGC meeting held on 4 July 2017 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

Resolved

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| (a) | That the minutes of the IAGC meeting held on 4 July 2017 be taken as a true and accurate record and be signed by the Chair. |
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 4 July 2017 was provided for information.

It was confirmed that the one action showing as outstanding, which related to the sign off of EqlAs in respect of Health and Safety policies, remained open.

All other outstanding actions were now complete.

Resolved:

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| (a) | That the Action List from the meeting held on 4 July 2017 be noted and updated accordingly. |
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4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved:

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| (a) | There were no items of Any Other Business. |
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5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

| Name | Agenda Item No | Nature of Interest /Action |
|-------------|------------------|--|
| Jason Stamp | All agenda items | Direct pecuniary interest as Chair of the Public and Patient Voice Assurance Group for Specialised Commissioning, NHS England. The declaration was noted – no further action was considered necessary. |
| Jason Stamp | All agenda items | General Interest as Chief Executive of North Bank Forum voluntary sector which currently hosted the Social Prescribing Service. The declaration was noted – no further action was considered necessary. |
| Jason Stamp | 9.8 | Direct pecuniary interest in terms of Specialised Commissioning The declaration was noted – no further action was considered necessary. |

Resolved:

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| (a) | That the above declarations of interest be noted – no action was required to |
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6.1 HULL CCG AUDIT PROGRESS REPORT

Mark Kirkham and Nicola Hallas of Mazars LLP, the newly appointed auditors for Hull CCG, presented a brief first progress report in respect of the 2017/18 External Audit.

It was reported that planning had commenced for 2017/18 and preliminary discussions had taken place with the Chief Officer and Chief Finance Officer of Hull CCG. It was further reported that a formal handover had taken place with the previous auditors, KPMG.

An Audit Strategy Memorandum for 2017/18 would be issued to the CCG which would set out the risks that had been identified and the programme of work planned to be carried out in response to those risks.

Details of national publications and other updates had been provided for information.

A brief discussion took place in relation to NHS Continuing Healthcare (CHC) funding and the Chief Finance Officer advised that the CCG were keeping this area under constant review. Moving forward, a joint workshop was being planned with the Local Authority.

It was requested that, as had been the case in the past with the previous auditors, a more detailed technical update be produced for future meetings to make Integrated Audit and Governance Committee members aware of current issues and their impact on the organisation.

(A previous template would be forwarded as an example)

Assurance:

The Board can be assured that Mazars, the newly appointed auditors for Hull CCG, had commenced planning in respect of the 2017/18 External Audit and an Audit Strategy Memorandum would be issued to the CCG which would set out the risks that had been identified and the programme of work planned to be carried out in response to those risks.

Resolved:

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| (a) | That the contents of the Audit Progress Report be; |
| (b) | that an Audit Strategy Memorandum for 2017/18 would be issued to the CCG, and |
| (c) | that a Technical Update Report be produced for future meetings – previous template to be provided as an example |

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT AND ANTI-CRIME PROGRESS REPORT

The Head of Audit (Yorkshire), AuditOne, presented the above report to inform and update the Integrated Audit and Governance Committee (IAGC) on progress made with regard to the 2017/18 Internal Audit and Anti-Crime Plan.

Internal Audit

It was reported that work against the 2017/18 Plan had commenced but no reports had been finalised yet. A report for Continuing Healthcare/Personal Health Budgets was currently in draft form and a final report would be brought to the next meeting.

In relation to follow up work, it was reported that all recommendations had been implemented.

Counter Fraud Update

National Fraud Initiative (NFI) work continued to be on-going. No fraud activity had been identified to date.

Details of the latest national investigation and prosecutions made had been provided for information.

IAGC members were advised that AuditOne were in the process of adopting new methodology using MKI which would result in reports looking slightly different and being more exception based. Reports would be automatically generated from the system and assurance levels would be changing. The four new levels of assurance would be: Substantial; Good; Reasonable; Limited.

A planning meeting had recently taken place with the Chief Finance Officer to scope out work for the remainder of the 2017/18 Plan and it was reported that there was some flexibility in the Plan to do things more efficiently.

NHS Protect no longer had a remit for NHS security management work and no guidance had been received to date on the future direction of this area of work. However, it was confirmed that local work would continue as planned during 2017/18 and that Terry Smith, Head of Service - Counter Fraud for AuditOne would be closely monitoring this area of work and would be overseeing the old Local Counter Fraud roles. Terry would be also carrying out new risk assessments for all organisations

It was stated that significant fraud work was currently not resourced and was not sufficient to cover risk in primary care. Currently it was not known who would provide this resource moving forward and how this responsibility could be discharged.

It was agreed that this area would need to be discussed by the Primary Care Commissioning Committee (PCCC), informed by Terry Smith, and would be taken to the next meeting of the PCCC to be held on 27 October 2017.

Assurance:

- (i) The Board can be assured of satisfactory progress and outcomes in delivering the Internal Audit and Anti-Crime Plans, which continues to represent appropriate coverage as part of the wider assurance framework.

Resolved:

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| (a) | That the results of internal audit and anti-crime activity since the previous meeting be noted; |
| (b) | that the results of the internal audit follow up activity since the previous meeting be accepted, |
| (c) | that fraud work to cover risk in primary care be discussed at the next Primary Care Commissioning Meeting on 27 October 2017 |

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Chief Finance Officer presented the Financial Report for consideration, which provided:

- the summary financial performance for the period 1 April 2017 to 31 July 2017
- the CCG's forecast position for 31 March 2017 .
- assurance around the delivery of all financial targets

It was reported that the CCG was currently forecasting to achieve a balanced position against the in-year allocation and that there was therefore no impact on the CCG's historic surplus of £11.640m. This was in line with 2017/18 financial plan submitted to NHS England.

The 2017/18 running cost allocation was £6.223m and the current forecast was that expenditure would be contained within this financial envelope.

Financial Performance

A description of the following emerging financial risks was provided:

Spire Healthcare: there had been a greater than planned number of referrals into Spire Healthcare resulting in a forecast overspend. It was reported that a working group had been established as part of the aligned incentive contract to monitor and manage the expenditure with Spire. This related to orthopaedics in particular and talks would be taking place with HEYHT and East Riding of Yorkshire CCG to look at this area in detail. This would also be picked up by the Quality and Performance Committee where a more in depth discussion would take place.

Continuing Healthcare: the forecast underspend this year reflected the full year effect of the savings realised in 2016/17.

Other Community Based Services: work was taking place to develop bespoke packages of care for these patients which was expected to increase the speed of recovery and reduced the length of stay.

Better Payment Practice Code (30 day target) - performance to 31 July 2017 was 99.36% on value and 95.95% on number for non NHS invoices and 99.99% and 96.90% on the value and number of NHS invoices respectively.

Delivery of Quality Innovation Productivity and Prevention (QIPP) targets -

Information was provided in relation to delivery of the QIPP programme for 2017/18 and at this early stage of the year there was no indication that any of the programmes were off track.

Progress on the 2017/18 Investment Programme - an update on progress against the plan was provided for information.

Outstanding Debtors and Creditors (Over 6 months old and over £5,000)

There was one creditor to report which was £17.6k - this was Kier Business Services Ltd for which a credit note was awaited.

There were two debtors to report for Harrogate and Rural District CCG for £19.1k and £8.7k in relation to STP recharges – eMBED were actively chasing this debt.

As requested at the last meeting, costs relating to STP Income and Expenditure had been provided. It was noted that these costs were based on an identified recharge methodology and would need to be viewed in context. The table would be further refined for the next IAGC meeting.

Assurance:

The Board can be assured that the CCG is currently forecasting to achieve a balanced position against the in-year allocation and there is therefore no impact on the CCG's historic surplus of £11.640m, which is in line with the 2017/18 Financial Plan submitted to NHS England.

The 2017/18 running cost allocation was £6.223m and the current forecast is that expenditure will be contained within this financial envelope.

Resolved:

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| (a) | That the performance for the year to 31 May 2017 and the forecast of an in-year balanced position be noted; |
| (b) | that the achievement of financial targets be noted, and |
| (c) | that the STP Income and Expenditure Summary be further refined for the next meeting |

8.2 REVIEW OF LOSSES AND SPECIAL PAYMENTS

The Chief Finance Officer advised that since the time of writing the report, there had been a theft of a laptop. The laptop had been encrypted and posed no risk however a full review would be undertaken from an Information Governance and learning perspective. This incident will be formally reported to the next meeting

Assurance:

The Board can be assured that appropriate systems and processes are in place to discuss and declare any losses and special payments made.

8.3 PRIMARY CARE PRESCRIBING REBATE OFFER NHS HULL CCG – ZALURON XL

The Chief Finance Officer presented IAGC Members with the details of a Primary Care Prescribing Rebate Offer from Fontus Health Ltd for Zaluren XL.

Members were advised that this Primary Care Prescribing Rebate Offer had been taken to the Planning and Commissioning meeting on 1 September 2017 and had been discussed and agreed. This had now been brought to the IAGC for approval.

The IAGC were happy to approve the Primary Care Prescribing Rebate Offer once the policy, approval process flowchart and decision form had been amended to reflect the previously agreed process, i.e. the role of the IAGC was to “approve” the decision made by the Planning and Commissioning Committee and the Audit Chair would be required to sign off the form as final approval.

Resolved:

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| (a) | That the Primary Care Rebate offer for Zaluron XL be formally approved by the IAGC, subject to the amendment of the paperwork for final sign off. |
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9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report.

The Director of Quality & Clinical Governance/Executive Nurse joined the meeting

9.2 CORPORATE RISK REGISTER

IAGC Members were asked to consider and comment on the Corporate Risk Register.

There were currently 26 risks on the CCG Risk Register. Of the 26 risks, 16 had a current risk rating of high or extreme and, in accordance with CCG processes, these were presented to Members for their review.

The following new risks had been added to the Risk Register:

- Risk 925 – this risk related to the area of Cyber Security and had been added at the request of the IAGC
- Risk 923 – this risk related to the lack of Business Continuity Plans in place by the CCG support services (eMBED/NECS) to support effective maintenance of CCG functions
- Risk 924 – this risk related to the lack of co-ordinated Emergency Preparedness Resilience and Response (EPRR)/Business Continuity Management (BCM) systems across Hull and ERoY CCG’s.

In relation to Risk 839 – the Director of Quality & Clinical Governance/Executive Nurse advised that a date was being sought for the Quality and Performance Committee to carry out a Deep Dive into Waiting Times for Children and Young People Autism.

In relation to Risk 916 – that the CCG may receive legislative challenges regarding unapproved applications for Deprivations of Liberty Safeguards (DoLS). The Director of Quality & Clinical Governance/Executive Nurse advised that this risk had now been reduced prior to closure.

In relation to Risk 919 – it was reported that this area was on the Integrated Commissioning workplan and measures were now in place to address this.

It was requested that the narrative for progress made against this risk be reviewed and made more concise.

Assurance:

The Board can be assured that systems and processes are in place to identify and manage risks on the Risk Register. The IAGC are kept updated on any movements, provided with the opportunity to review and comment and approve the removal of any risks from the Risk Register.

Resolved:

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| (a) | That the continued work to monitor and update the risks on the Risk Register be noted, and |
| (b) | that the narrative for progress made against Risk 919 be reviewed and reviewed and made more concise. |

9.3 BOARD ASSURANCE FRAMEWORK

IAGC Members were presented with a new iteration of the most recent 2017/18 Board Assurance Framework (BAF) for consideration and comment.

The BAF comprised of a total of 26 risks relating to the 12 strategic objectives of the CCG.

The BAF presented the updated position against the assessed risks which had been highlighted for ease of reference.

IAGC Members noted and approved the updates within the report.

Assurance:

The Board can be assured that IAGC Members had considered and approved the Board Assurance Framework which was in line with the CCG's 2017/18 strategic objectives and presented an updated position against the assessed risks.

Resolved:

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| (a) | IAGC Members reviewed and approved the updates to the BAF which presented an updated position against the assessed risks. |
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9.4 RISK ACTION PLAN 2017/18

IAGC Members were presented with the Risk Action Plan for 2017/18 for information.

The Risk Action Plan drew upon the aims set out within Hull CCGs Risk Management Strategy and was reviewed on an annual basis.

It was reported that there had been a number of issues around gaining access to training on ESR and a lack of connection between L&D/HR teams with the IT team. Board members had experienced particular difficulty in accessing this training and the Chair had as yet been unable to complete her training. An appointment would be arranged with HR to enable this training to be completed as soon as possible.

Assurance:

The Board can be assured that the CCG has a Risk Action Plan in place for 2017/18 which draws upon the aims set out within Hull CCG's Risk Management Strategy which is reviewed by the IAGC on a yearly basis.

Resolved:

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| (a) | IAGC Members noted the Risk Action Plan for 2017/18 |
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9.5 FREEDOM OF INFORMATION (FOI) REQUESTS Q1 REPORT

IAGC Members were presented with the FOI Q1 Report which provided an update on the current position of FOI requests made to NHS Hull CCG from 1 April 2017 to 30 June 2017, along with a comparison against Q1 2016/17.

The report provided details of FOI requests received and a summary of requestors. There had been no missed requests and one internal review during this period.

Assurance:

The Board can be assured that the CCG has a process in place to respond to all FOI requests received, and there had been no missed requests during the period 1 April 2017 to 30 June 2017, there had been no missed requests during this period.

Resolved:

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| (a) | IAGC members noted the contents of the Freedom of Information Requests Q1 Report |
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The Associate Director of Corporate Affairs joined the meeting

9.6i DECLARATIONS OF INTEREST FOR BOARD MEMBERS 2017/18

IAGC Members were presented with the above report, which provided details of Board Member Declarations of Interest for 2017/18.

Members were assured that declarations of interest were being managed, as appropriate and in accordance with the CCG's Conflicts of Interest Policy which had been updated in line with latest guidance and which required a register of Board Members interests to be maintained, periodically reviewed and available for public scrutiny.

IAGC Members noted the Declarations of Interest for Board Members for 2017/18.

Assurance:

The Board can be assured that the CCG has a process in place to record and appropriately manage all Board Members declarations of interest.

Resolved:

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| (a) | That the Declarations of Interest for Board Members 2017/18 be noted |
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9.6ii DECLARATIONS OF INTEREST FOR EMPLOYEES, COMMITTEE MEMBERS AND RELEVANT OTHERS 2017/18

IAGC Members were presented with the above report, which provided details of Employees, Committee Members and Relevant others Declarations of Interest.

IAGC Members noted the Declarations of Interest for Employees, Committee Members and Relevant others for 2017/18

The Chair advised that she had reviewed and provided comments on all the Declarations of Interest and these were being processed.

Assurance:

The Board can be assured that the CCG has a rigorous process in place to record and appropriately manage Declarations of Interest for all Employees, Committee Members and Relevant others. There is a good level of awareness and relevance to the organisation.

Resolved:

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| (a) | That the Declarations of Interest for all Employees, Committee Members and Relevant others be noted. |
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The Head of Mental Health and Vulnerable People joined the meeting

9.7 UPDATE ON AUDIT OF OUT OF AREA CASE MANAGEMENT

The Head of Mental Health and Vulnerable People presented a report to provide IAGC members with an update on the work undertaken to address each of the 5 key areas for improvement which had been highlighted from an internal audit review of Mental Health and Learning Disability Services in 2015/16 which had provided Limited Assurance.

It was noted that, at the time the review had been commissioned, the team had been employed by the Commissioning Support Unit (CSU) providing support to various organisations. It was reported that staff had now been TUPE'd over to relevant organisations and assurance could now be provided that there were robust systems and processes in place specific to NHS Hull CCG.

This report provided a 6 month update to the initial report to the IAGC on 15 November 2016.

Members were advised that the Quality and Performance Committee (Q&PC) had carried out a deep dive into the development of the service for the management of Vulnerable People (Mental Health and Learning Disability) out of area/contract placements on 3 February 2017. The findings from which had provided the Q&PC with assurance that the outstanding issues had been actioned and that managed and controlled processes and arrangements had been put in place to meet best needs.

The following update was provided on the further work which had been undertaken to complete each of the outstanding actions and to ensure robust commissioning, case management and contracting of out of area/contract placements:

1. Protocol

- Hull CCG had an approved Out of Area Treatment Policy
- A Vulnerable People Funding Panel had been established with approved Terms of Reference

2. Consent

- Consent was included within the Clinical Case Management Protocol
- Consent was obtained for all packages of care
- The CCG did not case manage emergency placements, this was undertaken by the referring Foundation Trust

3. Template

- A robust system had been implemented to ensure copies of CPA reviews were received
- A new case management database was operational and was kept updated

4. KPIs

- Staff had now TUPE'd to the CCGs, therefore this action was no longer relevant

5. Financial Reporting

- A new monthly report had been developed
- A financial pressures report had been produced by the Vulnerable People Team and shared with the CCG Finance Team

The following further actions had been taken to support the commissioning of Out of Area/Contract:

- An Out of Area/Contract Programme Board with Humber Foundation Trust and Hull City Council had been established to identify opportunities to repatriate people from Hull back to the City
- A Mental Health Partnership Board with East Riding of Yorkshire CCG had been established

Assurance:

The Board can be assured that work has been undertaken to address the key areas for improvement which had been highlighted from an internal audit review of Mental Health and Learning Disability Services in 2015/16 and can be further assured that there are now robust and sustainable systems and processes in place specific to NHS Hull CCG.

Resolved:

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| (a) | That the contents of the update report on Out of Area/Contract Vulnerable People Case Management be noted, and |
| (b) | that the IAGC were assured by the work undertaken to address the actions of the internal audit report and the development and implementation of sustained systems and processes in place specific to NHS Hull CCG to ensure robust commissioning, case management and contracting of Out of Area/Contract placements |

The Chair thanked the Head of Mental Health and Vulnerable People for updating the IAGC on the work that had been undertaken to address the actions of the internal audit report and develop and embed systems and processes specific for Hull CCG for Out of Area Case Management.

The Head of Mental Health and Vulnerable People left the meeting

The Director of Integrated Commissioning joined the meeting

9.8 TRANSFORMING CARE PROGRAMME UPDATE REPORT

Jason Stamp declared a direct pecuniary interest in this item in terms of Specialised Commissioning

The declaration was noted – no further action was considered necessary.

The Director of Integrated Commissioning provided the IAGC with the following update in relation to the Transforming Care Programme (TCP).

The TCP required Local Authorities, CCGs and NHS England Specialised Commissioners to come together to form Transforming Care Partnerships to develop and implement suitable three year plans to achieve the following aims:

- reduce reliance on inpatient care
- improve the quality of care
- improve the quality of life

The Humber Transforming Care Partnership consisted of: Hull, East Riding of Yorkshire and North East Lincolnshire CCGs and Local Authorities. The programme followed on from the Winterbourne View programme and was a national plan to develop community services and reduce reliance on inpatient facilities for people with a learning disability, autism or both.

The key objectives of the Humber Transforming Care Board were to:

- develop systems to better identify young people with complex needs who would need ongoing care and support
- gain a better understanding of the current spend and the likely costs of care in the community compared to inpatient treatment
- develop robust care pathways and services for individuals who have significant care and support needs
- develop a care market shaped to attract high quality providers of services
- further development of enhanced/intensive support services
- develop community forensic services on a Yorkshire and Humber footprint in partnerships with the Specialised Commissioning Team

A workplan for 2017/18 had been developed and the following actions had been agreed by the TCP to address progress against the trajectory and redesign a sustainable local response to the national plan and to ensure that the right range of services were in place for people who had a learning disability to have local access to a range of care and support:

- reconfiguration of services in Humber NHS Foundation Trust (HFT) with a transfer of staff resource into the community
- procurement of new care providers
- further development of the housing strategy and engagement with housing providers
- development of Community Forensic Services on a Y&H footprint
- further development of systems to better identify young people with complex needs coming up to Adult Services
- ensure ongoing implementation of the Care and Treatment Review Policy
- continue to work with NHS England to identify mechanisms for transfer of resource to CCGs and Local Authorities to reduce the financial risk so the programme

The TCP Board had established a robust plan and an in depth understanding of local challenges with a process for managing support based around individual need.

A service specification had been developed, and co-produced with a range of care providers, in readiness for a procurement exercise in 2017/18. The service specification was due to be sent out and it was reported that a range of providers were interested.

Assurance was sought on the quality of alternative provision and that any transition would be managed sensitively – it was reported that this would be going through all relevant Overview and Scrutiny Committees in October.

The TCP Board had a clear plan for 2017/18 to meet the trajectory and develop a more personalised response from the provider market to reduce the reliance on inpatient services.

Assurance:

The Board can be assured that the Humber Transforming Care Board have developed a workplan for 2017/18 to address the progress against the Transforming Care Programme trajectory and redesign a sustainable local response to the national plan and to ensure that the right range of services are in place for people who have a learning disability to have local access to a range of care and support and reduce the reliance on inpatient services.

Resolved:

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| (a) | That the update on the Transforming Care Programme be noted. |
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The Director of Integrated Commissioning left the meeting

9.9 IR35 OFF PAYROLL WORKER POLICY (FIN018)

IAGC Members were presented with the above new policy which set out the procedures to identify and correctly account for any workers in which the IR35 rules implemented by HMRC were followed, for which approval was sought.

HMRC had updated their IR35 Off Payroll Worker legislation in April 2017 and the policy had been produced to ensure that NHS Hull CCG complied with the legislation by setting out the procedures for checking the employment status of any worker engaging with the CCG (who were not on the payroll) and the actions to be taken.

IAGC Members approved the IR35 Off Payroll Worker Policy.

Assurance:

The Board can be assured that the CCG has a policy in place to ensure compliance with the IR35 Off Payroll Worker legislation.

Resolved:

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| (a) | IAGC Members approved the IR35 Off Payroll Worker Policy |
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9.10 REDRESS POLICY (FIN019)

IAGC Members were presented with the above new policy which set out the procedures to redress any loss incurred by the CCG should any fraudulent and/or criminal activity take place, for which approval was sought.

The policy outlined the sanction and actions that may be undertaken by the CCG to remedy the loss incurred and it attempts to minimise the loss incurred by the CCG to ensure NHS money was spent on its intended use.

IAGC Members approved the Redress Policy.

Assurance:

The Board can be assured that the CCG has a policy in place which sets out the procedures to redress any loss incurred by the CCG should any fraudulent and/or criminal activity take place.

Resolved:

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| (a) | IAGC Members approved the Redress Policy |
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9.11 UPDATED POLICY ON THE DEVELOPMENT AND MANAGEMENT OF ORGANISATIONAL POLICIES, PROCEDURES AND GUIDELINES

The Associate Director of Corporate Affairs presented the above policy which had been updated to incorporate current processes and to reflect organisational changes for which approval was sought.

The purpose of the policy was to establish a consistent approach to the development and management of policies and procedural documents.

IAGC Members approved the updated policy on the Development and Management of Organisational Policies, Procedures and Guidelines.

Assurance:

The Board can be assured that the CCG has a policy in place which will ensure a consistent approach to the development and management of policies and procedural documents.

Resolved:

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| (a) | IAGC Members approved the updated policy on the Development and Management of Organisational Policies, procedures and Guidelines |
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9.12 HEALTH, SAFETY AND SECURITY GROUP MINUTES – the draft minutes of the meeting held on 20 June 2017 were noted.

9.13 QUALITY AND PERFORMANCE COMMITTEE MINUTES - The minutes of the meetings held on 23 May 2017 and 27 June 2017 were noted.

9.14 PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES – the minutes of the meetings held on 28 April 2017 and 30 June 2017 were noted.

9.15 PLANNING AND COMMISSIONING COMMITTEE MINUTES FROM THE MEETINGS - the minutes of the meetings held on 7 June 2017 and 5 July 2017 were noted.

10. GENERAL

10.1 ANY OTHER BUSINESS

The Chief Finance Officer requested that everyone be reminded to fully complete all the boxes of the cover report template when submitted items to the IAGC in the future to ensure that the quality of reporting was maintained and that members were fully briefed.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on Tuesday 14 November 2017, at 9.00am in the Boardroom at Wilberforce Court.

Signed: 

Chair of the Integrated Audit and Governance Committee

Date: 14 November 2017

Abbreviations

| | |
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| BAF | Board Assurance Framework |
| BCF | Better Care Fund |
| CHC | Continuing Healthcare |
| CoI | Conflicts of Interest |
| DoLS | Deprivation of Liberty Safeguard |
| FoI | Freedom of Information |
| HEYHT | Hull and East Yorkshire Hospitals Trust |
| HS&SG | Health, Safety and Security Group |
| IFR | Individual Funding Requests |
| LAC | Looked After Children |
| LCFS | Local Counter Fraud Specialist |
| LSMS | Local Security Management Specialist |
| LWAB | Local Workforce Advisory Board |
| MH & LD | Mental Health and Learning Disabilities |
| MoU | Memorandum of Understanding |
| NECS | North of England Commissioning Support |
| NFI | National Fraud Initiative |
| PBR | Payment by Results |
| PCCC | Primary Care Commissioning Committee |
| PHB | Personal Health Budget |
| PPD | Prescription Pricing Division |
| QIPP | Quality Innovation Productivity and Prevention |
| SI | Serious Incident |
| SOPs | Standard Operating Procedures |
| STP | Sustainability and Transformation Plan |
| SRT | Self Review Tool |
| TCP | Transforming Care Programme |
| ToR | Terms of Reference |
| VfM | Value for Money |