

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 10 MARCH 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:

N Cooper, Local Counter Fraud Specialist, AuditOne (Internal Audit)
P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*
S Fallowfield, Deputy Managing Director, AuditOne (Internal Audit)
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)
– *attended from item 9.2*
S Milner, NHS Hull CCG (Senior Finance Manager) (*attended up to item 8.4*)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
E Sayner, NHS Hull CCG (Chief Finance Officer) (*attended up to item 8.4*)
C Ward, Mazars LPP (External Audit) – (*attended from item 6*)

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
C Best, AuditOne, (Internal Audit)
M Kirkham, Mazars LPP (External Audit)
D Storr, NHS Hull CCG
R Walker, Mazars LPP (External Audit)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 14 JANUARY 2020

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 14 January 2020 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 14 January 2020 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 14 January 2020 was presented for noting. The outstanding actions relating to the Board Assurance Framework and Risk Register would be discussed later in the meeting at the relevant agenda items.

Resolved:

(a)	The Action List from the meeting held on 14 January 2020 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.

Resolved:

(a)	There were no items of Any Other Business to be taken at this meeting.
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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
Catherine Ward	9.8	Financial Interest as an employee of Mazars – the extension of the contract with Mazars for the provision of External Audit Services was the subject under review. Catherine would be asked to leave the room whilst this item was discussed.

Resolved:

(a)	The above declaration of interest and action to be taken was noted.
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Catherine Ward, Mazars LPP (External Audit) joined the meeting at 9.30am

6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT PROGRESS REPORT

Catherine Ward 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 and the following key areas were noted.

2019-20 Audit work

It was reported that planning had been completed and interim work had commenced which had included some IT work carried out on a collaborative basis and some substantive testing of income and expenditure. At this stage of the audit, there were no issues arising or significant deficiencies in internal control to report from the work carried out.

Technical Update and National Publications

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

Assurance:

The Board can be assured that work was progressing to plan with regard to the 2019/20 audit, interim work had commenced and there were no significant matters to report at this stage.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report.
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6.2 DRAFT MENTAL HEALTH INVESTMENT STANDARD STATEMENT OF COMPLIANCE REPORT FOR HULL CCG

The latest draft copy of the report had been circulated.

All the expected procedures had now been completed for this work and a qualified opinion had been issued which concluded that the CCG's Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2019 was properly prepared, with the following two exceptions:

- uncertainty in respect of continuing healthcare spending where patients within the mental health category could have multiple needs including dementia, and
- section 117 referrals where the guidance was unclear whether all learning difficulties expenditure should be excluded.

It was reported that this had been a difficult piece of work and that the methodology had been revised. Hull CCG had compared favourably with the rest of the country and these exceptions were common findings across CCGs. Audit providers were awaiting clearance from NHS England before reports could be issued.

The Chief Finance Officer stated that there had been no way of capturing expense against these areas and there were differing interpretations, e.g. prescribing.

Assurance:

A qualified opinion had been issued which concluded that the CCG's Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2019 was properly prepared, with two exceptions which related to capturing areas of expenditure. Hull CCG had compared favourably with the rest of the country and these exceptions were common findings across CCGs.

Resolved:

(a)	A qualified opinion had been issued which concluded that the CCG's Mental Health Investment Standard Statement of Compliance for the period ended 31 March 2019 was properly prepared, with two exceptions.
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7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

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

Stuart presented the Internal Audit Progress Report to update the Integrated Audit and Governance Committee (IAGC) on progress made against the 2019/20 Internal Audit Plan for NHS Hull CCG. Members were advised that no final reports had been issued since the last meeting of the IAGC held on 14 January 2020.

It was reported that no issues had been identified from the work carried out to date that might significantly impact upon the annual Head of Internal Audit Opinion (HoIAO) which was indicative of an overall "substantial assurance" opinion based on completed work to 27 February 2020.

The draft Head of Internal Audit Opinion (HoIAO) for 2019/20 would be formally presented to the next IAGC meeting to be held on 12 May 2020.

It was noted that two pieces of work were in progress and no changes had been made to the 2019/20 Internal Audit Plan.

With regard to the follow up summary, it was noted that there was one high level recommendation which related to findings from the audit of Continuing Healthcare for which the implemented date had not yet been reached.

All overdue recommendations with no current status updates were being actively chased up.

The following update was provided on the two pieces of work in progress:

- Risk Management Arrangements – in draft form – anticipated assurance level - substantial
- DSP Toolkit – work was complete – anticipated assurance level – good or substantial. This was due to a timing issue and there were no significant concerns. The DSP Toolkit would be discussed more fully at agenda item 9.5.

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.

No issues had been identified from the work carried out to date that might significantly impact upon the annual Head of Internal Audit Opinion (HoIAO) which

was indicative of an overall “substantial assurance” opinion based on completed work to 27 February 2020.

The draft Head of Internal Audit Opinion (HoIAO) for 2019/20 would be formally presented to the next IAGC meeting to be held on 12 May 2020.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2019/20 Internal Audit Plan.
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7.2 STRATEGIC AND OPERATIONAL INTERNAL AUDIT PLAN

Stuart Fallowfield, AuditOne, presented the Strategic and Operational Internal Audit Plan for consideration. IAGC members were advised that the Plan had been shared with the Chief Finance Office to ensure that it was fit for purpose and continued to reflect the CCGs strategic objectives and risks in order to provide the assurance required.

The total number of days assigned to the Plan for core internal audit assurance work to support the HoIAO was 73, with an additional 13 days allocated for assurance and advisory work.

With regard to fees, it was noted that the day rate had reduced to £344 per day, which amounted to a total fee of £24,584 for 86 days. A letter officially formalising this fee would be sent to the Chief Finance Officer.

The Associate Director of Corporate Affairs requested that the audit of compliance with the DSP Toolkit be scheduled for earlier in the year to avoid the yearend and it was agreed that the required scheduling of specific audits would be discussed outside of the meeting.

With regard to the areas to be covered by the additional assurance and advisory days, it was agreed that a review of the CCGs arrangements in relation to the ICS development and strategic transformation work across the patch would be beneficial. It was further agreed to retain some flexibility for any emerging areas in year and the situation would be reviewed again in 6 months’ time.

IAGC members approved the Operational Internal Audit Plan for 2020/21.

Assurance:

The Board can be assured that the Operational Internal Audit Plan 2020/21 continued to reflect the CCGs strategic objectives and risks in order to provide the assurance required.

The total number of days assigned to the Plan for core internal audit assurance work to support the HoIAO was 73, with an additional 13 days allocated for assurance and advisory work, some flexibility would be retained for any emerging areas in year and the situation would be reviewed again in 6 months’ time.

Resolved:

(a)	Integrated Audit and Governance Committee Members considered and
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7.3 COUNTER FRAUD PROGRESS REPORT

Nikki Cooper, Local Counter Fraud Specialist (AuditOne), presented the Counter Fraud Progress Report which provided details of Counter Fraud work undertaken between 22 August 2019 and 20 February 2020. It was reported that, with regard to Counter Fraud activity, all strategic areas had been covered, the main key issues from which are summarised below:

Strategic Governance

- In line with the change to standard 1.4 of the Standards for NHS Providers, the CFS had requested that a generic risk of fraud, bribery and corruption be added to the Risk Register, a response to which was still awaited. The Associate Director of Corporate Affairs would ensure this was actioned for the next meeting.
- The move to a 3-year workplan with annual executive summaries had been agreed.

Inform and Involve

- The updated CCG Counter Fraud, Bribery and Corruption Policy had been added to the CCG website and the link had been e-mailed out to all staff.
- A welcome e-mail to new starters containing information, contact details of the counter fraud team and a link to the counter fraud intranet page had been sent to three people who had commenced employment at the CCG.
- The Counter Fraud Specialist (CFS) had delivered a counter fraud presentation to Hull CCG staff as part of a Team Talk at Wilberforce Court

Prevent and Deter

- Seven Fraud Intelligence Alerts had been shared with relevant staff.

Hold to Account – Investigations

- Details of two closed, and three on-going, investigations had been provided.

With regard to a closed investigation relating to an alleged prescription fraud, assurance had been sought by IAGC members in relation to the wider learning for the organisation and assurance had been provided by the Chief Finance Officer that the necessary action had been taken as a result of this but also advised that this was a hugely complicated arena as the employee worked for an independent business.

With regard to an on-going investigation relating to the alleged misappropriation of a carers grant, assurance had been sought around process and IAGC members were advised that the financial recovery process would be used

Hull CCG Self Review Toolkit (SRT) submission 2019-20

IAGC Members were advised that the Hull CCG Self Review Toolkit (SRT) Submission 2019-20, which demonstrated all the counter fraud work carried out to date, was now in draft form. The draft submission had been sent to the Chief Finance Officer and IAGC Chair for their agreement in principle by 9 April 2020. The submission was required to be sent by 30 April 2020 and, once the content had

been agreed and the portal populated, their approval of the submission would be sought in order to meet this deadline.

Hull CCG Counter Fraud Workplan 2020-21

A draft version of the CCG's 2020/21 Counter Fraud Workplan had been sent to the Chief Finance Officer for consideration.

Discussion took place in relation to the business continuity arrangements in place should the Coronavirus situation escalate. The Chief Finance Officer confirmed that there were arrangements in place to keep the cash flowing to allow payments to be made. This area had been flagged as a risk and as the situation further developed it may be necessary to flex arrangements to deal with a greater risk. Financial Services were delivered through hosting arrangements with East Riding of Yorkshire CCG and the Chief Finance Officer would ensure that additional mechanisms had been put in place to deal with an emergency situation. The NHS would need to be ready and, as commissioning organisation, keeping money flowing was priority.

The Associate Director of Corporate Affairs advised that should Public Health England move to a 'delay phase', Coronavirus would become more widespread in the community which would trigger agile working arrangements and the Business Continuity Management Plan

Assurance:

The Board can be can be assured by the amount of Counter Fraud awareness work that is being undertaken within the CCG.

The Self Review Toolkit (SRT) submission 2019-20 which was currently in draft form and would be finalised and submitted by the 30 April 2020 deadline.

In relation to the Coronavirus situation, business continuity arrangements were in place to keep the cash flowing to allow payments to be made.

Resolved:

(a)	IAGC Members noted the content of the Counter Fraud Progress Report for the period 22 August 2019 to 20 February 2020 and were assured by the pro-active and deterrent type work that had been carried out in the CCG.
(b)	In line with the change to standard 1.4 of the Standards for NHS Providers, the CFS had requested that a generic risk of fraud, bribery and corruption be added to the Risk Register. The Associate Director of Corporate Affairs would ensure this was actioned for the next meeting.

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 31 January 2020 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 the updates provided on the identified significant variances against allocated budgets were noted.

The Chair again 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 Chief Finance Officer stated that it could be seen in the Summary Finance Report at Appendix 1 that there had been marginal overspends in this area and advised that this was the biggest area of volatility and focus.

The Chief Finance Officer delivered the key message that, heading into the yearend, confirmation could be provided that the CCG would achieve its strategic targets. It was further reported that, during discussions with Rob Walker of Mazars around value for money and use of resources, there was a clear understanding of tasks and they were not anticipating any issues,

Delivery of Quality Innovation Productivity and Prevention (QIPP) targets

The QIPP Plan continued to show good performance against all headings.

Health and Care Partnership (H&CP) Income and Expenditure Budget

It was reported that the H&CP team would be moving under Hull University Teaching Hospitals NHS Trust (HUTHT). The Chair stated that she would request an Annual Report from the host organisation.

Debtors and Creditors

It was reported that there were currently 8 creditors over 6 months old and over £5,000 - these totalled £653k.

With regard to the dispute with Virgin Care discussed at the last meeting, the Chief Finance Officer reported that some progress had been made during the last few weeks with regard to this issue. The lack of supporting data was partly due to the clinical systems used by Virgin Care and CHCP having been merged making it difficult to evidence activity. A further update on this area would be provided to the next meeting.

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.

The Chief Finance Officer delivered the key message that, heading into the yearend, confirmation could be provided that the CCG would achieve its strategic targets.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 31 March 2020 and noted the forecast of a balanced in year position, and the achievement/forecast of financial targets.
(b)	The Chair again 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.

8.2 LOSSES AND SPECIAL PAYMENTS

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

8.3 ACCOUNTING POLICIES

A report was presented which provided the Committee with details of the accounting policies that were to be included in the CCG's Annual Accounts for 2019/20.

The report showed the standard set of accounting policies for all Clinical Commissioning Groups based upon the CCG Annual Reporting Guidance 2019/20. These had been compared to the policies used in the Annual Accounts for 2018/19 and any changes had been highlighted.

With regard to note 1.33.2 – **Sources of estimation uncertainty** – this related to assumptions about the future and other major sources of estimation and it was reported that the CCG would be disclosing the rationale for how judgement had been executed in the estimation for these specific areas
Members were advised that there had been no material impact,

Assurance:

The Board can be assured that IAGC Members had been made aware of the standard notes to the accounts for inclusion within the un-audited annual accounts submission for 2019/20 to the Department of Health.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the standard notes to the accounts for inclusion within the un-audited accounts submission for 2019/20 to the Department of Health. The date and time of submission was 24 April 2020 at 9.00am.
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8.4 ANNUAL ACCOUNTS PLAN AND TIMETABLE

The Annual Accounts Plan and Timetable for 2019/20 had been presented to provide the Committee with details of the process that was being followed in preparing the CCG's Annual Accounts for 2019/20.

Tasks were completed by a number of individuals to meet various internal and external deadlines. In order to ensure that these were achieved in an efficient and effective manner, a timetable was completed, monitored and updated throughout the process.

Assurance:

The Board can be assured that a detailed plan was in place for the preparation of the CCG's Annual Accounts for 2019/20.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the Annual Accounts Plan and Timetable for 2019/20 which was progressing to plan.
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The Chief Finance Officer and Senior Finance Manager left the meeting.

S Fallowfield, Deputy Managing Director, AuditOne (Internal Audit) left the meeting.

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

The Deputy Director of Quality and Clinical Governance / Lead Nurse joined the meeting

9.2 BOARD ASSURANCE FRAMEWORK (BAF)

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.

The risk ratings within the BAF were broken down as follows:

Extreme risks	2
High risks	13
Moderate risks	8

For ease of reference the updates had been highlighted in red within the report and the following comments were made:

Strategic Objective 1 – Integrated and Joint Commissioning

In relation to the risk around the inability to align Joint Commissioning Committee (JCC) priorities between partners in order to make progress, it was reported that the Humber JCC had been refreshed as the Humber Strategic Partnering Board; this required further refinement and was being established in shadow form to work across the four CCGs.

Karen Marshall and Jason Stamp queried the role of Lay Members in the partnership structure in relation to accountability and scrutiny and it was proposed that the formalisation of new governance arrangements should include an element of non-executive membership.

Discussion took place as to how this risk should be interpreted on the BAF, i.e. the integration with the Local Authority around place based work and joint financial planning.

It was agreed that the risk needed to be wider to better reflect other elements of partnership working and there was a need to understand each other's systems and ways of working.

The Associate Director of Corporate Affairs stated that this would be picked up separately outside of the meeting.

Strategic Objective 2 – Integrated Delivery

The Chair referred to the risk related to clinical leadership in Primary Care Networks and noted that this had not been updated since 19 December 2019.

It was requested that this risk be looked at and updated

Strategic Objective 3 – Delivery of Statutory Duties

in relation to the approval of the unqualified annual accounts, the Chair questioned whether IAGC members needed to be aware of the current position of system performance as Hull CCG contributed to the system-wide control total.

IAGC members were advised that Hull CCG was a statutory body and therefore it remained Hull CCGs financial performance. This was noted; however the Chair stated that an eye would need to be kept on the wider financial position.

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.

IAGC members requested the following;

- Strategic Objective 1 – Integrated and Joint Commissioning - the risk would need to be wider to better reflect other elements of partnership working and there was a need to understand each other's systems and ways of working.
- Strategic Objective 2 – Integrated Delivery – the risk relating to clinical leadership in Primary Care Networks would need to be looked at and updated.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the updated BAF;
(b)	Strategic Objective 1 – Integrated and Joint Commissioning - the risk would need to be wider to better reflect other elements of partnership working and there was a need to understand each other's systems and ways of working. The Associate Director of Corporate Affairs would pick this up outside of the meeting.

(b)	Strategic Objective 2 – Integrated Delivery – the risk relating to clinical leadership in Primary Care Networks would need to be looked at and updated.
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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, 20 had a current risk rating of high or extreme and were included within the report.

These are rated as follows:

19 had a high risk

1 had an extreme risk

1 low risk had been included for information with a request to close

Updates on the risks were highlighted within the report and the following changes were proposed:

Risk 932 – *(proposal to reduce the rating from an extreme risk 16 to a high risk 12)*

The waiting list for initial assessment and treatment was extensive. The joint local area SEND Inspection 2017 had identified that children and young people did not have timely access to SLT services and there was no effective plan for securing improvement.

The IAGC sought appropriate assurance that performance in this area was being robustly challenged with the Local Authority. It was reported that the risk owner had re-assessed the risk which had indicated change and this had been subjected to a degree of scrutiny. It had been brought here for noting which was an element of the process; the waiting time had reduced, however the list size had increased.

It was re-affirmed that risks needed to be interrogated more by the respective Board Committees

IAGC members requested that Risk 932 remain at an extreme risk 16 as progress needed to be sustained.

Risk 936 – *(proposal to reduce the rating from an extreme risk 15 to a high risk 10)*

Risk of organisational, reputational, safety and quality risk if not meeting statutory duties in ensuring the implementation of the Health and Social Care Partnership. The Children and Social Work Act 2017 requires that Local Safeguarding Children Boards are to be replaced with a Multi-Agency Safeguarding arrangement with equal responsibility within a partnership between CCGs, Local Authorities and the Police.

IAGC Members approved the proposed reduction in risk rating

Risk 839

Risk of waiting times for CYP with Autism in the City to exceed NHS Target of 18 weeks.

Some progress had been made in this area, but it was still early days.

Jason Stamp wished to flag the following as a risk reputation;

Risk in relation to Generic Children's Services; i.e:

- CCGs commissioning arrangements
- Looked After Children
- Children and Young Peoples arena

The Deputy Director of Quality and Clinical Governance / Lead Nurse would pick this up with the Strategic Lead for Children, Young People and Maternity.

Risk 928

Risk in relation to the functionality allowing safeguarding teams to override sharing consent preferences was being removed from SystmOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, would increase significantly.

It was reported that a lot of conversations had taken place to try and address this issue. Mitigations had been applied across the Humber area; however the only solution to the problem was a software provider fix and the CCG were continuing to lobby to get a solution in place.

Risk 939 – IAGC members sought assurance on the CCGs response to the Coronavirus.

The Associate Director of Corporate Affairs provided assurance that pandemic planning would be reliant on organisational Business Continuity Plans.

Closed Risk:

Risk 938 – Risk in relation to the United Kingdom leaving the European Union - IAGC members approved the removal of this risk.

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 requested that **Risk 932**, which related to timely access for children and young people to SLT services, should remain at an extreme risk 16 as progress needed to be sustained.

IAGC members approved that the rating of **Risk 936**, which related to ensuring the implementation of the Health and Social Care Partnership, **be** reduced from an extreme risk 15 to a high risk 10.

IAGC members approved the removal of **Risk 938**, which related to the United Kingdom leaving the European Union.

In relation to pandemic planning for the Corona virus, the Board can be assured that organisational Business Continuity Plans were in place.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was
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	noted;
(b)	IAGC Members requested that the rating of Risk 932 should remain at an extreme risk 16 as progress needed to be sustained.
(c)	IAGC Members approved the reduction in risk rating of Risk 936 from an extreme risk 15 to a high risk 10.
(d)	IAGC members approved the removal of Risk 938, which related to the United Kingdom leaving the European Union.

9.4 RISK MANAGEMENT STRATEGY

The Associate Director of Corporate Affairs advised that the Risk Management Strategy was an integral part of the CCG's Corporate Governance Framework and, as such, was subject to annual review.

IAGC Members were advised that minor amendments had been made to the document, the vast majority of which had been housekeeping updates, and the approval of the updated Risk Management Strategy by the IAGC was sought.

It was agreed that, in order for members of the IAGC to review the Risk Management Strategy, a copy would be circulated outside of the meeting with the proposed amendments highlighted in order for the revised document to be approved virtually.

Post meeting note: *Following the meeting two further additions had been made which related to:*

- *the inclusion of an additional paragraph relating to fraud, bribery and corruption under section 7*
- *greater explanation of the role of the IAGC in section 9*

The updated Risk Management Strategy had been approved virtually outside of the meeting and would be uploaded to the CCG website.

Assurance:

The Board can be assured that the Risk Management Strategy, which was an integral part of the CCG's Corporate Governance Framework, had been subject to annual review. IAGC members had approved the updated Risk Management Strategy.

Resolved:

(a)	Integrated Audit and Governance Committee members approved the updated Risk Management Strategy
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9.5 DATA SECURITY AND PROTECTION TOOLKIT 2019/20 UPDATE

The Associate Director of Corporate Affairs presented a report to inform the Committee on the status of the 2019/20 Data Security and Protection Toolkit (DSPT) submission.

Members were advised that the DSPT was an online self-assessment tool that allowed organisations to measure their performance against the National Data Guardian's 10 data security standards.

There were 106 mandatory evidence items required to complete the Toolkit and the CCG had met 102 of these. This was a positive piece of work and members were advised that Hull CCG's DSPT 2019/20 self-assessment had been audited on 25 February 2020 and all evidence items requested had been provided. It was reported that all work was now complete and it was anticipated that the assurance level provided would be either good or substantial.

The Toolkit would be submitted once the evidence had been received and the DSPT had been reviewed and approved by the Information Governance Lead and the Senior Information Risk Owner by no later than week commencing 16 March 2020.

Assurance:

The Board can be assured that work was now complete with regard to the CCG's Data Security and Protection Toolkit (DSPT) submission which was an online self-assessment tool that allowed organisations to measure their performance against the National Data Guardian's 10 data security standards. There were 106 mandatory evidence items required to complete the Toolkit and the CCG had met 102 of these. Hull CCG's DSPT 2019/20 self-assessment had been audited on 25 February 2020 and it was anticipated that the assurance level would be either good or substantial.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the progress of the Data Security and Protection Toolkit.
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9.6 EMPLOYEE DECLARATIONS OF SECONDARY EMPLOYMENT

Members were presented with a report which provided details of Employee Declarations of Secondary Employment, which was in compliance with the CCG's Standards of Business Conduct as set out in the CCG's Constitution.

Members considered and noted the employee declarations of secondary employment made which supported the CCG's process of transparency and openness.

Assurance:

The Board can be assured that the CCG, as part of the annual governance process, has received updated Employee Declarations of Secondary Employment.

Resolved:

(a)	Members noted the Employee Declarations of Secondary Employment
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9.7 FREEDOM OF INFORMATION REQUESTS Q3 REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Requests Q3 Report for consideration which provided an update on the current position and performance against FOI requests made to NHS Hull CCG from 1 October 2019 to 31 December 2019, along with a comparison against quarter two in 2018/19.

The report detailed FOI requests received during Q3, 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 the CCG endeavoured, where possible, to disclose the information held by the CCG

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 1 October 2019 to 31 December 2019 there had been no missed requests and the CCG had been fully compliant with the 20 day response deadline.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the Freedom of Information Requests Q3 Report
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9.8 EXTERNAL AUDIT CONTRACT EXTENSION

Catherine Ward declared a financial interest in item 9.8 as an employee of Mazars - the extension of the contract with Mazars for the provision of External Audit Services was the subject under review.

Catherine left the room whilst this item was discussed.

Members were advised that the CCGs current three year contract for the provision of External Audit services with Mazars was due to expire on 31 March 2020. There was an option within the existing contract to extend the services of the current provider for a further two years and, in light of the satisfactory standard of service provided by Mazars, the Chief Finance Officer recommended that the contract extension be triggered.

Integrated Audit and Governance Committee members endorsed the proposal to extend the External Audit contract with Mazars for a further two years. The current value of the contract was £51,000 pa (inc VAT) and therefore a recommendation would be submitted to the CCG's Senior Leadership Team for approval in line with the CCG's Procurement Framework

Assurance:

The Board can be assured that Integrated Audit and Governance Committee members endorsed the proposal to extend the External Audit contract with Mazars for a further two years. The current value of the contract was £51,000 pa (inc VAT) and therefore a recommendation would be submitted to the CCG's Senior Leadership Team for approval in line with the CCG's Procurement Framework

Resolved:

(a)	Integrated Audit and Governance Committee members endorsed the proposal to approve the extension of the External Audit contract with Mazars for a further 2 years, and
(b)	a recommendation would be submitted to the Senior Leadership Team for their approval.

9.9 REVISION OF FINANCIAL POLICIES AND PROCEDURES

Members were advised that the CCG regularly reviews and updates its detailed financial policies and procedures.

The financial policy and procedures reviewed as part of this process were:

Financial Policy
Redress Policy

Financial procedures
Payment of Supplier Invoices
Writing off Bad Debts
Petty Cash
Receipt of Cash and Cheques
Fixed Assets

The update process had included some minor reformatting, organisational changes and housekeeping elements and the Committee were asked to note and approve the updated versions. (Full copies of the financial policy and procedures and EqIAs were available on request)

IAGC members noted the updates and approved the above updated financial policy and financial procedures

The updated policy and procedures would replace existing versions on the CCG website.

Assurance:

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

IAGC Members approved the following updated financial policy and procedures:

- Redress Policy
- Payment of Supplier Invoices
- Writing off Bad Debts
- Petty Cash
- Receipt of Cash and Cheques
- Fixed Assets

Resolved:

(a)	The following updated financial policy and procedures were approved by the IAGC: <ul style="list-style-type: none">• Redress Policy• Payment of Supplier Invoices• Writing off Bad Debts• Petty Cash• Receipt of Cash and Cheques• Fixed Assets
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(b)	The updated policy and procedures would replace existing versions on the CCG website.
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- 9.10 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES** – there were no approved action notes from the Health, Safety and Security Group to bring to this meeting.
- 9.11 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes from the meetings held on 19 November 2019 and 21 January 2020 were noted.
- 9.12 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes from the meeting held on 13 December 2019 were noted.
- 9.13 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES** – the minutes of the meeting held on 6 November 2019 were noted.
- 9.14 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes from the meeting held on 3 January 2020 were noted.
- 9.15 COMMITTEES IN COMMON MINUTES** – there were no approved minutes from the Committees in Common to bring to this meeting.
- 9.16 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** – the action notes from the meetings held on 9 October 2019 and 15 January 2020 were noted.
- 9.17 JOINT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE / BUSINESS CONTINUITY MANAGEMENT (EPRR/BCM) GROUP ACTION NOTES** – the action notes from the meeting held on 4 December 2019 were noted.
- 10. GENERAL**
- 10.1 ANY OTHER BUSINESS**
There were no items of any other business to discuss at this meeting.
- 10.2 DATE AND TIME OF NEXT MEETING**
The next full meeting of the IAGC would be held on **Tuesday 12 May 2020** at 9.00am in the Boardroom at Wilberforce Court and there would be an opportunity for a pre-meet with the auditors from 8.30am.

There would be an extraordinary IAGC meeting on Tuesday 21 April 2020 at 2.00pm in the Boardroom to review the draft annual accounts.

Signed:



Chair of the Integrated Audit and Governance Committee

Date: 12 May 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