

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 14 JANUARY 2020 AT 9.00AM IN THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY

PRESENT:

K Marshall, NHS Hull CCG (Lay Member) (Chair)
J Stamp, NHS Hull CCG (Lay Member)
I Goode, NHS Hull CCG (Lay Member)

IN ATTENDANCE:

C Best, AuditOne, (Internal Audit)
J Gray, Senior Medicines Optimisation Technician, NECS (*attended for item 8.4*)
P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*
M Kirkham, Mazars LPP (External Audit)
M Longden, NHS Hull CCG (Corporate Affairs Manager) – (*attended for items 9.1 and 9.2*)
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)
– *attended from item 9.1*)
S Milner, NHS Hull CCG (Senior Finance Manager)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
E Sayner, NHS Hull CCG (Chief Finance Officer) – (*attended up to Item 8.3*)
R Walker, Mazars LPP (External Audit)

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 12 NOVEMBER 2019

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 12 November 2019 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

Resolved:

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 12 November 2019 as a true and accurate record and these would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 12 November 2019 was presented for noting and the following update was provided:

In relation to item 9.5, the Chief Finance Officer provided assurance that there would be no impact on the CCG with regard to procurement activity in the Local Authority and further advised that the joining up of front line services would provide mutual benefit across Health and Social Care – this action was now complete.

The outstanding actions relating to a review and update of some risks would be picked up within the Risk Register item later on the agenda (item 9.3).

Resolved:

(a)	The Action List from the meeting held on 12 November 2019 was noted.
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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.

Following prior approval by the Chair, the draft Month 9 Annual Governance Statement Report for Hull CCG would be taken at item 10.1

Resolved:

(a)	The draft Month 9 Annual Governance Statement Report for Hull CCG would be discussed under 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 and Action taken

Resolved:

(a)	There were no declarations of interest made.
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6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT PROGRESS REPORT

Rob Walker of Mazars LLP (External Auditors) presented this report to provide the Committee with an update on the progress of the external audit for 2019/20.

Audit work

It was reported that, in terms of the 2019/20 audit year, there were no significant matters to report at this stage and interim work would be commencing shortly.

Non-audit work: Mental Health Investment Standard

Assurance work had been carried out in respect of the above standard and a draft report had been issued. A copy of the reasonable assurance report would be circulated to the Committee as soon as it was available.

It was reported that there had been a lack of clear guidance with regard to this area and greater clarity was still awaited from NHS England; however IAGC Members were assured that there was no cause for concern.

Technical Update and National Publications

Details of relevant national publications, provided for information, were noted.

Assurance:

The Board can be assured that in terms of the 2019/20 audit year, there were no significant matters to report at this stage and interim work would be commencing shortly.

Assurance work in respect of the Mental Health Investment Standard had been carried out and a draft report had been issued. A copy of the reasonable assurance report would be circulated to the Committee as soon as it was available.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report.
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7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Carl Best of AuditOne (Internal Auditors) was welcomed to the meeting and introductions were made.

With regard to management arrangements, IAGC Members were advised that, in relation to the departure of Sue Kendall, it had not proved possible to recruit to her role in the first round and it was proposed that an interim appointment would be made for the next few months and the Committee would be kept fully updated on developments. IAGC Members were assured that the Internal Audit Plan for this year would be fulfilled and there would be no problems with delivery.

Carl Best presented the Internal Audit Progress Report to update the Integrated Audit and Governance Committee on progress against the Internal Audit Plan for 2019/20.

Members were advised that four final reports had been issued since the last IAGC meeting held on 12 November 2019 which were as follows:

- **Conflicts of Interest** - the findings of an audit to evaluate the design and operating effectiveness of the arrangements that the CCG has in place to manage conflicts of interest, with the aim of confirming compliance with NHS

England's statutory guidance on managing conflicts of interest for CCGs, had provided **Substantial Assurance** with two low level recommendations.

- **Continuing Healthcare** – the findings of an internal audit to provide assurance that the CCG had appropriate arrangements in place to manage both the assessment process for eligibility for continuing healthcare funding and the commissioning of services to meet care needs identified as part of the assessment process had provided **Reasonable Assurance** with six agreed recommendations, one of which was high level.
- **Primary Care Commissioning** – the findings of an audit to provide assurance around the effectiveness of the arrangements put in place by the CCG to exercise the primary medical care commissioning function of NHS England as set out in the Delegation Agreement of Primary Care Commissioning had provided **Substantial Assurance** with three agreed recommendations – two low grade and one medium.
- **Financial Management/Financial Control** – the findings of an audit of key financial management controls for the CCG had provided **Substantial Assurance** with two low priority recommendations

With regard to the three overdue recommendations in the follow up summary, it was noted that the two of these which related to findings from the audit of the Aligned Incentive Contract had received an update at the previous IAGC meeting in November and it was requested by the Chief Finance Officer that these remained open. The remaining overdue recommendation related to work on Local Authority Integration and the Chief Finance Officer would follow this up with the Interim Director of Integrated Commissioning.

In relation to the audit of Continuing Healthcare, Jason Stamp commented that the findings had been helpful and had reinforced conversations, with the recommendations providing an additional level of assurance which was a positive step forward. The Associate Director of Corporate Affairs stated that the area of Continuing Healthcare was a live and active risk on the Risk Register which would continue to be monitored closely. The Chief Finance Officer stated that this was a volatile area of expenditure and it was important to understand what needed to be done and make sure actions were undertaken and a close eye would be kept on this area.

In relation to the audit of Conflicts of Interest, Jason Stamp commented that there was now a good process in place and proactive work was being carried out in advance of the Primary Care Commissioning Committee meeting. The Associate Director of Corporate Affairs advised that a session would be held for all Committee Chairs and PAs to re-inforce the process.

Assurance:

The Board can be assured of satisfactory progress and outcomes in delivering the Internal Audit Plan for 2019/20, which continued to represent appropriate coverage as part of the wider assurance framework.

Audits of the areas of Conflicts of Interest, Primary Care Commissioning and Financial Management/Financial Control had all provided **Substantial Assurance** that the control arrangements in place and the risks identified were being managed effectively.

An Audit of Continuing Healthcare had provided **Reasonable Assurance** and some remedial action was required.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2019/20 Internal Audit Plan.
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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 2019 to 30 November 2019 and the CCG's draft year-end position for 31 March 2020.

Members were advised that the CCG was currently forecasting to achieve a balanced position against the in-year allocation. There was therefore no impact on the CCG's historic surplus of £15.335m, which was in line with the 2019/20 financial plan submitted to NHS England.

This year's running cost allocation was £6.196m and the current forecast was that expenditure would be contained within this financial envelope.

Financial Performance

The report was taken as read and it was reported that overspends and underspends were continuing within the same areas of expenditure.

It was noted that the significant prescribing underspend against budget was different to what was being experienced elsewhere nationally and it was reported that the impact of Category M price movements were being mitigated.

The Chair expressed her disappointment with regard to the higher than planned cost of Out of Area placements of MH and LD patients, which was a highly volatile area, as assurance had been given that this was a downward trajectory.

The Chair also requested that Continuing Healthcare, although not an exception, continued to be included within the financial performance narrative so that the Committee could be kept updated on this area.

The update provided on the Better Care Fund, which had been requested at the last meeting, was noted.

Delivery of Quality Innovation Productivity and Prevention (QIPP) targets

With regard to the year-to-date performance, an over-achievement of QIPP targets was reported; this could be seen particularly in the Acute Demand arena and was a result of the processes put in place which continued to show real reductions in demand.

Debtors and Creditors

It was reported that some creditors were now becoming aged, in particular Virgin Care for an amount of £314,573 which was related to Walk-in Centre activity which was continuing to be disputed owing to lack of supporting data.

With regard to the remaining creditors, assurance was provided that rigorous processes and systems were in place to resolve these.

With a move to an ICS, the Chair queried where Hull CCG would sit in the system as the most viable organisation. The Chief Finance Officer advised that, although it was difficult to say at this stage, historical surplus may be used to offset other risk deficits. The Chief Finance Officer further confirmed that the CCG would not be relinquishing any other allocations, allocations set were based on need and any recurrent investment in services for Hull had to be protected for the population of Hull. Spending would be protected for each Place and potentially this could result in emerging efficiencies and more ability to invest.

Assurance:

The Board can be assured that the CCG was currently forecasting to achieve a balanced position against the in-year allocation. There was therefore no impact on the CCG's historic surplus of £15.335m which was in line with the 2019/20 financial plan submitted to NHS England. This year's running cost allocation was £6.196m and the current forecast was that expenditure would be contained within this financial envelope. Overspends and underspends were continuing within the same areas of expenditure and these were being managed and closely monitored.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 30 November 2019 and noted the forecast of a balanced in year position, and the achievement/forecast of financial targets.
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8.2 LOSSES AND SPECIAL PAYMENTS

The Chief Finance Officer advised that there were no losses or special payments to report.

8.3 IFRS 16 – ACCOUNTING FOR LEASES STANDARD

The Senior Finance Manager presented a report to inform the Committee of the new IFRS 16 – Accounting for Leases standard which replaced IAS 17 – Leases and formed part of the Month 9 and Month 12 accounts for 2019/20.

Members were advised that the CCG had very few operating leases that this would be applicable to. A full review would be performed, but on initial review the only examples were the two leases for the CCG's headquarters at Wilberforce Court.

Assurance:

The Board can be assured that the CCG would be compliant with IFRS 16 Accounting for Leases Standard which replaced IAS 17 – Leases and formed part of the Month 9 and Month 12 accounts for 2019/20.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the update on IFRS 16 – Accounting for Leases
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The Chief Finance Officer left the meeting.

Julie Gray, Senior Medicines Optimisation Technician, NECS joined the meeting for the following item:

8.4 PRIMARY CARE REBATE SCHEMES FOR NHS HULL CCG

Following a request made by the Chair at a previous IAGC meeting, and as a consequence of a challenge made by the Committee in relation to the Primary Care Rebate Scheme process, Julie Gray from the Medicines Management Team had come along to the meeting to present a report to the IAGC on Primary Care Rebates Schemes for Hull CCG.

The purpose of the report was for the IAGC to gain awareness of:

- all rebate schemes relating to NHS Hull CCG, past and present;
- schemes, which have ceased (including dates of commencement and ending);
- figures of the savings achieved to date, and
- how rebates are re-authorised and by who

The following information was provided:

- All rebate schemes relating to NHS Hull CCG past and present:
 - Apidra
 - ConvaTec Primary Care Dressings
 - Insuman
 - Januvia
 - Mezolar Matrix
 - Biquelle XL
 - Zaluron XL
 - Seretide
 - Spiolto
 - Zoladex (In progress of renewal)
- Schemes which have ceased (including dates of commencement and ending):
 - GlucoRX - June 2018 to April 2019
- Figures of the savings achieved to date:
 - April to September 2019 year to date savings = £114,721.91
- Copies of the Pharmaceutical Industry Scheme Governance Review Board Operating Model and the Hull CCG Primary Care Rebate Scheme Policy and Approval Process were provided to demonstrate the authorisation process.

With regard to the Primary Rebate Scheme Policy, Jason Stamp commented that no feedback was provided in relation to savings and that clear roles and responsibilities and evidence needed to be consistent.

Julie Gray stated that she recognised the need for the policy and process to be refreshed and agreed to make the necessary changes and bring an updated version back to the Committee later in the year.

Discussion took place and the following points were made with regard to the policy and process:

- Section 10 on Accountability - needed to be re-articulated to accurately reflect the final approval and assurance process of the IAGC, ie the Planning and Commissioning Committee would review the Primary Care Rebate Scheme in detail in order to make a decision and provide a recommendation to the Integrated Audit and Governance Committee for final approval. This was covered in Section 4 but needed to be accurately reflected in Section 10.
- The clinical discussion which takes place at the Planning and Commissioning Committee needed to be captured in the paperwork and minutes that came to the IAGC in order for an informed decision to be made.
- The policy would need to clearly map out roles and responsibilities.
- The role of the IAGC was to approve the rebate scheme, whilst balancing the public interest.
- An annual report and review of Primary Care Rebate Schemes to be submitted to the Planning and Commissioning Committee.
- Julie Gray would work with Karen Ellis on the policy to agree a process as to how this would work in practice.
- With regard to a renewal or ending process for primary rebate schemes – details would be submitted to the Planning and Commissioning Committee for review and a recommendation would be made to the IAGC to approve the renewal or ending of the scheme.
- Policy to be individualised – i.e. specific to Hull CCG

In Summary, the agreed actions were:

- Policy and process to be refreshed
- Renewal/ending process to be included
- Website to be updated with details of Primary Care Rebate Schemes
- Scoping to be carried out to identify any other schemes
- The Planning and Commissioning Committee to be sighted on the refreshed policy and process - updated policy to be submitted to the Planning and Commissioning Committee in April and to come back to the IAGC in May 2020.

The Chair thanked Julie Gray for attending the meeting and welcomed the positive discussion.

Assurance:

The Board can be assured that the Primary Care Rebate Scheme Policy and process are being updated and refreshed to accurately reflect the assurance and approval process for all schemes for Hull CCG.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the contents of the report on Primary Care Rebate Schemes for Hull CCG;
(b)	Julie Gray to work with Karen Ellis on a refresh of the Primary Care Rebate Scheme policy and process;
(c)	The updated Primary Care Rebate Scheme policy and process would be submitted to the Planning and Commissioning Committee on 3 April 2020
(d)	The updated Primary Care Rebate Scheme Policy would be brought back to the Integrated Audit and Governance Committee on 12 May 2020

Julie Gray, Senior Medicines Optimisation Technician, NECS left the meeting

9. GOVERNANCE

M LONGDEN - Corporate Affairs Manager and D Lowe - Deputy Director of Quality and Clinical Governance / Lead Nurse joined the meeting.

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

9.2 BOARD ASSURANCE FRAMEWORK (BAF) 2019/20

The Associate Director of Corporate Affairs presented the current Board Assurance Framework (BAF) for consideration.

The BAF comprised of a total of 23 risks relating to the five strategic objectives of the CCG for 2019/20.

It was reported that there had been relatively little movement on the BAF – risk profiles had remained the same and updates had been highlighted. It was agreed that, for future meetings, any changes and updates would be reflected in a larger font for ease of reading.

In relation to Strategic Objective 2 – Integrated Delivery, and PCN expectations around delivery, it was noted that this was a fluid position which raised further risk which would need to be reflected and re-articulated in the current risk.

In relation to Workforce, the Chair stated that this was a primary risk which needed articulating with regard to the current position and future trajectory.

Assurance:

The Board can be assured that the IAGC is kept informed on the position against the assessed risks on the Board Assurance Framework (BAF) 2019/20 and is provided with the opportunity to review and comment on any updates deemed necessary.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the updated BAF;
(b)	Strategic Objective 2 – Integrated Delivery – this area would need to reflect further risk raised in relation to PCN expectations around delivery – current risk to be re-articulated;
(c)	Workforce risk to reflect more adequately the current position and future trajectory, and
(d)	For future meetings, any changes and updates to be reflected in a larger font for ease of reading

9.3 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the latest Corporate Risk Register for consideration and approval.

There were currently 32 risks on the CCG Risk Register. Of the 32 risks, 21 had a current risk rating of high or extreme and were included within the report.

A comprehensive review of all risks was currently being undertaken, resulting in a re-casting and re-framing of some risks in reflection of previous discussions at the committee and discussions with risk owners.

Updates were highlighted within the report and a robust review of the Risk Register took place and the following comments were made:

Risk 861 – Never Events at HUTHT - *increase of rating from high risk 9 to a high risk 12.*

This was a re-articulation of an existing risk relating to a notable increase in the amount of Never Events being reported by Hull University Teaching Hospitals NHS Trust (HUTH) (5 YTD)

IAGC members approved the increase in risk rating and this risk would continue to be closely monitored.

Risk 898 – Implementation of the Transforming Care Strategic Plan - it was noted that this risk had still not been updated. The Associate Director of Corporate Affairs would pick this up outside of the meeting and either an update or request for removal from the Risk Register would be brought to the next meeting.

Risk 919 – Lack of system-wide number of homecare beds and the impact on A&E - this area was reported within the Hull City Council Risk Register, but there was no formal integrated assurance process in place. SLT now received a weekly update on any new issues arising in relation to this provision within the City including capacity and quality issues. The report also detailed any other concerns which may impact upon provision within the City

Risk 940 – Risk in respect of compliance if unable to provide the statutory data for NHSEI for Continuing Healthcare. Impact may have a significant impact on the current model of CHC delivery. This area was in two parts and would need to be considered in one risk to capture quality and operational re-design. Risk to be looked at in completeness and be re-articulated.

Risk 918 – CCG compliance with the SEND statutory requirements – it was noted that this risk had still not been updated and all developments and actions would need to be reflected. The Associate Director of Corporate Affairs would pick this up outside of the meeting with the Interim Director of Integrated Commissioning.

Risk 938 – Risk relating to exiting the EU – transition period now end of January 2020 – risk needs to be reviewed and updated.

Risk 928 - Risk relating to statutory duties and the functionality allowing safeguarding teams to override sharing consent preferences being removed from SystemOne. This risk would need to be re-visited and formally reviewed and brought back to the next meeting.

New Risk

IAGC Members were asked to approve the addition of the following new risk to the register:

Risk 943 – NHS England were continuing with their programme of closing secure hospital beds and identifying patients who could receive care within lower levels of hospital security or the community.

At this time the CCG was struggling to identify suitable care packages with community care providers (not NHS Providers) who were able to respond to the complexity and risk these patients present.

The CCG was working closely with the Council and also our neighbouring CCG to share intelligence regarding community care providers and also to develop the care market.

IAGC Members approved the addition of the above new risk to the register.

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.

IAGC members approved the addition of Risk 943 on the Risk Register which was in response to NHS England continuing with their programme of closing secure hospital beds and identifying patients who could receive care within lower levels of hospital security or the community and the CCG's struggle to identify suitable care packages with community care providers who were able to respond to the complexity and risk these patients present.

IAGC Members also approved the increase in risk rating for Risk 861 – Never Events at HUTHT from a high risk 9 to a high risk 12.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	IAGC Members approved the addition of new Risk 943 to the Risk Register;
(c)	IAGC Members approved the increase in risk rating of Risk 861 from a high risk 9 to a high risk 12;
(d)	Risk 898 – risk to be updated or request for removal from the Risk Register to be brought to the next meeting;
(e)	Risk 940 – risk to be looked at in completeness and be re-articulated;
(f)	Risk 918 – risk to be updated;
(g)	Risk 938 – risk to be reviewed and updated, and
(h)	Risk 928 – risk to be revisited, formally reviewed and brought back to the next meeting

9.4 FREEDOM OF INFORMATION REQUESTS Q2 REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Requests Q2 Report for consideration which provided an update on the current position and performance against FOI requests made to NHS Hull CCG from July 2019 to September 2019, along with a comparison against quarter two in 2018/19.

The report detailed FOI requests received during Q2, along with a summary of requestors. There had been no missed requests during this period and the CCG had been fully compliant with the 20 day response deadline.

It was noted that activity was slightly up from the last quarter; however, the volume this quarter compared to the same quarter last year was similar.

Assurance:

The Board can be assured that the CCG has a process in place to respond to all Freedom of Information requests received. During the period July 2019 to September 2019 there had been no missed requests and the CCG had been fully compliant with the 20 day response deadline.

Resolved:

(a)	IAGC members noted the contents of the Freedom of Information Requests Q2 Report
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9.5 POLICIES

The following updated policies were presented for approval. These policies had required an update in line with the schedule of refresh of policies; updates included organisational changes and housekeeping elements. (Full copies of all the policies and EqlAs were available on request)

9.5.1 Corporate Policy:

- Provision and Use of Free Gifts, Prizes and Incentives

9.5.2 Information Governance Policies:

- Data Protection and Confidentiality
- Records Management Standards and Procedure Guidance

9.5.3 Health and Safety Policies:

- Driving for Work
- Lone Working
- COSHH

IAGC members approved the above updated policies and procedure guidance.

The updated policies would be shared with all staff and published on the CCG website.

Assurance:

The Board can be assured that the CCG regularly reviews and updates its policies.

IAGC Members approved the following updated policies and procedure guidance:

- Provision and Use of Free Gifts, Prizes and Incentives
- Data Protection and Confidentiality
- Records Management Standards and Procedure Guidance
- Driving for Work
- Lone Working
- COSHH

Resolved:

(a)	The following updated policies and procedure guidance were approved by the IAGC: <ul style="list-style-type: none">• Provision and Use of Free Gifts, Prizes and Incentives• Data Protection and Confidentiality• Records Management Standards and Procedure Guidance• Driving for Work• Lone Working• COSHH
(b)	The updated policies would be shared with all staff and published on the CCG website.

9.6 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes from the meetings held on 1 November 2019 and 6 December 2019 were noted.

9.7 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes from the meetings held on 25 October 2019 and 22 November 2019 were noted.

9.8 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meeting held on 23 October were noted.

9.9 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES – the minutes of the meeting held on 15 May 2019 were noted.

9.10 HEALTH, SAFETY AND SECURITY GROUP MINUTES – the action notes of the meeting held on 11 December 2019 were noted. Assurance was provided that there had been no CCG data risk associated with the two incidents reported.

- 9.11 **INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** – there were no approved minutes to bring to this meeting.
- 9.12 **JOINT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE / BUSINESS CONTINUITY MANAGEMENT (EPRR/BCM) GROUP ACTION NOTES** – the action notes of the meeting held on 23 October 2019 were noted.
- 9.13 **COMMITTEES IN COMMON MINUTES** – the minutes of the meeting held on 26 June 2019 were noted.

10. GENERAL

10.1 ANY OTHER BUSINESS

DRAFT MONTH 9 ANNUAL GOVERNANCE STATEMENT (AGS) REPORT FOR HULL CCG

The Associate Director of Corporate Affairs presented the draft Month 9 Governance Statement Report for approval, prior to submission to NHS England. Members were advised that guidance had only just been received from NHS England for the completion of the Month 9 AGS which was required to be submitted on 16 January 2020.

This was an annual statement and the CCG were required to complete a pro-forma identifying any significant lapses in control and any areas in particular which were unlikely to recover by the year end, along with mitigating actions in place to address these.

IAGC members noted and approved the contents of the Month 9 Governance Statement Report prior to submission to NHS England on 16 January 2020

Assurance:

The Board can be assured that work was on-going to prepare the Annual Governance Statement in line with the statutory timeframes. IAGC Members had approved the Month 9 Annual Governance Statement Report prior to submission to NHS England on 16 January 2020.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted and approved the contents of the Month 9 Annual Governance Statement Report prior to submission to NHS England on 16 January 2020.
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10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 10 March 2020** at 9.00am in the Boardroom at Wilberforce Court.

An EO IAGC meeting to review the draft annual accounts had been arranged for 21 April 2020 at 2.00pm in the Boardroom. A further EO IAGC meeting to review the audited accounts prior to Board sign off would be arranged shortly.

(Post meeting note: the EO IAGC meeting to review the audited accounts had been arranged for Wednesday 20 May 2020 at 2.30pm, prior to Board sign off on 24 May 2020)

A handwritten signature in black ink, appearing to read "Stanley".

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 10/03/2020

Abbreviations

AAL	Annual Audit Letter
ACR	Audit Completion Report
AGS	Annual Governance Statement
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
CiC	Committees in Common
Col	Conflicts of Interest
CYP	Children and Young People
DoLS	Deprivation of Liberty Safeguard
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
ERY CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HoIAO	Head of Internal Audit Opinion
HS&SG	Health, Safety and Security Group
HUTHT	Hull University Teaching Hospitals NHS Trust
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officers Board
IFP	Integrated Financial Plan
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
NAO	National Audit Office
NECS	North of England Commissioning Support
NFI	National Fraud Initiative
NHSE	NHS England
NHS-CHC	NHS Continuing Healthcare
PBR	Payment by Results
PCCC	Primary Care Commissioning Committee
PHB	Personal Health Budget
PPD	Prescription Pricing Division
QIPP	Quality Innovation Productivity and Prevention
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures
STP	Sustainability and Transformation Plan
SRT	Self Review Tool
ToR	Terms of Reference
VfM	Value for Money